



Weekday School

2022 - 23 Registration Form

Complete and mail to Weekday School (625 Montgomery Avenue, Bryn Mawr, PA 19010) by August 1, 2021.

CONTACT INFORMATION

PARENT/GUARDIAN CONTACT INFORMATION *(PLEASE PRINT CLEARLY)*

Student's Last Name _____ First Name _____

Student's Date of Birth (MM/DD/YYYY) _____

Parent(s)/Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____ E-Mail _____

Home Address _____ City _____ State ____ Zip _____

Parent(s)/Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____ E-Mail _____

Home Address _____ City _____ State ____ Zip _____

Sibling(s) _____ School(s) Attending _____

Primary language spoken at home _____ Any other languages spoken at home? _____

EMERGENCY CONTACT INFORMATION

Please list additional contacts if we are unable to reach you.

Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____

AUTHORIZED PERSON FOR PICK UP

Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____

IMAGE/NAME PERMISSION & RELEASE

Bryn Mawr Presbyterian Church staff members may wish to photograph, videotape, or otherwise record the activities of the Program participants for the purpose of promoting the Program. We may also publish your participant's name, class, and image on Church related publications.

I give permission for my child in the Program to be videotaped, photographed, and/or recorded, in connection with the Program. I give permission for Bryn Mawr Presbyterian Church to use said videotaped, photographed, and/or recorded materials in BMPC publications, websites, CDs, DVDs or other media, for publicity purposes or in any other non-commercial manner that it chooses.

I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

Child's Name (please print) _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

MEDICAL FORM

INSURANCE INFORMATION

Name of Insurance Policy Holder _____

Carrier _____ Policy # _____ Group # _____

PHYSICIAN INFORMATION

Physician's Name/Practice _____

Phone _____ Fax _____

Office Location _____ City _____ State _____ Zip _____

PHYSICAL AND COGNITIVE CONDITIONS

Has your child been professionally evaluated for:

PLEASE CHECK ALL THAT APPLY

Speech Delays ADHD or ADD Seizures
 Auditory Processing Hearing Impairment Other
 Autism Sight Impairment
 Developmental Delays Sensory Integration

If any of the above are checked please attach copies of any reports and, if applicable, the Individual Education Plan. Copies are required for admission to the BMPC Weekday School. The Director and Lead Teacher hold all test results in the strictest confidence.

ALLERGIES

If your child suffers from any allergies, please list them below. In addition, please go to <https://www.foodallergy.org/file/emergency-care-plan.pdf> for the form to be completed by your child's pediatrician and returned to school.

MEDICAL TREATMENT PERMISSION AND RELEASE

I desire my child to participate in the Bryn Mawr Presbyterian activity described herein ("the Program"). I understand that there are hazards and risks, as well as benefits, associated with my child's participation in the Program. In consideration of the benefits of my child's participation in the Program, I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise, and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against Bryn Mawr Presbyterian Church and/or its trustees, officers, employees, agents, assigns, contractors, or volunteers arising from or connected with my child's participation in the Program, including the securing of medical treatment for my child during my child's participation in the Program.

I give my permission to Bryn Mawr Presbyterian Church, its employees, agents, assigns, contractors, or volunteer supervisors to secure medical treatment for my child in the event that such treatment is needed during my child's participation in the Program or related activities. I agree to assume financial responsibility for the cost of such treatment.

The laws of the Commonwealth of Pennsylvania shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions, terms, clauses, or waivers and releases shall be deemed servable, and all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

I sign this document with the intent to be legally bound by it. I am an adult, competent to sign this document. I am signing this document voluntarily. I have read it and I understand its contents.

Parent(s)/Guardian Name (*please print*) _____

Parent(s)/Guardian Name (*signature*) _____ Date _____

STUDENT CLASS LIST CONSENT FORM

The Bryn Mawr Presbyterian Church Weekday School will offer class lists to all families. The class lists will include the student's name, parent/guardian names, family address, the best phone number to reach you, and an email address. The class lists are useful when making play dates, invitations to birthday parties, and arranging carpooling. If you choose to not be included on the class list, only your child's name will be listed.

