



Trinity by the Sea Episcopal Day School

Enrollment Form

Date of Enrollment _____ Hours and Days Enrolled _____

Full Name of Student _____ Name Called _____

Date of Birth _____ Sex M _____ F _____

Home Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Mother's Name _____ Place of Employment _____

Address if different _____ Work Number _____

Email _____ Mobile Number _____

Father's Name _____ Place of Employment _____

Address if different _____ Work Number _____

Email _____ Mobile Number _____

Religious Affiliation: _____

Other Adults Living at Home _____

Brothers and Sisters (include ages and school name) _____

Local person to contact in emergency other than parent _____

Address _____ Phone Number _____

Names of person other than parent child can be released to:

Name	Phone	Relationship to Child
_____	_____	_____
_____	_____	_____

Name of local physician _____ Phone No. _____

Address _____

Designated emergency facility is Driscoll Children's Hospital located 3533 S. Alameda,
Corpus Christi 78411 Phone No. 361-694-5000 unless otherwise noted:

_____ Address _____ Phone no. _____

I give my permission for Trinity by the Sea to obtain emergency medical care and to transport my child, _____ for emergency treatment if necessary.

Signature of Parent _____ Date _____

In your family has there been a recent Death _____ Birth _____ Divorce _____

Other traumatic experience: _____

Previous school experience: _____

What makes the child mad or upset?: _____

How does the child express feelings?: _____

What is the best way to handle the child at such times? _____

Special interests of the child: _____

Favorite play activities: _____

Favorite books, stories, or toys: _____

Is your child right handed: _____ left handed _____ not sure _____

Does your child play alone: _____ with one friend _____ in groups _____

How does your child get along with other children? _____ Adults? _____

Does your child attend church school? _____ Where? _____

What does your child enjoy doing with the family? _____

Previous serious illness or injuries: _____

Hospitalizations during the past 12 months: _____

Medications prescribed for continuous long term use: _____

Allergies: _____

Food Restrictions: _____

Food Allergies: _____

*Please have physician complete an Allergy Emergency Plan (AEP).

I understand that Trinity Day School is not liable for reactions caused by unknown food allergies or other allergies.

Signature of Parent _____ Date _____

My child requires Special Care :Yes ☐ or No ☐ if yes, complete the following:

*My child needs the following limitations or restrictions on activities: _____

*My child needs accommodations or modifications: _____

*My child uses the following adaptive equipment (include instructions for use)

*Symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or interventions while the child is in care. _____

Please indicate with yes or no:

I give permission for my child, _____ to participate in water activities including sprinklers and buckets _____ my child can swim without assistance _____ to participate in class parties _____ to have photos taken by teacher and other parents at school functions _____ to have such photos used for newsletters, brochures, or advertising for Trinity Day School _____ to be sprayed with insect repellent _____ sun screen _____ for Trinity Day School to administer minor first aid with the following: Band aids _____ ice _____ Benadryl ointment _____ antibiotic cream _____ skin antiseptic cleansers _____ other _____

Signature of Parent _____ Date _____

I have received a copy of the Nutritional Policy and Guidelines for Preschool Children and understand that Trinity by the Sea Day School is not responsible for the nutritional value of the lunch or snacks I provide for my child.

Signature of Parent _____ Date _____

This is to acknowledge that I have read, understand and agree to the principles of the Operational Policy, Discipline Policy, Unacceptable Behavior Policy, Biting Policy, Sunscreen/Insect Repellent Policy. and Life Threatening Food Allergy Policy located in the Parent Handbook of Trinity by the Sea Episcopal Day School.

Signature of Parent _____ Date _____

We reserve the right to terminate our service at any time, when these policies are not followed.

I will not hold Trinity Day School, it's school board, administrators, staff, or anyone affiliated with the school financially or in any other way responsible if my child Becomes ill, is injured, or a family member becomes ill from a contagious disease contracted at Trinity.

Signature of Parent _____ Date _____

Where did you hear about Trinity Day School? _____

Anything else you would like us to know about your child:

Date of Withdrawal _____