



2025 – 2026
**EMERGENCY CONTACTS/
AUTHORIZATION TO PICK-UP**

Child's FIRST Name: _____ Date of BIRTH: ____/____/____

Child's LAST Name: _____

Home Address: _____ City, Zip code: _____

Father's FIRST Name: _____ Mother's FIRST Name: _____

Father's LAST Name: _____ Mother's LAST Name: _____

Cell Phone: _____ Cell Phone: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

It is important to have at least one local contact in case of an emergency where parents cannot be reached.

Parents can indicate if this person is approved as an emergency contact, authorized to pick up their child, or both. Only parents/guardians or authorized individuals (after ID verification) will be allowed to pick up the child. A child will never be released to any other individual without written documentation provided by the child's parent. The responsibility of maintaining current contact information for all points of contact with the preschool office lies with the parent.

I authorize Little Fishers Preschool to release my child to leave the school ONLY with the following persons:

FIRST Name: _____

FIRST Name: _____

LAST Name: _____

LAST Name: _____

Relationship to Child: _____

Relationship to Child: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Emergency Contact: ☐ YES ☐ NO

Emergency Contact: ☐ YES ☐ NO

Authorized to Pick-up: ☐ YES ☐ NO

Authorized to Pick-up: ☐ YES ☐ NO

FIRST Name: _____

FIRST Name: _____

LAST Name: _____

LAST Name: _____

Relationship to Child: _____

Relationship to Child: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Emergency Contact: ☐ YES ☐ NO

Emergency Contact: ☐ YES ☐ NO

Authorized to Pick-up: ☐ YES ☐ NO

Authorized to Pick-up: ☐ YES ☐ NO

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: ____/____/____

OFFICE USE ONLY: INITIAL/DATE: _____



2025 – 2026 MEDICAL TREATMENT/ CONSENT FORM

Child's FIRST Name: _____

Date of BIRTH: ____/____/____

Child's LAST Name: _____

Please list any known allergies or illnesses that would conflict with emergency care or treatment:

Note: Any student with a diagnosed allergy MUST have an Allergy Emergency Plan from their physician on file with the school before admission to Little Fishers Preschool.

Please list any special care needs which would limit or restrict the child's participation in school activities:

Note: Parent/Guardian permission must be provided for any private therapy services, and a plan of care must be submitted to the preschool.

Name of Child's Physician: _____ Phone: _____

Physician's Address: _____

-
- ☐ In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to contact emergency medical services and/or take my child to the nearest emergency room.
- ☐ I give consent for Little Fishers Preschool to secure any and all necessary emergency medical care for my child.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: ____/____/____



2025 – 2026
STATEMENT OF HEALTH/
MEDICAL FORM

Child's FIRST Name: _____

Date of BIRTH: ____/____/____

Child's LAST Name: _____

The following health information (required by the State of Texas' Health Department child care licensing) **MUST** be on file for your child to be admitted to Little Fishers Preschool.

STATEMENT OF HEALTH: Submit ONE of the following:

- ☐ Physician's Statement of Health:
I examined the above-named child within the past year and found that he/she is able to attend preschool and participate in all activities.
Physician's Name and Address: _____

Physician's Signature: _____ Date: ____/____/____

- ☐ Attach a **signed and dated** copy of a healthcare professional's own health statement for the above-named child.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization to which I adhere or am a member of. I have attached a signed and dated affidavit stating this.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: ____/____/____



2025 – 2026 IMMUNIZATION RECORD/ VISION & HEARING RESULTS

Child's FIRST Name: _____

Date of BIRTH: ____/____/____

Child's LAST Name: _____

The following health information (required by the State of Texas Health Department child care licensing) **MUST** be on file for your child to be admitted to Little Fishers Preschool.

IMMUNIZATION RECORDS: *Required before your child may attend school.*

- ☐ I have attached a copy of my child's current immunization record, verifying my child is up to date on required vaccinations. **(A signature or stamp of a physician or public health personnel must be included on the record to verify the immunization record.)**
- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reasons of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm

VISION/HEARING SCREENING: Texas State Law requires that **all children who were 4 years old as of September 1st** have their vision and hearing screened. If your child has already received vision/hearing screening from your healthcare provider, please attach a copy of the exam results. If needed, Little Fishers Preschool partners with a screening service provider to conduct screenings during the fall of each school year.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: ____/____/____



2025 – 2026 PARENT HANDBOOK ACKNOWLEDGEMENT/ PHOTO & VIDEO CONSENT FORM

Child's FIRST Name: _____

Child's LAST Name: _____

PARENT HANDBOOK ACKNOWLEDGEMENT:

- ☐ I have read the Parent Handbook for the 2025-2026 school year. I understand and agree to abide by the policies and procedures set forth in the Parent Handbook.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: ____/____/____

PHOTO & VIDEO CONSENT:

We enjoy capturing photos and videos of our students during their everyday activities and special events to showcase in school. This is an excellent way to keep our parents informed about what their children are doing while at school, and the students also love seeing pictures of themselves and their friends at school. Please review the consent options provided below and select one:

- ☐ I hereby give permission to Little Fishers Preschool to take photos and videos of my child during their enrollment. I understand and agree that the school may use these photos/videos for various purposes, including craft projects, publications, advertising, school Facebook and Instagram accounts, and school website content. However, my child's name will not be listed on anything other than class craft projects.

I am aware that I have the right to request, in writing, the removal of any photo or video of my child from the school's website, Facebook, or Instagram accounts. Furthermore, I agree to waive any compensation that may be due if my child's photo or video is used for any of the aforementioned purposes.

If you do NOT wish to have your child photographed/videotaped during the school year, a photo consent opt-out form is available from the school office. This form must be submitted by August 25th. This form only applies to the current school year.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: ____/____/____