



Christ Memorial Lutheran Early Childhood Learning Center (ECLC)

14200 Memorial Dr. Houston, TX 77079

(281) 497-2055 • eclcoffice@christmemorialhouston.church • www.christmemorialeclc.org

"Train up a child in the way he should go... and he will not depart from it." Proverbs 22:6

EMERGENCY TREATMENT RELEASE:

I authorize *Christ Memorial Lutheran ECLC*, to obtain emergency medical care and to transport my child, _____ for emergency medical treatment.

Physician Contact Information:

Name of Child _____

Name of Current Physician _____

Address of Physician _____

Phone _____

Parent/Guardian Signature

Date

IMMUNIZATION ACKNOWLEDGMENT:

Prior to the first day of school, I will provide *Christ Memorial Lutheran ECLC* with a health statement and record of my child's current immunizations. The record will include my child's name, date of birth, type of vaccine and number of doses, the date my child received each vaccination, the signature (including a rubber stamp or electronic signature) of the healthcare professional and clinic who administered the vaccine.

Parent/Guardian Signature

Date

PARENT'S ACKNOWLEDGEMENT:

This is to acknowledge that *Christ Memorial Lutheran ECLC* will provide during Orientation, the Parent/Student Handbook which includes the Enrollment Policy/Non-Discrimination Policy, the Discipline Guidelines and the Meal Agreement. I will read and agree to support each of these policies.

Parent/Guardian Signature

Date

PHOTOGRAPH RELEASE:

I give my consent to the photographing and/or publication of an existing photograph of my child _____ by *Christ Memorial Lutheran ECLC* in its educational, promotional or fund raising materials. I also consent to the use of my child's photograph in all media (including but not limited to distribution on the Internet), to depict and/or identify him/her as a child at CMLECLC.

Parent/Guardian Signature

Date

SCHOOL DIRECTORY RELEASE:

I **DO** give my consent for *Christ Memorial Lutheran ECLC* to publish my name, my child's name, phone numbers, address and email address in their school directory.

Parent/Guardian Signature

Date

I **DO NOT** give my consent for *Christ Memorial Lutheran ECLC* to publish my name, my child's name, phone numbers, address and email address in their school directory.

Parent/Guardian Signature

Date