



SCHOOL YEAR 2018-2019 – REGISTRATION FORM

CHILD'S GENERAL INFORMATION

Child's First & Last Name: _____ Date of Birth (mm/dd/yyyy): _____
Address: _____ City: _____ St: _____ Zip: _____
Date of admission: _____ Starting date: _____ Grade entering August 2018: _____
How did you hear about La Maternelle French Academy: _____

Child is normally in care on the following days and times:

- 5 days/week (M-F) 3 days/week (M, W, F) ***[only Crèche & TPS]*** 2 days/week (T, Th) ***[only Crèche & TPS]***
 Regular hours only (8:30am-4:00pm) Before care (7:00am-8:30am) After care (4:00pm -6:30pm)

PARENTS/GUARDIANS INFORMATION

Mother/Guardian: _____ **Occupation:** _____
Employer: _____ Employer Address: _____
Email Address: _____
Home phone: _____ Mobile phone: _____ Work phone: _____

Father/Guardian: _____ **Occupation:** _____
Employer: _____ Employer Address: _____
Email Address: _____
Home phone: _____ Mobile phone: _____ Work phone: _____

EMERGENCY CONTACTS & INFORMATION (IN CASE YOU CANNOT BE REACHED)

Primary Emergency Contact's name: _____
Relationship: _____ Phone: _____
Secondary Emergency Contact's name: _____
Relationship: _____ Phone: _____

I hereby authorize the childcare Center to allow my child to leave the child care Center **ONLY** the following person(s). Please list name and telephone number of each person so authorized. Children will only be released to a parent of a person designated by the parent(s)/guardian after verification of ID. No Exceptions

1. _____ 2. _____ 3. _____
Phone for 1. _____ Phone for 2. _____ Phone for 3. _____

Child's Physician: _____
Address: _____ Phone: _____



STUDENT ASSESSMENT FORM

Student's first & last name: **Date of Birth:**

Email Address: **Home Phone Number:**

1. General information:

Primary Language:	Secondary Language:
Third Language:	Fourth Language:
Time your child goes to bed:	Time your child wakes up:
Does your child nap? For how long?	How long is your commute?

2. Health:

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

4. Family:

Tell us about your family (i.e. child's parents, siblings and extended family)	
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5. List previous Child Care Schools attended and location (state, country, etc.)

..... Location

..... Location

..... Location

Parents

Why are you interested in having your child enrolled in a French “immersion” program?

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Do you speak French? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you read French? <input type="checkbox"/> Yes <input type="checkbox"/> No	Understand French <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other languages you speak or have a working knowledge of:

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I verify that the above assessment was discussed with the parent(s) of:

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed



AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION - NEEDS TO BE COMPLETED ON THE 1ST DAY OF SCHOOL

Student's first and last name: _____

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

To the following for care:

Child's Physician: _____

Address: _____ Phone: _____

Name of Emergency Medical Center Facility: _____

Address: _____ Phone: _____

I hereby grant consent for the names medical facility to secure any and all necessary emergency medical care for my child/ward.

Signature of Parent or Legal Guardian

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 caregivers should be aware of:

Admission Requirement: If your child does not attend pre-kindergarten or school away from the Childcare Center, one of the following must be presented when your child is admitted to the Childcare Center or within one (1) week of admission:

1. Health Care Professional's Statement as follows: "I have examined the above names child within the past year and find that he/she is able to take part in the day care program.

Health Care Professional's Signature

Date

2. A signed and dated copy of a health care professional's statement is attached here to.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of, I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission I will obtain a health care professional's statement and will submit it to the Child Care Operation.

Name and Address of Health Care Professional: _____

Signature of Parent or Legal Guardian

Date



AUTHORIZATION REGARDING PHOTOGRAPHING CHILD

Student's first and last name: _____

I hereby direct **La Maternelle French Academy** to abide by the following instructions regarding the photographing and display of said photographs of my child, named above.

La Maternelle French Academy may photograph my child in the normal course of daily activities at La Maternelle French Academy or on school related functions in accordance with the following conditions:

La Maternelle French Academy may post referenced photographs ONLY AS checked below: (Check as many as apply)

- on the official School website (www.lamaternellehouston.com)
- on the official School Facebook account
- on the School Yearbook
- on any other official School sponsored web location
- in School advertising and School promotional materials, posters, flyers, etc.
- NONE of the above

Students name and any form of identification is NOT to be displayed without written consent from the parent(s).

- The School may use my child's FIRST name only in any photo identification.
- Photos may be taken however, prior to any posting I MUST be consulted and MUST issue written permission to post/display under all circumstances.
- Photos may be taken so long as they are released ONLY to:
 - me or my designated family member as follows: _____ (name)
 - fellow school students and their family
- NO PHOTOS ARE TO BE TAKEN OF MY CHILD OR IF MY CHILD IS IN A PHOTO TAKEN OF ANOTHER CHILD, MY CHILD'S IDENTITY IS TO BE MADE OBSCURE (NON RECOGNIZABLE).

Note: A form must be filled out for each child individually.

Signature of Parent or Legal Guardian

Date

Parent/Legal Guardian's name: _____

Comments: _____



SIGNED PARENT HANDBOOK FORM

I/We, parent(s), by my/our signature(s) below attest that I/we have received a copy of La Maternelle French Academy policies and guidelines. I/We further attest that I/we have read and understand these policies, and I/we agree to abide by them.

Signature of Parents/Legal Guardian: _____ Date: _____

Signature of Director/Administrator: _____ Date: _____

Student's first and last name: _____ Grade: _____



Lunch Program Sign-In

Road Runner Foods, based locally in Sugar Land has been providing Healthy Hot Lunches to Private Schools for over a decade and we are now proud to partner with them to ensure your loved ones get a well-balanced nutritional meal, 5 days a week! The lunch menu will be displayed every month in our **KITCHEN** and will be attached to our monthly newsletter so that you can keep track of everything your child is eating on a day today basis. **Children will be served an Entree, 2 Sides and Fresh Fruit.**

CHILD'S LAST NAME: _____

FIRST NAME: _____ CLASS: _____

Please notify us if your child has any special dietary needs or requests as Road Runner Foods will be happy to individually prepare their meal no matter what items listed are on our menu.

LIST OF ALLERGIES: _____

Monthly pricing:

Five (5) days per week: \$95.00
Three (3) days per week: \$60.00
Two (2) days per week: \$40.00

I AM SIGNING FOR THE LUNCH PROGRAM:

- 5 DAYS A WEEK
 3 DAYS A WEEK
 2 DAYS A WEEK

No credit for missed days, no credit for holidays that fall on a lunch day.

If for some reasons, you wish to withdraw your child from the lunch program, we require 2 weeks written notice.