

**Children of The Woodlands Methodist Weekday School**  
**Permission and Release Form**  
**2010-2011 School Year**

Child's Name \_\_\_\_\_

Office use only (class \_\_\_\_\_)

Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Phone \_\_\_\_\_

Please read and initial each of the following consents:

**Children of The Woodlands Parent Handbook**

State licensing requires that we provide parents or guardians with a copy of our facility's policies as well as operating procedures (Parent Handbook). Your initials indicate acceptance and understanding of our policies. Children of The Woodlands parents can view the Parent Handbook online via the password protected Activit-e.com website or The Woodlands United Methodist Church website at [www.twumc.org](http://www.twumc.org) \_\_\_\_\_

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**Photographic Permission**

I authorize Children of The Woodlands to photograph or videotape my child participating in school activities for in-school viewing or on the password protected Activit-e website. On the rare occasion that a photograph would be used for local publicity or the church website I will be contacted for consent prior to use. \_\_\_\_\_

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**Release**

I hereby release The Woodlands United Methodist Church, all officers, directors, and staff from any liability in the event of an accident or injury occurring on the premises. \_\_\_\_\_

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**Information Release**

I hereby authorize Children of The Woodlands to release our address, phone number(s), and e-mail for classroom purposes **only**. \_\_\_\_\_

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**Special Occasion Food Release**

Occasionally birthdays, class parties, and other special events are celebrated during your child's school day. Often homemade items such as cookies or cupcakes, pizza from local restaurants, or baked goods from local grocers are part of these celebrations. I hereby authorize Children of The Woodlands to serve these items to my child. \_\_\_\_\_

**Children of The Woodlands Methodist Weekday School**  
**Screening Permission Form**  
**2010-2011 School Year**

Child's Name \_\_\_\_\_

Office use only (class \_\_\_\_\_)

Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Phone \_\_\_\_\_

**Speech, Vision, Hearing and Language**

Children of The Woodlands strongly advocates early intervention for speech, vision, hearing and language development concerns. To assist in the screening process, please answer the following questions regardless of your child's age.

**All children enrolled in a three-year-old class will be screened for speech, language, and hearing. Children enrolled in a four-year-old, transition or kindergarten class at Children of The Woodlands will be screened for speech, language, vision and hearing. The screening will be conducted by Speech & Language Services. The cost is included in tuition. The parent's or guardian's signature below indicates consent for screening.**

- Has your child had a previous vision test? \_\_\_yes \_\_\_no                      Any vision appliance? \_\_\_\_\_
  - Has your child had a previous hearing test? \_\_\_yes\_\_\_no                      Any hearing appliance? \_\_\_\_\_
  - Does your child have a dental appliance? \_\_\_yes \_\_\_no
  - Does your child have a history of ear problems? (Infections, tubes, etc.) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If you have concerns about speech, vision or language problems, please explain:

\_\_\_\_\_

Is your child receiving on-going care from a specialist? \_\_\_yes\_\_\_no Please provide details:

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

If applicable, please attach an affidavit stating objection to screening of children for visual and hearing handicaps or if your religious beliefs forbid screening. V.T.C.A. Health and Safety Code, 36.005(b), 37002(b)