



Bismehi-Ta'aalaa

Al-Hadi School of Accelerative Learning

14855 Richmond Ave., Houston, Texas 77082 · P: 832.617.8363 · Fax: 713-513-5315

W: www.alhadi.com E: registrar@alhadi.com

PRE-SCHOOL AUTHORIZATION FORM

PLEASE COMPLETE ALL SECTIONS THAT APPLY

As used in this notice, "School" refers to Al-Hadi School, The Islamic Education Center, its staff, volunteers and Board of Directors

The releases/authorizations on this form apply to:

Name of Student

Grade

Date of Birth

Name of Father/Guardian

Name of Mother/Guardian



WAIVER OF LIABILITY FOR AL-HADI SCHOOL FOR STUDENTS TRANSPORTED BY AHS EMPLOYEES

I _____ (name of parent), authorize the school to release my child to _____ (name of employee) for transport to or from school/ I understand that this practice is not recommended by the school and the school is not party to the transportation agreement. Furthermore, the school cannot be held liable for any injury or damages that result from my decision to engage the services of the AHS employee to transport my child.

Signature of Parent

Date



ACKNOWLEDGEMENT OF RECEIPT OF SICK CHILD POLICY

We, _____ (name of father) and _____ (name of mother) parents of the above mentioned student acknowledge that we have received a copy of the sick child policy which is found in the pre-school parent handbook.

Signature of Parent

Date

Accredited by the Southern Association of Colleges and Schools (SACS)



AUTHORIZATION FOR PICK-UP BY SIBLING

I _____ (name of parent/guardian), authorize the school to release my child to his/her sibling
_____ (name of older sibling, age 12 and up) at pick-up time.

I understand that the school does not recommend this practice and that the school cannot be held liable for any injury or damages sustained after pick-up, as a result of my decision to allow pick-up by an under-age sibling. In the interest of safety, I have instructed both children to avoid unnecessary stops and to come directly to me after pick-up.

Signature of Parent

Date

STUDENT PHOTOGRAPH OR VIDEOTAPE RELEASE FORM

Pictures of Unnamed Students: Students may occasionally appear in photographs and videotapes taken by the school, or other individuals authorized by the principal. The school may use these pictures, without identifying the student, in various publications, including the school yearbook and school website.

Pictures of Named Students: Many times, the school will want to identify a student in a school picture. School officials want to acknowledge those students who participate in a school activity or deserve special recognition.

I grant consent to Al-Hadi School to identify a picture of my child by full name and/or the school he or she attends, in any school sponsored material, publication, videotape, or website. This consent may be revoked at any time by notifying the administration in writing.

Signature of Parent

Date



AUTHORIZATION FOR MEDICAL ATTENTION

Name of Licensed Physician	Address	Telephone No.
Name of Clinic or Hospital	Address	Telephone No.
<p>In the event my child has a temperature, and I cannot be reached, I authorize the supervising staff to administer Tylenol to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>In the event my child needs emergency medical treatment, and I cannot be reached, I authorize the supervising staff to take my child to the nearest hospital. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

ABOUT THE STUDENT

	List any allergies or allergic reactions your child may have.
	Is your child currently on any medication prescribed for long-term continuous use or short-term use?
	Please list below any chronic illnesses, physical disabilities or psychological conditions for which the applicant has been treated or has received medication or which would affect full participation in the scholastic and /or athletic programs of Al-Hadi School.
	Name and address of doctor treating above condition.

AUTHORIZATION FOR STUDENT PICKUP

	I authorize the school staff to allow my child to leave the school premises ONLY with the following persons (do not including parents' names):	
	1. Name: _____	Phone No: _____
	relationship: _____	
	2. Name: _____	Phone No: _____
	relationship _____	
	3. Name: _____	Phone No: _____
	relationship _____	
	4. . Name: _____	Phone No: _____
	relationship _____	





PRE-SCHOOL DISCIPLINE AND GUIDANCE POLICY FORM

Please read and sign this form.

The following guidelines will be followed at AHS preschool:

- Discipline will be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- Caregiver will only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- There will be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance will not be applied at AHS:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

- parent employee/caregiver household member of child-care home

