

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 2017: _____ **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	\$
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: _____

Cell Phone: _____

Name 2: _____

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 2016-2017 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.

Program Planner

Customize your summer!

Use this planner to help you organize your student's perfect summer experience at Guthrie. If you get stuck, let us help. Email us at info@guthriechool.com or call us at 972.596.6929. To register, please complete the Enrollment Forms and return with payment to The Guthrie School, 598 Old Custer Rd. Allen, TX 75013.

Week 1: June 5-9

Course Title	Time	Fee

Week 2: June 12-16

Course Title	Time	Fee

Week 3: June 19-23

Course Title	Time	Fee

Week 4: June 26-30

Course Title	Time	Fee

Week 5: July 10-14

Course Title	Time	Fee

Week 6: July 17-21

Course Title	Time	Fee

Week 7: July 24-28

Course Title	Time	Fee

Week 8: July 31 - August 4

Course Title	Time	Fee

Week 9: August 7-11

Course Title	Time	Fee

Week 10: August 14-18

Course Title	Time	Fee



The Guthrie School

Discipline and Guidance Policy

A. Discipline must be:

- a. Individualizes and consistent for each child;
- b. Appropriate to the child's level of understanding; and
- c. 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:

- a. Reminding a child of behavior expectations daily by using clear, positive statements;
- b. Redirecting behavior using positive statements; and
- c. 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:

- a. Corporal punishment or threats of corporal punishment;
- b. Punishment associated with food, naps, or toilet training;
- c. Pinching, shaking, or biting a child;
- d. Hitting a child with a hand or instrument;
- e. Putting anything in or on a child's mouth;
- f. Humiliating, ridiculing, rejecting, or yelling at a child;
- g. Subjecting a child to harsh, abusive, or profane language;
- h. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- i. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

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

My signature verifies that I have read and received a copy of this discipline and guidance policy.

Signature

Date

Please check one:

_____ parent

_____ employee/caregiver



ADMISSION INFORMATION



Dear Parent,

The state of Texas requires each student attending a Guthrie Program to have 3 pieces of information on file at the Allen location, and these are needed for the child to be considered enrolled. This includes students in *The Guthrie School, Guthrie EXTEND, Guthrie Enrichment and/or Summer at Guthrie.*

CURRENT IMMUNIZATION RECORD –

HEARING AND VISION SCREENING –

• **Public School Students:** See Box 1.

• **Students Who Attend Private School:** See Box 2.

• **Guthrie Students:** If the document is not on file by date of admission, parents are required to pay for Hearing & Vision Screening provided by The Shelton School unless a student’s age prohibits it. The screening will be done at The Guthrie School.

DOCUMENT OF A PHYSICAL – 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.

REGULAR INFORMATION FOR ALL STUDENTS

My child _____ attends the following school in the state of Texas.
First Name Last Name

Name of School: _____

School’s Address: _____

_____ City Zip Code

School’s Phone Number: (_____) _____ - _____

BOX 1

CHECK ALL 3 DOCUMENTS IF THE CHILD **ATTENDS A PUBLIC SCHOOL.**

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

_____ **VISION AND HEARING SCREENING** are also on file.

_____ **DOCUMENT OF A PHYSICAL** is also on file.

BOX 2

CHECK ALL 3 DOCUMENTS IF THE CHILD **ATTENDS The Guthrie School or another private school.**

_____ I have provided The Guthrie School a copy of my child’s **MOST CURRENT IMMUNIZATION RECORD.**

_____ I have provided The Guthrie School with results of my child’s **HEARING & VISION SCREENING.**

_____ I have provided The Guthrie School with a copy of **DOCUMENT OF PHYSICAL** signed and dated by a health care professional.

Signature - Parent or Legal Guardian

Date