

**Enrollment Information is Confidential**  
**Must be completed each school year**

**TRINITY EPISCOPAL SCHOOL**  
**3425 Bellaire Drive South Ft. Worth 76109**

**2009-2010**  
**817-926-0750**

Child's Name		Date of Birth		Home Telephone #	
Child's Address			Zip Code		Family Email Address
Mother's Name (and address if different from child)			Father's Name (and address if different from child)		
Mother's Company		Work Phone: #		Father's Company	
				Work Phone: #	
Mother's Cell Phone: #			Father's Cell Phone:#		
Emergency Contact Name		Phone		Relationship	
Nickname child knows:		(w) (c)			
Emergency Contact Name		Phone		Relationship	
Nickname child knows:		(w) (c)			
<b>In addition to those named above, I hereby authorize Trinity Episcopal School to allow my child to leave the school with the following persons: (babysitters, friends)</b>					
Name		Phone #		Relationship	
		(w) (c)			
Name		Phone #		Relationship	
		(w) (c)			
<b>Authorization for Emergency Medical Attention</b>					
In the event that I or my above named contacts cannot be reached to make arrangements for emergency medical attention, I give consent for Trinity Episcopal School to secure any and all emergency care for my child, and I further authorize the facility director or person in charge to transport my child to:					
Name of Physician			Address		Phone
Name of Hospital			Address		Phone
List below ANY conditions, (dating from birth) that your child may currently have or have had in the past. (allergies, illness, injury, surgery) or medications prescribed for long-term use and any other information of which staff should be aware. <b>If none please write NONE</b>					
<b>I certify that all statements made above are true:</b>					
<b>Signature of Parent or Legal Guardian</b>				<b>Date</b>	
FOR OFFICE USE		Date of Admission		Date of Withdrawal	
				Days and Hours child will be in school	
				Teacher's name	

<b>Child's Name</b>	<b>Date of Birth</b>
---------------------	----------------------

**Hearing and Vision Screening** The State of Texas requires that all four and five year children have a hearing and vision screening within 1 month of the start of school. Hearing and Vision screenings are recommended for 3-year-old children.

**Please check one:**

- My child's vision and hearing were tested at a physician's office and I will submit a copy of that test.
- My child has not been tested and will use the low cost service provided at the school.
- My child is two or three and does not require testing at this time.

**Doctor's, Clinic, or Parent's Statement:**

This child **has been examined** within the past 12 months and found that he/she is physically able to take part in the Trinity Episcopal School program.

This child **will be examined** in the next 12 months and the parent will submit a health form at that time.

**Signature of Physician, Nurse, or Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form.

If immunization and /or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

The following immunization information may be submitted on a separate form. If so please write "**See Attached**" across this section.

<b>IMMUNIZATIONS</b>	<i>Date/Dose 1</i>	<i>Date/Dose 2</i>	<i>Date/Dose 3</i>	<i>Date/Booster</i>	<i>Date/Booster</i>
DTP/DtaP/DT					
POLIO IPV or OPV					
MEASLES Rubeola/Serampion					
MUMPS					
RUBELLA					
Hib					
HEPATITIS A					
HEPATITIS B					
TB TEST (if required)					
VARICELLA (See Below)					

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete this statement. My child had varicella disease (chickenpox) on or about \_\_\_\_\_ and does not need a varicella vaccine. (date)

**I certify that all statements made above are true.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_