

PARENT INFORMATION FORM

Part I. Parent's Rights Notice

1. Parents/guardians, upon presentation of identification, have the right to enter and inspect the child/preschool facility, in which their child(ren) are receiving care, without advance notice to Chapelwood School for Young Children.
2. The law prohibits discrimination or retaliation against any child or parent/guardian for exercising their right to inspect.
3. The law requires that parent/guardian be notified as to the company presently being used for pest control, and that a notice be posted indicating the days services will be rendered. Pest Control Board license will remain on file.
4. The law requires the license from the Department of Protective and Regulatory Services to be posted in the facility in a location accessible for parents/guardians. In our facility it is posted in the Administrative Office.
5. The law authorizes the person in charge of the facility to deny access to apparent/guardian under the following circumstances:
 - a. the parent/guardian is behaving in a way or using language which poses a risk to the children in the facility, or
 - b. the adult is a non-custodial parent and the facility has restraining orders signed by a Judge, initiated by the custodial parent to not permit access to the non-custodial parent.
6. The law authorizes the parents/guardians to have the right to inspect the most recent fire inspection report (including extinguishers), gas pipeline test and most recent compliance report from the Department of Protective and Regulatory Services.

My signature below indicates that I have read the above Parent's Rights Notice.

Parent/Guardian Signature

Date

Part II. Admission Requirement

One of the following must be presented when your child is admitted to Chapelwood School for Young Children.
Check to indicate the option you have selected or submitted and sign on the line below.

- Health Requirement Form which indicates my child has been examined within the past year and that he/she is physically able to take part in the Chapelwood School for Young Children program.

If you do not submit your Health Requirement Form at this time:

- My child has an appointment for a physical examination and the Health Requirement Form will be turned in by August 26, 2022 in order for my child to start their first day of school.

Date of Examination

Name and Address of Physician OR Address of EPSDT Screening Site

I will submit the Health Requirement Form to Chapelwood School for Young Children following the examination.

Parent/Guardian Signature

Date

RELEASE, INDEMNIFICATION AND AUTHORIZATION TO CONSENT TO EMERGENCY MEDICAL TREATMENT OF A MINOR

My name is _____, and I am (check one):

- Parent
- Guardian
- Managing or Joint Managing Conservator with the power to consent to medical treatment

of the following child under 18 years of age, _____

who is enrolled in: Nursery/Toddler School
 Preschool/Bridge

I hereby authorize Chapelwood School for Young Children, Chapelwood United Methodist Church, its trustees, officials, agents, and employees (hereinafter referred to collectively as "Chapelwood School") to consent to emergency medical treatment if necessary in the event that I cannot be contacted, at a hospital or clinic chosen at the discretion of Chapelwood School. I understand that Chapelwood School will attempt to contact me or _____ (other individual to be contacted) before consenting to medical care of my student.

I covenant hereby to indemnify Chapelwood School for all costs and expenses incurred by virtue of such emergency medical treatment. I also agree that Chapelwood School shall not be held liable for or responsible for any damages to the person or the property of my student as a result of his or her receipt of medical care to the extent that such release is valid under Texas law. I hereby expressly release and agree to hold harmless on my behalf, and on behalf of my student, Chapelwood School, and those who consent to such medical treatment of my student, from all claims or actions or whatsoever nature, in tort or in contract, that I or my student ever had, now have, or may have in the future against Chapelwood School, from any liability for injuries that occur to my student or to me as a result of his or her receipt of medical care. I expressly waive all claims for medical expenses and wages to which I may otherwise be entitled, and I agree to indemnify and hold harmless Chapelwood School from all claims brought by or on behalf of my student.

I, the undersigned, have read this Release, Indemnification, and Authorization to Consent to Medical Treatment of a Minor and understand all of its terms. I have executed it voluntarily and with full knowledge of its significance.

This Release is executed on my behalf and on behalf of my student, _____.
This Release, Indemnification and Authorization to Consent to Medical Treatment to a Minor is effective during the school year.

Date

Signature of Parent, Guardian, or Managing/Joint managing Conservator