



# German International School of Houston

German-English Dual Language Immersion Preschool Program

**ONE CHILD. TWO LANGUAGES. UNLIMITED POSSIBILITIES**

6221 Main St, C111, Houston, TX 77030

Phone: 832-831-6843 - E-mail: office@gish-houston.org

<b>Operation Name:</b> <i>German International School of Houston</i>	<b>Director's Name:</b> <b>Jessica Wood</b>
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Child's Full Name:	Child's Date of Birth: (mm/dd/yyyy)	Child's Home Phone #:
Child's Home Address (Street, City, Zip):		
Mother's Full Name or Legal Guardian's Full Name:	Address (Street, City, Zip) if different from child's address:	
Father's Full Name or Legal Guardian's Full Name:	Address (Street, City, Zip) if different from child's address:	

<b>List telephone numbers below where Parents/Legal Guardians may be reached while child is in care:</b>			
Mother's Cell Phone #:	Mother's Work Phone #:	Father's Cell Phone #:	Father's Work Phone #:

**First contact in case of an emergency evacuation:**

Mother    
  Father    
  Other: \_\_\_\_\_    
 Phone #: \_\_\_\_\_

**EMERGENCY CONTACT: Give the name, address and telephone number of person to call in case of an emergency if Parents/Legal Guardians cannot be reached. Address must be included. Authorized person must present picture ID upon release of the child.**

<b>Full Name:</b>	Home Phone #:
<b>Relationship:</b>	Cell Phone #:
<b>Address</b> (Street, City, Zip):	Work Phone #:

**RELEASE AUTHORIZATION: Please list name, address, telephone number and relationship for each person authorized to pick-up your child (do not include parents or Emergency Contact):**

**I hereby authorize the child care operation to release my child to the following persons. The Emergency Contact Person above is automatically included into the list below.** Parents are required to notify the school by e-mail in case of a pick-up through a third party. Parents may call the office and leave a voice message regarding all short notice changes in parent pick-up. For the safety of our students, our staff will call parents and wait for confirmation of arrangement if pick-up is not clearly communicated with the School. Please note that the *German International School of Houston* will not release the child without the necessary notice from the parent(s). In shared custody situations, it is the sole responsibility of the parent in charge to communicate the changes in pick-up with the other parent. Children will only be released to a parent or a person designated by the Parent/Legal Guardian after verification of ID.

<b>Full Name:</b>	<b>Relationship:</b>
Address (Street, City, Zip):	Cell Phone #:
<b>Full Name:</b>	<b>Relationship:</b>
Address (Street, City, Zip):	Cell Phone #:
<b>Full Name:</b>	<b>Relationship:</b>
Address (Street, City, Zip):	Cell Phone #:
<b>Full Name:</b>	<b>Relationship:</b>
Address (Street, City, Zip):	Cell Phone #:

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event of a medical emergency or if I cannot be reached to make arrangements for medical care, I hereby authorize the person in charge to take my child to a Hospital or Emergency Medical Care facility. I give consent to the School to secure any and all necessary emergency medical care for my child. I prefer my child to be taken to the below designated Hospital or Emergency Medical Care facilities.

<input type="checkbox"/> <b>Texas Children's Hospital</b> 6621 Fannin St, Houston, TX 77030	<input type="checkbox"/> <b>Children's Memorial Hermann</b> 6411 Fannin St, Houston, TX 77030	<input type="checkbox"/> <b>Other:</b>
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\_\_\_\_\_ / \_\_\_\_\_    
 **Date:** \_\_\_\_\_    
 Page 1/3

Signature of Parent/Legal Guardian    
 Signature of Parent/Legal Guardian



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NAME OF CHILD:	DATE OF BIRTH (mm/dd/yyyy):
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<b>MEDICAL HISTORY:</b> Any special problems that your child may have, such as <b>tested allergies, existing illness, previous serious illness, injuries and hospitalizations</b> during the past twelve (12) months, any medication prescribed for long-term continuous use and any other information which caregivers should be aware of:			
<b>Existing Illness:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Details:</b>	<b>Medication:</b>
<b>Food Allergies (tested):</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Details:</b>	<b>Medication:</b>
<b>Asthma:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Medication:</b>	
<b>Dietary Restrictions:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Details:</b>	
<b>Injuries/Hospitalization (in the last 12 months):</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Details:</b>	
<b>NOTE:</b> Medication for asthma and food allergies such as inhaler, antihistamines and EpiPen must be in the original container and the prescription medication must have the RX labeling. A Food Allergy and Anaphylaxis Emergency Plan must be completed by the pediatrician before the first day of attendance and updated annually ( <a href="https://www.foodallergy.org/faap">https://www.foodallergy.org/faap</a> ).			
Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).			

<b>HEALTH STATEMENT: ADMISSION REQUIREMENT - Please choose one of the following options:</b>	
1. <input type="checkbox"/>	Signed and dated statement of a <b>HEALTHCARE PROFESSIONAL</b> is attached.
2. <input type="checkbox"/>	<b>PARENTS' AFFIDAVIT:</b> Any medical diagnosis and treatment conflicts with the tenets or practices of a church or recognized religious denomination of which I am an adherent to or member of.
3. <input type="checkbox"/>	<b>PARENTS' STATEMENT:</b> My child has been examined within the past year by a healthcare professional and is able to participate in a daycare program. Within twelve (12) months of admission, I will obtain a healthcare professional's signed statement and will submit it to the child care operation.
<b>Name of Healthcare Professional:</b> _____	
<b>Phone #:</b> _____	
<b>Address:</b> _____	

<b>PLEASE CHECK ALL THAT APPLY:</b>	
<b>1. Water Activities:</b>	I hereby give my consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> aquatic playgrounds <input type="checkbox"/> splashing/wading pools
<b>2. Mosquito Spray:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent to apply on my child the mosquito product provided by me. I am aware that "Off" will be applied if no other repellent is provided by me.
<b>3. Crèmes/Lotion:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent to apply on my child the sunscreen and other over the counter crème/lotion provided by me.
<b>4. Meals:</b>	<input type="checkbox"/> I understand that I am responsible to provide my child with a nutritional balanced meal and snack for After Care (if applicable). The <i>German International School of Houston</i> does not provide meals for children in its care.
<b>5. Transportation:</b>	<input type="checkbox"/> I acknowledge that the <i>German International School of Houston</i> will not provide transportation for my child in case of an emergency. An ambulance will be called if emergency care is needed and parents are responsible for any charges.
<b>6. Archway Academy:</b>	<input type="checkbox"/> I hereby acknowledge that I have been informed that the <i>German International School of Houston</i> is situated at the same physical address as Archway Academy ( <a href="http://www.archwayacademy.com">www.archwayacademy.com</a> ).

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date: \_\_\_\_\_

Page 2/3



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<b>NAME OF CHILD:</b>	<b>DATE OF BIRTH (mm/dd/yyyy):</b>
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<b>SCHOOL DIRECTORY:</b> This information will be shared with all enrolled families.		
<b>Parent 1:</b>	<b>Parent 2:</b>	<b>Zip Code:</b>
Phone #:	Phone #:	
E-mail:	E-mail Address:	

## IMMUNIZATION and VISION/HEARING SCREENING

<b>IMMUNIZATION RECORD, VISION/HEARING SCREENING:</b>	
<input type="checkbox"/>	I have <b>provided</b> the child care operation with a copy of my child's most current immunization record. Families moving to the United States from a different country must compare the immunization standards of both countries ( <a href="http://www.dshs.state.tx.us/immunize/public.shtm">www.dshs.state.tx.us/immunize/public.shtm</a> ).
<input type="checkbox"/>	I have <b>attached</b> a signed and dated affidavit stating that I decline immunization for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than ninety (90) days after the affidavit is notarized. I understand that this affidavit is valid for two (2) years. This exempt form can be obtained at: <a href="http://webds.dshs.state.tx.us/immco/affidavit.shtm">http://webds.dshs.state.tx.us/immco/affidavit.shtm</a> .
<input type="checkbox"/>	I have <b>attached</b> a signed and dated affidavit stating that the vision and/or hearing screening conflicts with the tenets or practices of a church or religious denomination of which I am an adherent to or member of.

<b>TEMPORARY STUDENTS (ONLY): ELEMENTARY STUDENTS or SUMMER CAMP PRESCHOOL STUDENTS</b>	
<b>My child attends the following School:</b>	
Address (Street, City, Zip):	Phone #:
<input type="checkbox"/>	His/Her immunization record, vision and hearing screening are on file at the school and all required immunizations are current.

<b>Varicella (Chickenpox):</b> Immunization is not required if your child has had the chickenpox disease.	
<b>My child had varicella (chickenpox) on/in _____ (date/year) and does not need the varicella vaccine.</b>	

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Date: \_\_\_\_\_

Page 3/3

GAES dba German International School of Houston is formally recognized as tax exempt under section 501(c)(3) EIN 26-2709647, and a licensed facility with TDFPS # 1657223.

#### Non-Discrimination Policy:

The German International School of Houston does not discriminate on the basis of race, gender, color, religion, national or ethnic origin, or handicap in administration of its educational policies, admission policies or in its employment practices.

Updated August 2018



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## HEALTH STATEMENT and VISION/HEARING SCREENING FORM

Please submit this form completed by your child's physician:

NAME OF CHILD:	DATE OF BIRTH (mm/dd/yyyy):
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<b>HEALTH STATEMENT:</b>	
<b>HEALTHCARE PROFESSIONAL'S STATEMENT:</b> I have examined the above child within the past year and find that he/she is able to take part in a daycare/preschool program.	
<b>Stamp of physician or public health personnel:</b>	_____ <b>Healthcare Professional's Signature</b>  _____ <b>Date</b>

<b>VISION SCREENING:</b> Vision and Hearing Screening is a requirement by Child Care Licensing for all students four (4) years of age. Results have to be submitted within three (3) months after the child's fourth (4 <sup>th</sup> ) birthday.			
<b>VISION</b>	<b>R 20/</b> _____	<b>L 20/</b> _____	<input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b>
<b>Stamp of physician or public health personnel verifying test results:</b>	_____ <b>Healthcare Professional's Signature</b>  _____ <b>Date</b>		

<b>HEARING SCREENING:</b> Vision and Hearing Screening is a requirement by Child Care Licensing for all students four (4) years of age. Results have to be submitted within three (3) months after the child's fourth (4 <sup>th</sup> ) birthday.				
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>	<input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b>
<b>R</b>				
<b>L</b>				
<b>Stamp of physician or public health personnel verifying test results:</b>	_____ <b>Healthcare Professional's Signature</b>  _____ <b>Date</b>			



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## IMMUNIZATION FORM

Please submit this form completed by your child's physician or provide a copy of your child's current immunization record.

<b>NAME OF CHILD:</b>	<b>DATE OF BIRTH (mm/dd/yyyy):</b>
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IMMUNIZATION RECORD		
Vaccine	Vaccine Schedule	Dates Child Received Vaccine
<b>Hepatitis B</b>	Birth (first dose)	
	1-2 months (second dose)	
	6-18 months (third dose)	
<b>Rotavirus</b>	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
<b>Diphtheria, Tetanus, Pertussis</b>	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15-18 months (fourth dose)	
	4-6 years (fifth dose)	
<b>Haemophilus Influenza Type B</b>	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
<b>Pneumococcal</b>	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
<b>Inactive Poliovirus</b>	2 months (first dose)	
	4 months (second dose)	
	6-18 months (third dose)	
	4-6 years (fourth dose)	
<b>Influenza</b>	Yearly, starting at 6 months	
	Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
<b>Measles, Mumps, Rubella</b>	12-15 months (first dose)	
	4-6 years (second dose)	
<b>Varicella</b>	12-15 months (first dose)	
	4-6 years (second dose)	
<b>Hepatitis A</b>	12-23 months (first dose)	
	Second dose should be given 6-18 months after the first dose.	
<b>Physician/ Public Health Personnel Verification: Signature and stamp of physician or public health personnel verifying immunization above</b>		
<b>Signature:</b>	<b>Office Stamp:</b>	<b>Date:</b>