



Dear Parents,

We welcome you and your family to Before and After School Care at Kinsmen Children's Academy, a non-profit ministry of Kinsmen Lutheran Church.

We are excited for the opportunity to provide state-licensed, safety-conscious childcare for your family. The mission of our program is to grow children for a life rooted in faith.

Please read the documents and fill out all forms to completion. We consider it a high honor to have the opportunity to teach your child and to serve your family this school year.

Dennisse Mejia-Cruz
Before and After School Director
281.444.3127 x 135
Dmejia-cruz@kinsmenlutheran.org

STUDENT ADMISSION INFORMATION

Operation Name: Kinsmen Children's Academy

Director's Name: Sara Ray

Full Name of child:

Nickname:

Date of Birth:

Male

Female

Date of Admission:

School Attending, Address & Phone Number:

Grade level for 2023-2024 school year:

Attendance Schedule:

(Please check all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Before School

After School

TRANSPORTATION Check all that apply:

I hereby give consent for my child to be transported and supervised by the operation's employees: for emergency care on field trips to and from school

HEALTH INFORMATION

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: (REQUIRED)

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

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

Name of Physician:

Address:

Phone No.:

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 (if none, write none):

My child's immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and hearing screening records are also on file.

YES NO

PARENT INFORMATION

Parent/Guardian Full Name:		Nicknames:
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Other, please specify		
Mobile Phone No.:	Work Phone No.:	e-mail address:
Residence Address:	Child Resides With: <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/> Father <input type="checkbox"/> Both Parents	
Parent/Guardian Full Name:		Nicknames:
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Other, please specify		
Mobile Phone No.:	Work Phone No.:	e-mail address:
Residence Address:	Child Resides With: <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/> Father <input type="checkbox"/> Both Parents	
<p>★ Kinsmen Children’s Academy prefers NOT to get involved with custody disputes. KCA will follow a court order exactly as written. If your family has a court order on file, provide the most recent order to the director of KCA. Per state law, in absence of a court order, each biological parent, has equal access and rights for the child. It is imperative that all enrollment forms are completed with each parent’s information.</p> <p><i>Is there a current standing order in the state of Texas representing Possession/Custody/Visitation order of the registered child?</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING</p> <p><i>If yes, a copy must be attached to this registration form.</i></p>		

EMERGENCY CONTACTS & AUTHORIZED PICK UP (OTHER THAN PARENTS)

Full Name of Emergency Contact:	Address (required):	
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Relationship to Child:		
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Mobile Phone No.:	Work Phone No.:	e-mail address:
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Full Name of Authorized Pick up:		
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Relationship to Child:		
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Mobile Phone No.:	Work Phone No.:	e-mail address:
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Full Name of Authorized Pick up:		
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Relationship to Child:		
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Mobile Phone No.:	Work Phone No.:	e-mail address:
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Full Name of Authorized Pick up:		
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Relationship to Child:		
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Mobile Phone No.:	Work Phone No.:	e-mail address:
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<input type="checkbox"/> I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the above persons. Children will only be released to a parent or person designated by the parent/guardian after verification of identification.		
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PERMISSIONS

Field Trips:

I hereby give do not give my consent for my child(ren) to participate in Field Trips.

Water Activities:

I hereby give do not give my consent for my child(ren) to participate in
 sprinkler play splashing/wading pool

Media Release

I, the undersigned, hereby give my permission for Kinsmen Lutheran Church, Houston, Texas, to use, publish, or disclose in newsletters, brochures, periodicals, posters, website or other media-related vehicles, any photographs, video, or other material in which my child(ren) _____, may have appeared, spoken, written or otherwise have been represented.

My signature below releases Kinsmen Lutheran Church to use any of the aforementioned material. I understand that a copy of this release will be kept on file to indemnify Kinsmen Lutheran Church against any of their use of the materials indicated.

Signature of Parent/Guardian

Date

SIGNATURE

Signature of Person Completing the Form:

X

Date Signed: