

Enrollment Form pg.1

Please complete a separate enrollment form for each child and submit with payment to The Guthrie School, 598 Old Custer Road, Allen, TX 75013. Additional forms may be downloaded for printing at guthrieschool.com

Student _____ Today's Date: _____

Name: _____ Gender: Male Female Date of Birth: _____

Grade in Fall 2018: _____ School: _____

T-Shirt Size: Youth: XS S M L Adult: S M L XL

Family

Parent 1 Name: _____ Parent 2 Name: _____

Student Mailing Address: _____

Daytime Phone: _____ Daytime Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Other Pertinent Family Information: _____

If more space is required please use the Program Planner (pgs. 35-38)

CAMPS AND CLASSES (Please write neatly in block letters)

CLASS OR CAMP NAME	WEEKS (Circle all that apply)	TIME	FEE
	1 2 3 4 5 6 7 8 9 10		
	1 2 3 4 5 6 7 8 9 10		
	1 2 3 4 5 6 7 8 9 10		
	1 2 3 4 5 6 7 8 9 10		
	1 2 3 4 5 6 7 8 9 10		

Please make checks payable to The Guthrie School. Paying by credit card? Please call 972-596-6929 to complete your enrollment. Credit card payments are subject to a 3% processing fee. Tuition is prepaid and non-transferable and non-refundable.

Enrollment Fee	\$	\$60.00
Camp Fees	\$	
Discounts	\$	
TOTAL DUE	\$	

If you have questions please call us at **972-596-6929**.

How did you learn about The Guthrie School Program?

- We are a current Guthrie Family
- I am a former Guthrie Student
- Social Media
- Friend
- Guthrie Website
- Dallas Child Ad
- Suburban Parent Ad
- Other _____

Enrollment Form pg.2

Authorizations

Please complete a separate enrollment form for each child and submit with payment to The Guthrie School, 598 Old Custer Road, Allen, TX 75013. Additional forms may be downloaded for printing at guthrieschool.com

Release & Authorization to Participate

I understand that The Guthrie School does not assume any responsibility in case an accident occurs. In consideration of the above named student being permitted to take part in activities and programs, I hereby agree to waive all claims, release, indemnify, defend, and hold harmless The Guthrie School, JMSB Group, LLC, its Head of School, Assistant Head of School, Director of Enrichment, faculty, agents, employees, and invitees together with all persons, including parents of students of The Guthrie School, assisting with any phase of such trips and activities and programs, including all expenses of litigation and/or settlement, which may arise in connection with such trips and activities and programs and all liability by reason of any accident or injury suffered by the above named student while on such trips and activities and programs or participation in such trips and activities and programs. I HEREBY FURTHER EXPRESSLY AGREE THAT SUCH INDEMNITY WILL APPLY WHETHER THE CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION OR OTHER LIABILITIES ARISE IN WHOLE OR IN PART FROM ANY FORM OF NEGLIGENCE OF SAID PARTIES.

Consent for Medical Treatment

In the event I cannot be contacted to give my consent, I hereby authorize The Guthrie School, its officers, agents, and employees my consent to:

1. The administration of any treatment deemed necessary by a licensed physician or dentist, and
2. The transfer of the minor to any hospital reasonably accessible.

I understand that this authorization is given to provide authority and power on the part of The Guthrie School, its officers, agents and employees to give specific consent to any examination, diagnosis, treatment of hospital care, which, in the judgement of a licensed physician or dentist, is deemed necessary.

Emergency Contacts

In the event of an emergency, parents or guardians will be contacted first. Please use at least one alternate emergency contact.

Emergency Contact 1: _____
Relationship: _____
Daytime Phone: _____
Cell Phone: _____

Emergency Contact 2: _____
Relationship: _____
Daytime Phone: _____
Cell Phone: _____

Individuals Authorized to Pick Up Your Child

Name 1: _____
Name 2: _____

Cell Phone: _____
Cell Phone: _____

Authorization & Acknowledgement

I state that I have financial and legal responsibility for the student named in this Enrollment Form. By signing below, I agree to all consents, authorization and permissions described within this Enrollment Form. I UNDERSTAND THAT TUITION IS PREPAID AND NON-REFUNDABLE AND NON-TRANSFERABLE.

Signature: _____ Relationship: _____ Date: _____

Student Health Information

Was your child enrolled in a public school in Texas for the 2017-2018 school year?

Circle one: Yes No

If no, current immunization records are required to attend The Guthrie School Summer Programs.

Please list/describe any health conditions:

Student Allergy Information

Please describe the allergy, severity of reaction, and treatment or EMERGENCY ACTION REQUIRED:

Foods: _____

Drugs: _____

Insects: _____

Other: _____

Texas state law requires a letter signed and dated by a Healthcare Professional verifying a student's allergy to food and/or drugs.

Permission for Administration of Medicine

The student may be administered the following non-prescription medication or the generic equivalent according to manufacturers' recommended dosages by The Guthrie School's Head of School, Assistant Head of School, Director of Enrichment or their designee:

Please Circle All That Apply:

Acetaminophen Ibuprofen Antibacterial Ointment Benadryl

Other medications which may be required by the student must be supplied by the parents and brought to the school in the original container properly labeled with the name of the student, identification of the medicine, the dosage, and the time to be administered by The Guthrie School's designee.

Guthrie School Policy Form

For participation in our private school, it is required that parent registering their children review the following school policies. Parents must sign this agreement acknowledging understanding and acceptance of these terms.

BEHAVIOR POLICY: The Guthrie school reserves the right to discontinue services for behaviors that are disruptive, violent, or otherwise unsafe. Behaviors that disturb the operation of the school or pose a safety risk will result in dismissal. This policy covers the behavior of children as well as the behavior of parents and any related adults. All members of the Guthrie School community are expected to support a good learning environment, treat others with respect, treat all personal property with respect, and take personal responsibility for their actions.

HEALTH FORMS: Health forms must be current and on file before children are permitted to attend school. The Guthrie School requires a signed immunization form as well as a school physical. Should any changes in a student's health occur, parents are responsible for providing an updated physical (completed by a Licensed Health Professional) to the school.

ILLNESS: Students must be fever and vomit free for 24-hours before they will be permitted to return to class. For illnesses resulting in absences in excess of two days, a doctor's note is required to return to school.

SIGN IN / SIGN OUT: Parents are responsible to sign their students into (After 8:45AM) and out of (after 4:30 PM) the school, indicating the time that their child was dropped off and picked up from school. If a student is picked up late, a Drop-in EXTEND charge of \$10.50/hour will be invoiced to his/her account by the Business Office.

LUNCH: A well-balanced and nutritious lunch may be purchased through Wholesome Food Services. Parents also have the option of providing their student with lunch and snacks. Students may not bring candy, chewing gum, or junk foods. All lunch boxes need to be clearly labeled with a first and last name. The Guthrie School is nut and shell-fish free.

DRESS CODE: Students attending Summer at Guthrie programs must be appropriately clothed for the activities in which they are participating. Clothes must be clean, well-fitting, and school appropriate. Students are responsible for bringing any changes of clothes that might be necessary as well as wearing any appropriate under/outer garments.

PERSONAL POSSESSIONS: Children are not permitted to bring toys, cell phones, iPods, iPads, or other items that may provide distraction during school. The Guthrie School is not responsible for lost or stolen goods.

MEDICATIONS: The Guthrie School is not responsible for administering any daily medications. Students with non-emergency medication needs will be considered on an individual basis. All medicines (inhalers, Epi pens, etc.) should be given to the office in the original container labeled with the child's first and last name. All medications must be current. In the event that they expire, they will need to be replaced. Parents must complete a form for the office. A parent or guardian must "check-in" the medicine with an office administrator and may not send medicine to school in a child's backpack.

PARENT PARTICIPATION: We encourage parents to be involved in their children's educational experience. There will be numerous volunteer opportunities and we strongly encourage parents to take advantage of these. Please make arrangements with the office or your child's teacher to volunteer.

SERVICE UNDERSTANDING: I understand that I must adhere to the above guidelines for my child to participate in services offered by The Guthrie School. I also do not expect The Guthrie School to perform any duties not in accordance with these guidelines, or outside the scope of a school.

