

Fort Worth Sudbury School Admission Information

Directions: Complete the form in its entirety for Each student and return it to the Fort Worth Sudbury School before the student's first day of trial week. We will keep the form on file at the school.

General Information

Student's Full Name	Student's Date of Birth	Student Lives With Both parents Mom Dad Guardian		
Student's Home Address		Date of Admission	Date of Withdrawal	
Name of Parent/Guardian Completing Form		Address of Parent/Guardian (if different from the student's)		
Email of Parent/Guardian 1		Email of Parent/Guardian 2		
Parent/Guardian 1 Name and Cell Phone Number (and Provider)			Custody Documents on File Yes No	
Parent/Guardian 2 Name and Cell Phone Number (and Provider)				
Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of an emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the student for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your student, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.				
Name & Address		Phone Number (Home/Cell, Work)		
		<ul style="list-style-type: none"> • Emergency Contact & Release • Release Only 		
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		<ul style="list-style-type: none"> • Emergency Contact & Release • Release Only 		
Name & Address		Phone Number (Home/Cell, Work)		
		<ul style="list-style-type: none"> • Emergency Contact & Release • Release Only 		
Name & Address		Phone Number (Home/Cell, Work)		
		<ul style="list-style-type: none"> • Emergency Contact & Release • Release Only 		

Authorization For Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number
I give consent for the facility to secure any and all necessary emergency medical care for my child.		Signature — Parent or Legal Guardian

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Consent Information

1. Water Activities

I give consent for my child to participate in the following water activities:

- sprinkler play
- splashing/wading pools

2. Photo/Video Consent

Students may be photographed at the school during normal school hours, field trips, or activities. These photographs will be used within the school for documentation and may be used in promoting school services, either in print or on the Internet.

- I, the parent, grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting Fort Worth Sudbury School’s services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child’s enrollment. I understand that there will be no payment for me or my child’s participation in this release.
- I, the student, grant permission to be photographed, or my images recorded for print or electronic use in promoting Fort Worth Sudbury School’s services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my enrollment. I understand that there will be no payment for my participation in this release.

Child: _____ Child Signature: _____ Date: _____

Parent/Guardian: _____ Signature: _____ Date: _____

3. Meals

I understand that the following items are available to my child while in care:

- Party Food
- Snacks

4. Supervision Permissions

Please Initial which types of Zoning you will ALLOW for your child.

_____ On Campus: Anywhere inside school, within the school playground, in kitchen/fellowship hall, or in the field behind First Jefferson Church or the community park (field and park only with direct staff member supervision). Students will not necessarily be directly supervised at all times in any of these locations.

_____ Field: Student has permission to be in the field or garden behind First Jefferson Unitarian Universalist Church without supervision. Students may be using tools such as shovels, hoes, or power tools without direct supervision of an adult.

_____ Courtyard: (Only available to students 12 and older). Student has permission to be in the courtyard alone, only after notifying a mentor. Must use walkie talkie to check in with mentor every 15min. Note: This area is NOT gated. Permission can be revoked at any time per mentor or student body discretion.

_____ Off Campus: (Only available to students 12 and older). Students may leave campus on foot and travel to the playground. Requires a parent permission slip on file, student must have and carry a cell phone with them, sign-out, and tell a staff member when they leave the campus and when they expect to return. Fort Worth Sudbury School will not assume responsibility for students that are given permission for off campus activity by their parents.

_____ Personal Vehicle: Students may ride in the personal vehicle of a staff member or registered Fort Worth Sudbury Volunteer. This would be to go on field trips or to carpool to and from school. All personal vehicles must be properly inspected in the state of Texas, have current insurance on file, and drivers must have a valid Texas ID, all to be checked by Fort Worth Sudbury staff.

Parent/Guardian: _____ Signature: _____ Date: _____

Parent/Guardian: _____ Signature: _____ Date: _____

Student's Additional Information Section

Does your child have any severe allergies? Yes (we will need a plan) No Plan submitted on: _____

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Parent/Guardian Signature

Date Signed

Admission Requirement

One of the following must be presented when your child is admitted to the school or within one week of admission.

Check **only one** option:

- 1. Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the school.

Health Care Professional Signature

Date Signed

- 2. A signed and dated copy of a health care professional's statement is attached.

- 3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

- 4. My child has been examined within the past year by a health care professional and is able to participate in the school. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the school.

Name	Address of Health Care Professional
Parent/Guardian Signature	Date Signed

Requirements for Exclusion

I have attached a signed and dated affidavit stating that I decline immunizations for reason 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.

I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

UTILIZATION CONSENT

SUNSCREEN: Over exposure to sunlight may increase my child’s risk of getting skin cancer. Therefore, I give my permission for Fort Worth Sudbury staff to apply a sunscreen product of SPF 30 or higher to my child (unless otherwise noted below) when he or she will be playing outside. A brand of sunscreen is purchased and provided by the school for use on children. If my child needs a different brand of sunscreen, I am responsible for providing the center with a substitute. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs (inquire with the mentors for the current brand of sunscreen used). **Please initial your sunscreen preference below:**

_____ My child can use the school provided sunscreen.

_____ I will provide a brand of sunscreen that is different from what the center uses. The sunscreen I provide will be stored at the center.

