

Klein Weekday Ministries for Children Health Form

All Children must have a signed health statement along with current immunization records at time of enrollment. All children 4 years and older must also include a copy of the vision and hearing screening performed at their 4 year well check. **All REQUIRED documents due within 2 weeks of registration.**

Child's Name:

Date of Birth:

Admission Requirement:



Current Immunization Records

Doctor's Statement: I have examined the above-named child within the past year and find that he/she is free of contagious illness, and physically able to participate in a school/preschool program.

Physician's Name

Phone Number

Street Address

City

State

Zip Code

Physician's Signature

Date

*Hearing and Vision Screening Results (4 years and up ONLY)

Hearing Screen Results: **PASS FAIL** (circle one)

Date: _____

Vision Screen Results: **Glasses No Glasses** (circle one)

Date: _____

(Right): _____

(Left): _____

(Bilateral): _____

*All children 4 years and up must also include a copy of the vision and hearing screening performed at their 4-year check.

*If your child has food allergies, please include a food allergy emergency plan with this form. A food allergy emergency plan is an individual plan prepared by the child's health care professional. This plan must include a list of each food the child is allergic to, possible symptoms if exposed to food on the list and the steps to take if the child has an allergic reaction.

- The plan must be signed by the child's health care professional and parent
- A copy of the plan will be kept in the child's file

I understand child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at 800-514-4031(voice) or 800-514-0383 (TTY).*

KUMC LIABILITY RELEASE AND HOLD HARMLESS (ADULT – 18 AND OVER)
STATE OF TEXAS §
COUNTY OF HARRIS §

I, MAKE THIS LIABILITY Release and Hold Harmless

Agreement in anticipation of my participation in the activities of Klein United Methodist Church (KUMC), during the period between the current pre-school year and exiting the program.

I expect that I will be participating in activities of KUMC which may occur on or off the KUMC premises, including transportation to and from off-premises activities (KWMC Activities). In consideration of my participation in (KUMC Activities), I hereby agree as follows:

RELEASE AND HOLD HARMLESS RELATED TO PARTICIPATION: I release, indemnify, defend and forever discharge and hold harmless (Release) KUMC, its clergy, staff, employees, sponsors, chaperones, volunteers, and committee members individually and in any representative capacity (referred to as “Released Parties” in the document) of any form any claims, demands, liability, suits, injuries (including death), attorney’s fees, expenses, cost, causes of action, judgments or awards of any kind or character (Loss) which may accrue because of, arise out of, or exist on account of my participation in KUMC Activities. I take full responsibility for all care and release and hereby agree to defend and indemnify the Released Parties for all Loss. I understand and agree that this Release shall expressly include Loss due to that Released Parties negligence (whether sole, contributory, or in any other way in part and gross negligence. I intend that this release and indemnity be as broad and comprehensive as possible as I do not desire that the Released Parties have any liability, directly to me or my spouse (if any) or indirectly to any medical provider arising out at any cost, bills, claims or damages due to (participation in KUMC Activities).

I, make this Medical Power of Attorney and Liability Release and Hold Harmless Agreement on behalf of minor child/children, in anticipation of my child’s participation in the activities of Klein United Methodist Church (“KUMC”), during the duration we are enrolled in the KWMC program.

I expect that my child is and/or will be participating in activities of KUMC, which may include KUMC Youth, Choir, Nursery, Weekday Ministries, Sunday School or other Sunday morning events, and/or any other activities which may occur on or off the KUMC premises, including transportation to and from off-premises activities (“KUMC Activities”). In consideration of my child taking part in KUMC Activities, I agree as follows:

1. MEDICAL/POWER OF ATTORNEY (“POA”) FOR MINOR CHILD: During the dates identified in this document I recognize that there may be times when my child is participating in a KUMC Activity and I may be unavailable to render decisions on behalf of or care for my child. I, therefore, appoint ANY CLERGY OR STAFF MEMBER OF KUMC as my true and lawful attorneys (“my attorney”) to do every act and exercise every power that I may or can do or exercise on behalf of my child, and grant my attorney the power to do everything, in my attorney’s sole discretion, that may be proper expedient or advisable, and for all intents and purposes, as I might or could do personally, until my unavailability shall end. Without limiting the authority granted, I specifically grant my attorney the authority to seek, obtain, authorize, give, or otherwise get medical, health, dental, and/or emergency care for my child as may be necessary during my unavailability.

