

# Fair Haven Day School

1330 Gessner • Houston, TX 77055  
 713.827.0317 • 713.973.2065 fax  
[www.fairhavendayschool.org](http://www.fairhavendayschool.org)  
[fairhavendayschool@fairhavendayschool.org](mailto:fairhavendayschool@fairhavendayschool.org)

Enrollment Information • Date: \_\_\_\_\_

Child's Name		Date of Birth	Child's Home Phone No.	
Child's Address				
Date of Admission		Date of Withdrawal	Days & hours child will be at school	
Parents'/Guardians' names			Address (if different from child's address)	
Phone numbers where parents can be reached while child is at school:		Mother's/Guardian's Phone No.	Father's/Guardian's Phone No.	
Name of person to call in case of an emergency, if a parent/guardian cannot be reached:			Phone No.	Relationship
I hereby authorize the school to allow my child to leave the facility ONLY with the following persons ( <b>include parents' names</b> ):				
Name:		Phone No:	Name:	
Name:		Phone No:	Name:	
Name:		Phone No:	Name:	
Name:		Phone No:	Name:	

List any special problems that your child may have, such as allergies, food restrictions, existing illness, previous serious illness, injuries and/or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information that staff should be aware of. ***If none, please indicate "N/A":***

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## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

<b>In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the school director(s) or person in charge to take my child to:</b>		
Name of Licensed Physician	Address	Telephone No.
Or to (name of hospital or clinic) Memorial Hermann Memorial City Hospital	Address 921 Gessner Houston, Texas 77024	Telephone No. 713-932-3000
I give my consent for necessary emergency treatment when my child is in care of this physician or hospital.	<b>Signature, parent/guardian</b>	<b>Date</b>

- I ( ) give ( ) do not give my consent for my child to participate in wading and splashing activities (less than 2 ft. of water).  
 I ( ) give ( ) do not give my consent for my child to be photographed at school (e.g. bulletin boards, website, etc.).  
 I ( ) understand that Fair Haven Day School is not responsible for the nutritional value of any foods sent from home.  
 ( ) I acknowledge receipt of the *Fair Haven Day School Parent Handbook*. I have read the handbook and agree to abide by the policies and procedures outlined in the handbook.

\_\_\_\_\_  
**SIGNATURE - PARENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
**DATE**