

**EPISCOPAL DAY SCHOOL**  
**34 North Coria St. \* Brownsville, Texas 78520-8310**  
**(956) 542-5231 \* www.episcopaldayschool.net**

**Enrollment Form**  
**2017-2018**

Student Full Name	Date of Birth	Grade	Date of Admission	Date of Withdrawal
Student Full Name	Date of Birth	Grade	Date of Admission	Date of Withdrawal
Student Full Name	Date of Birth	Grade	Date of Admission	Date of Withdrawal
Student Full Name	Date of Birth	Grade	Date of Admission	Date of Withdrawal
Home Address (City, State and Zip Code)				
Mother's Name	Home Phone #	Work Phone #	Cell Phone #	e-mail address
Father's Name	Home Phone #	Work Phone #	Cell Phone #	e-mail address

**Emergency Contacts**

Please give the name and phone number of the person to call in case of an emergency if parent /guardian cannot be reached:

Name		Relationship		
Home Phone#	Work Phone#	Cell Phone #	Physical Address	
Name		Relationship		
Home Phone#	Work Phone#	Cell Phone #	Physical Address	

**Authorized Pick Up**

I hereby authorize The Episcopal Day School and EDS Day Care to allow my child to leave the school **ONLY** with the following persons:

Person #1	Relationship	Driver License State/ Number	Person's Signature
Home Phone#	Work Phone#	Cell Phone #	
Person #2	Relationship	Driver License State/ Number	Person's Signature
Home Phone#	Work Phone#	Cell Phone #	
Person #3	Relationship	Driver License State/ Number	Person's Signature
Home Phone#	Work Phone#	Cell Phone #	
Person #4	Relationship	Driver License State/ Number	Person's Signature
Home Phone#	Work Phone#	Cell Phone #	

**Authorization for Emergency Medical Attention:**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone:
Name of Emergency Medical Care Facility:	Address:	Phone:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

I understand that the Episcopal Day School has no certified healthcare professional on staff. The School will dispense only medications prescribed by the child's doctor or sent by the child's parents, marked with the child's name and dispensing instructions. In the event of an emergency and/or the parent/guardian cannot be reached, the Episcopal Day School has permission to seek medical treatment for the student as necessary. The Episcopal Day School is not responsible for the cost of the emergency medical treatment unless the School is liable for the specific injury.

\_\_\_\_\_  
 Signature – Parent or Legal Guardian

**The Episcopal Day School does not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, disability, military status, or on any other basis prohibited by law.**

**Medical Alert:**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries, and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which faculty and staff should be aware of:

**Field Trips:**

I authorize representatives of the Episcopal Day School to take my child on field trips and excursions by automobile, bus or walking. I agree to hold harmless the Episcopal Day School for all damage to the person or property of my child as a result of my child's attendance at the designated field trip. I further agree to assume responsibility for and hold harmless the Episcopal Day School for damage to other persons or property in any way caused or contributed by my child.

\_\_\_\_\_  
Signature of Parent or Guardian

**Water Activities:**

I hereby  give  do not give - my consent for my child to participate in water activities:

sprinkler play  splashing/wading pools  water table play

**Immunization Record:**

I have provided the Episcopal Day School with a copy of my child's most current immunization record.  
All required immunizations and tuberculosis test are current. Vision and Hearing screening records are also on file.

**Day Care:**

I will need  morning day care 7:00-7:50  afterschool day care 3:25-5:30  as needed for scouts, chess, drama club or tutoring  
 afternoon care for 2K  afternoon care for 3K  afternoon care for 4K

Other (please explain days and times):

I understand that an afterschool snack is provided to my child while in Day Care at no cost. Parent /Guardian Initials \_\_\_\_\_

I give permission  I do not give permission - for my school-age child to  walk to and from home  be released to a sibling under 18 years old  
 ride the bus

**Media Publishing Policy**

This policy is intended to ensure student's privacy and safety. It applies to any newspaper, television, school publication or website the school or any representative of the school may use to publish student work, information, or photographs. With parent permission, the school may publish information about students' awards and accomplishments in a school publication, on the EDS website, or send this information to a newspaper or television station. Please initial any criteria listed below for which you grant permission to EDS to publish:

- EDS may publish a photograph of my child with no name listed on the EDS website or in a school publication.  
 The school may submit my child's photograph with no name listed to a newspaper or television station.  
 EDS may publish a photograph of my child with only his/her first name listed on the EDS website or in a school publication.  
 The school may submit my child's photograph with only his/her first name listed to a newspaper or television station.

\_\_\_\_\_  
Signature- Parent or Guardian

I acknowledge that I have read and reviewed the EDS Parent Handbook and EDS Day Care Program Handbook located within the Episcopal Day School Website.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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