Child's Name: _____

Parent Name (print): _____

Parent Signature: _____ Date: _____

Discipline and Guidance Policy

Student Name: _____

A. Discipline must be:

1. Individualized and consistent for each child;
2. Appropriate to the child's level of understanding, and;
3. Directed toward teaching the child acceptable behavior and self-control.

B. A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of only focusing on unacceptable behavior.
2. Reminding a child of behavior expectations daily by using clear, positive statements;
3. Redirecting behavior using positive statements; and
4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

C. There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment;
2. Punishment associated with food, naps, or toilet training;
3. Pinching, shaking, or biting a child;
4. Hitting a child with a hand or instrument;
5. Putting anything in or on a child's mouth;
6. Humiliating, ridiculing, rejecting, or yelling at a child;
7. Subjecting a child to harsh, abusive, or profane language;
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
9. Requiring a child to remain silent or inactive for inappropriately long periods for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

Signature: _____ Date: _____

Check one Please:

_____ Parent (Please print name here _____)

_____ Employee / Caregiver

_____ Household member of child-care home

Media Release

Release Form for Publications, Video, and Electronic Display of Student Work

Students who attend school at The Guthrie School are occasionally asked to be a part of school publicity, publications and/or public relations activities. In order to guarantee student privacy and ensure your agreement for your student to participate, the school asks that you sign this form for each of your students.

The form referenced below indicates approval for the student's name, picture, work, voice, verbal statements, or portraits (video or still) to appear in school publicity, videos or on the web site. For example, pictures and articles about school activities may appear in local newspapers. These pictures and articles may or may not personally identify the student. The school may use the pictures, videos, and artwork in subsequent years.

CONTRACT

Student and parent/guardian release to The Guthrie School the student's name, voice, verbal statements, class assignment(s), portraits (video or still), pictures and artwork and consent to their use on behalf of The Guthrie School for publicity purposes.

The Guthrie School agrees that the student's name, work, voice, verbal statements, class assignment(s), portraits, or pictures (video or still), will only be used for public relations, public information, school promotion, publicity, and instruction.

Student and Parent/Guardian understand and agree that:

- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives; and
- The photo, video, artwork, class assignment(s) or student statements may be used in subsequent years.

Parents may request hard/soft copy of their child's photographs, at no charge, to make his/her own independent copy.

Student's Name (please print) _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Phone Number: _____ Date: _____

Health Admission Information

Dear Parent,

The state of Texas required each student attending a Guthrie Program to have 3 pieces of information on file. These documents are needed for the child to be considered enrolled. This includes students in The Guthrie School, Guthrie EXTEND, Guthrie Enrichment, and Summer at Guthrie.

1. CURRENT IMMUNIZATION RECORD

2. HEARING AND VISION SCREENING

- o Public School Students: See Box 1
- o Students who attend a private or independent school: See Box 2
- o Guthrie Students: If the document is not on file by date of admission, parents are required to pay for Hearing and Vision Screening provided by The Shelton School unless a student's age prohibits it. The screening will be done at The Guthrie School.

3. DOCUMENT OF A PHYSICAL

- o A written statement from a health-care professional who has examined the child within the past year, indicating the child is able to take part in the program in which he/she is enrolled.

REQUIRED INFORMATION FOR ALL STUDENTS

My child _____ attends the following school in the state of Texas:

Name of School: _____

School's Address: _____

City: _____ State: _____ Zip Code: _____

School's Phone Number: _____

PUBLIC SCHOOL STUDENTS

_____ My child's IMMUNIZATION RECORD is on file at the school and all required immunizations and/or tuberculosis tests are current.

_____ VISION AND HEARING SCREENING are also on file.

_____ DOCUMENT OF A PHYSICAL is also on file.

PRIVATE SCHOOL STUDENTS

_____ I have provided The Guthrie School with a copy of my child's most current IMMUNIZATION RECORD.

_____ I have provided The Guthrie School with results of my child's HEARING and VISION SCREENING.

_____ I have provided The Guthrie School with a copy of a DOCUMENT OF A PHYSICAL signed and dated by a HEALTH CARE PROFESSIONAL.

Parent Signature: _____ Date: _____