_____ I do not want sunscreen applied to my child’s skin.

BUG REPELLENT: Mosquito and/or other insect bites can pose a health risk to my child. Therefore, I give my permission for Fort Worth Sudbury School staff to apply an insect repellent to my child (unless otherwise noted below) when he or she will be playing outside. A brand of insect repellent is purchased and provided by the school for use on children. If my child needs a different brand, I am responsible for providing the center with a substitute. I understand that insect repellent will be applied to exposed skin, including but not limited to the face, neck and bare shoulders, arms and legs (inquire with the mentors for the current brand of insect repellent used). **Please initial your repellent preference below:**

_____ My child can use the school provided bug repellent.

_____ I will provide a brand of bug repellent that is different from what the center uses. The repellent I provide will be stored at the center.

_____ I do not want repellent applied to my child’s skin.

OVER THE COUNTER MEDICATIONS: While at school children may incur a small injury or begin to feel ill. Therefore, I give my permission for Fort Worth Sudbury School staff to administer medications when needed. **Please check those you approve below:**

- € Diphenhydramine (Benadryl)
- € Acetaminophen (Tylenol)
- € Ibuprofen (Advil)
- € Topical Antibiotic (Neosporin)
- € Topical Hydrocortisone (anti-itch cream)
- € Topical Zinc Oxide (diaper rash ointment)
- € Antacid (Tums)
- € Calamine
- € Iodine

I understand this service is an accommodation for me and I will not hold the mentors, Director, or Fort Worth Sudbury School liable for the proper administration of the items listed on this page or for any adverse effects of their use.

Parent/Guardian Signature

Date

Student Agreement

I wish to attend Fort Worth Sudbury School for the 2021-2022 school year. I agree to participate in the democratic Kid Court, and mediation processes and promote the mission and welfare of the school. I agree to follow the School Rules, any new rules adopted by the School Meeting, and decisions made by the non-profit board. In addition, I understand that Fort Worth Sudbury is an environment where students of every age are free to direct their own learning and activities, yet this freedom comes with responsibility. I understand that I am expected to: 1) treat others with respect (whether student, volunteer, staff, or parent), 2) behave appropriately for a shared space such that I don't interfere or disrupt the activities of others, 3) treat our space with respect and care 4) participate in making and enforcing rules of the school, and 5) help solve conflicts when they arise.

The school requests that students arrive no later than 10AM each day. Please contact the school by phone, text, or e-mail if you will arrive later than 10AM.

Student Name: _____

Student Signature: _____ Date Signed: _____

Accident Waiver and Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE DAY TO DAY ACTIVITIES OF Fort Worth Sudbury SCHOOL, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment, or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I or my child/student are of sound physical and mental health, in so much as is needed to perform chosen activities and pursuits and they have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude me or my child/student's participation in activities of our choosing at Fort Worth Sudbury.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Fort Worth Sudbury School, and that it will govern me and my student/child's actions and responsibilities in any school sponsored activity. I hereby take action for myself and those in my guardianship: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Fort Worth Sudbury School and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in Fort Worth Sudbury School and its sponsored activities whether caused by the negligence of release or otherwise.

- I acknowledge that Fort Worth Sudbury School and First Jefferson Unitarian Universalist Church and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.
- I acknowledge that any activity may push an individual's limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity.
- I hereby consent to receive medical treatment for myself or my child/student which may be deemed advisable in the event of injury, accident, and/or illness that occurs at Fort Worth Sudbury School or with staff members at an Fort Worth Sudbury event.
- I understand while participating in any activity with or on Fort Worth Sudbury School and First Jefferson Unitarian Universalist property, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

In particular, I understand that:

- My child may participate in activities that cause physical injury such as running, jumping, spinning, climbing, swinging, etc.
- My child will go through periods where he/she is not in direct supervision by a staff member. Staff members will always be available, but may not be in the same room as my child at all times. They may be alone with children of many different ages at different times of the day.
- It will be my responsibility to decide what field trips or zoning permissions that I allow my student and the type of transportation, including that of parent volunteers, that is provided.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Student: _____ Age: _____

Parent/Guardian: _____ Signature: _____ Date: _____

Parent/Guardian: _____ Signature: _____ Date: _____

COVID-19 Precautions and Procedures

Precautions

- All students must wear masks. Staff and volunteers will also be required to wear a mask, visor or other face covering, except when outside or in the designated mask-free room.
- The number of students allowed in each room will be limited
- Social distancing will be practiced
- Hand sanitizing stations will be available, hand washing will be encouraged
- Virus prevention measures include; HEPA filtration in each room, frequent ethanol and UV / ozone cleaning, and fresh air ventilation.

Infection Procedures

1. Should a student, staff member or other person who has recently spent significant time on campus be diagnosed with COVID-19, the school will enact a 14 day quarantine shut-down, during which all on campus activities will be suspended.
2. If anyone living in the same household as a student or staff member is diagnosed with COVID-19 that student/staff member must self-quarantine for 14 days, during which time they are not permitted on campus.
3. Any COVID-19 diagnosis must be reported to the school immediately. If you suspect you have been exposed or are experiencing symptoms, please obtain a negative test result prior to returning to campus.

I accept and agree to comply with the COVID-19 procedures

Student Signature: _____

Parent Signature: _____