Because of privacy concerns, it is imperative that we receive a completed permission/opt-out slip back from every family.

____ Yes, we wish to have the following information listed in the 2023-2024 class lists.

Please fill out the information below that you wish to be included.

____ No, we do not wish to be included in the 2023-2024 class lists.

Parent/Guardian Name(s) - please print both parent/guardian's first & last names as you wish them to appear in the class list:

Last Name	First Name
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Last Name	First Name
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*Student Address:

Student City/Zip: _____ Phone Number: _____

Email - Please list only the email that you wish to be published in the class list:

Signature of Parent/Guardian: _____ Date: _____

*Should a student spend time in more than one household, please list additional information regarding the separate address and phone numbers on the reverse of this form.

PARENT HANDBOOK REVIEW AND ACCEPTANCE

I have reviewed and accept the policies set forth in the Parent Handbook.

Parent/Guardian Signature _____ Date _____

STUDENT PROFILE

Is your child easily understood by people outside of the immediate family?

Is your child completely potty trained?

List some of your child's favorite things to do:

Has your child attended school? If so, when and where?

Are there any specific situations in which your child becomes upset, angry, or afraid?

What are your goals for your child's school experience?

**BRYN MAWR PRESBYTERIAN CHURCH
WEEKDAY SCHOOL FIELD TRIP PERMISSION FORM
(PRE-K ONLY)**

I hereby assume responsibility for and give permission for my son/daughter

to attend any field trips sponsored by the BMPC Weekday School.

I understand and agree that neither Bryn Mawr Presbyterian Church, the Bryn Mawr Presbyterian Church Weekday School, nor any of its representatives, including Director, Lead Teachers or Assistant Teachers (collectively the “Released Parties”), take responsibility for accidents and/or injuries which may occur during the field trip, including transportation. I further understand and agree that the Released Parties shall not be or become liable to any person for any loss, injury or damage to any person or property arising out of or resulting from any aspect of these fieldtrips, including transportation, and I further release the Related Parties from any such liability. I further understand that I must provide my child with a car seat or a booster seat for any transportation to the fieldtrip site.

Signature of parent or guardian: _____

Name of parent or guardian (please print): _____

Date: _____

ACKNOWLEDGMENT

I desire to allow my child to participate in Bryn Mawr Presbyterian Church's Weekday School (the "School") and/or extracurricular activities sponsored by the School or Bryn Mawr Presbyterian Church (the "Church"). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, Commonwealth, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

The health and safety of our students and staff is of paramount importance to us. I acknowledge that the safety of our School community is the joint responsibility of the School and parents. The School will be implementing all of the recommended governmental guidelines and guidance regarding COVID-19 as feasible within the bounds of serving preschool-age children. The inherent nature of learning in a preschool environment requires interaction among students and staff. The School will be using the "cohort model" of isolating classes to minimize exposure. Students and staff within the cohort will be interacting with one another.

All activities at the School and the Church will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, students, staff, and any participants of the School and Church will be required to adhere to all safety protocols and are subject to immediate removal from School or Church if they do not comply.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they attend School. By signing below, I agree that I will:

- Make a visual inspection of my child(ren) for signs of illness. If signs of illness exist, I will follow the Montgomery County School Exclusion Guidelines that have been provided.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to attend School until either: a negative PCR COVID test conducted 5 days or later from contact and a 7 day quarantine have occurred OR 10 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness develop during the school day. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

By signing below, I hereby acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of attendance at School, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), School or Church staff, volunteers, or agents, other students, other School or Church participants, or others not

listed, and I acknowledge that all such risks are known to me and voluntarily assume all such risks associated therewith.

Moreover, by signing below, I hereby acknowledge receipt of the School's Parent Responsibilities. I understand and agree that it is my responsibility to read and comply with the requirements outlined in the Parent Responsibilities.

Parent Signature

Printed Name(s) of Child(ren)

Printed Name of Parent

Date of Signature