2. RELEASE AND HOLD HARMLESS RELATED TO PARTICIPATION AND POA: I (individually and as parent, next friend, or legal guardian) release, indemnify, defend, and forever discharge and hold harmless (“Release”) KUMC, its clergy, staff, employees, sponsors, chaperones, volunteers, and committee members individually and in any representative capacity (referred to as “Released Parties” in this document) of and from all claims, demands, liability, suits, injuries (including death), attorney’s fees, expenses, costs, causes of action, judgments or awards of any kind or character (“Loss”) which may accrue because of, arise out of, or exist on account of my child’s participation in KUMC Activities, or in any way connected with this POA or care given or obtained by and/or through it for my child. I take full responsibility for all care and release and hereby agree to defend and indemnify the Released Parties for all Loss. I understand and agree that this Release shall expressly include Loss due to the Released Parties’ negligence (whether sole, contributory, or in any other way in part) and gross negligence. I intend that this release and indemnity be as broad and comprehensive as possible as I do not desire that the Released Parties have any liability, directly to me or my spouse (if any) or my child, or indirectly to any medical provider arising out of any costs, bills, claims or damages due to participation in KUMC Activities or due to this POA.

Video Recording Permission: I understand cameras have been installed in each classroom of Klein Weekday Ministries and Klein United Methodist Church with the following expressed purpose:

- 1)To provide KWMC/KUMC staff with the ability to monitor each room from any location.
- 2)To Provide KWMC/KUMC staff with an additional layer in protection and prevention. KWMC/KUMC makes no warranty or guarantees that any of the cameras will be continuously monitored, that the cameras will be continuously operational nor that all areas of KWMC/KUMC premises will be within view of installed cameras. The cameras are tools to be used only by the staff of KWMC/KUMC. Parents/legal guardians, including the undersigned, enrolling their child(ren) in a KWMC/KUMC program acknowledge their child(ren) are subject to recording, photographing, taping and filming while on the premises of both KWMC/KUMC and acknowledge that these Images WILL NOT BE available via a live stream and is only viewed by the staff of KUMC/KWMC. Parents/legal guardians including the undersigned grant permission for their child(ren) to be recorded, filmed and taped for the aforementioned purposes and have all images available to either KWMC/KUMC staff. I understand that all children at KWMC/KUMC will be subject to being recorded, photographed, taped and filmed while on the premises of Klein Weekday Ministries or Klein United Methodist Church.

Emergency Contact/Pick Up

When arriving at school, children must be left in the care of a staff member. Your child will be released only to a parent/guardian or an adult designated in writing by the parent. A staff member must be aware of each child’s departure. Please list at least one person who has permission to pick up your child and who can be contacted in case of an emergency, if the parent/guardian cannot be reached.

Authorization for emergency medical attention and transportation: In the event, I cannot be reached to make arrangements for emergency medical care and transportation, I authorize the person in charge to take my child to Tomball Regional Hospital 281-351-1623 (unless medical personnel specifies another hospital), 605 Holderrieth, Tomball, Texas 77375. Furthermore, I give consent for the person in charge to secure all necessary emergency medical care for my child.

Releases shall be valid as long as the **Family** participates in our program,

Child/Children’s Names:

Date:

Signature:



Automated Payment Processing Safe – Convenient – Easy

**Students
Name:** _____

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) **Klein Weekday Ministries For Children** to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date CVV
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

