



Please fill in all areas of the forms except the shaded. Do not leave any field blank. If no information is available, please fill N/A (not available)

Operation Name Ameen Academy		Director's Name Shaheen Madni	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in the care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while the child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address, and phone number of a person to call in case of an emergency if parents/guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list the name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verifying ID. _____			
CHECK ALL THAT APPLY: 1. <input type="checkbox"/> TRANSPORTATION: consent for my child to be transported and supervised by the operation's employees.		I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give
		<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips <input checked="" type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. <input type="checkbox"/> FIELD TRIPS: NOT OFFERED		I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give my consent for my child to participate in Field Trips:
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give - my consent for my child to participate in Water Activities:
		<input type="checkbox"/> sprinkler play	<input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play
4. <input type="checkbox"/> REVIEW OF OPERATIONAL POLICIES: PARENT HANDBOOK IS UPLOADED ON OUR WEBSITE http://www.ameenacademy.org/ FOR YOUR REVIEW. PLEASE SIGN THE ATTACHED COMPLIANCE FORM (PAGE 9) ACKNOWLEDGING THAT YOU AGREE WITH AMEEN ACADEMY'S OPERATIONAL POLICIES AND PROCEDURES			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility: ***See Below	Address:	Ph.#:

***** If you don't have a specific Medical Care facility, the school will be taking (911) the students to THE MEDICAL CENTER OF PLANO during an emergency. Please fill in MCP, 3901 W. 15th Street, Plano 75075, Tel. 9725966800 information and sign.**

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

Signature - Parent or Legal Guardian

The section below needs to be filled by School-Age students enrolling for afterschool, Daycare services, or Summer School.

SCHOOL-AGE CHILDREN:
My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:
 His / her immunization record is on file at the school, and all required immunizations and/or tuberculosis tests are current. Vision and Hearing screening records are also on file.

My child has permission to:
 Walk to and from school, and ride a bus, be released to the care of his/her sibling(s) under 18 years old.
Name of sibling(s): _____

Signature – Parent or Legal Guardian: _____ **Date:** _____



HEALTH REQUIREMENTS					
Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO - IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Signature or stamp of a physician or public health personnel verifying immunization information above.					
			Signature		Date
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.					
			Parent's Signature		Date
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years.					
For additional information regarding immunizations, contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm					

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care process or within one week of admission.

Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the child named above within the past year and find that he/she can physically take part in the daycare program.

_____ **Health Care Professional's Signature** _____ **Date** _____

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with a recognized religious organization's tenets and practices, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and can participate in the daycare program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child-care operation.

Name and address of health care professional:

_____ **Signature - Parent or Legal Guardian** _____ **Date** _____

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DOCTORS'S IGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
<input type="checkbox"/> PASS <input type="checkbox"/> FAIL			

Signature – Parent or Legal Guardian: _____ **Date:** _____



Primary/Home Language Survey for All New Kindergarten and Incoming Students

Instructions for schools in completing the survey:

1. Interview the parents or guardians of ALL new kindergarten and incoming students in grades k–12 and record all information requested.
2. Provide interpretation services whenever necessary.
3. Check to see that all questions on the form are answered.

Student Information (The parents or guardians should complete this section.)	
First Name: _____ Last Name: _____	Date of Birth: (Month/Day/Year)
Questions for Parents or Guardians	Response
What language(s) is (are) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most frequently at home?	
Which language do you most frequently speak to your child?	
In what language would you prefer to get information from the school?	

Parent or Guardian's Signature: _____

Date: _____



PARENT HANDBOOK COMPLIANCE AGREEMENT

PARENT HANDBOOK IS UPLOADED ON OUR WEBSITE <http://www.ameenacademy.org/> FOR YOUR REVIEW. PLEASE SIGN BELOW YOUR AGREEMENT WITH AMEEN ACADEMY'S OPERATIONAL POLICIES AND PROCEDURES

(PLEASE INITIAL EACH STATEMENT)

_____ I have read and agree to abide by the rules and regulations specified in the Parent Handbook and support the school in its implementation to the best of my ability.

_____ I understand that school policy and procedural changes may be updated periodically. When notified of such changes by the school, I agree to comply with the most recent officially approved version of any policy or procedure.

Signature of Parent or Guardian

Date



Publicity Waiver

Ameen Academy is on the Internet at HTTP:// www.ameenacademy.org.

We have a homepage on the World Wide Web and a Facebook page. The purpose of these pages is to inform people about our school and to share work created by students and staff.

Your child's teacher/school administration is considering using student photos, writing, or artwork on our school home page and on the Facebook page. Because this document can be seen by people all over the world and for security reasons, only first names will be used if necessary. There may be competitions or participation that our school may enter, and it is likely that your child's work may be published. Please sign and return the slip below indicating your approval.

If you have any questions, please contact the school office.

Thank you.

Ameen Academy Administration

I give permission for my child's:

Photo - Yes No

Writing - Yes No

Artwork or Projects - Yes No

Video/short clips - Yes No

Student name _____

Parent Signature _____

Date _____



Discipline

- A. The school sets appropriate and realistic limits for behavior (according to age expectations) and maintains them consistently.
- B. We avoid shaming or belittling children.
- C. The staff protects the rights of all children.
- D. Behavioral problems that are routine are dealt with by having the child "sit out" and discussing his behavior with him. If a child is disruptive, he will be moved to the office for a "cooling off" period then returned to his classroom.
- E. At no time will corporal punishment be used on a child.
- F. **A child who causes frequent disturbances and bodily harm to other children or school property may be refused continued attendance at the school.**
- G. A child who is deemed to be unable to learn in this school environment may be refused continued attendance.

Any misdemeanor/misconduct on the part of the parent or person dropping off / picking up the child will be referred to city/state authorities.

Student name _____

Parent Signature _____ Date _____