

REGISTRATION FORM

**The Cherished Child, a God-Centered Child Development Facility
At
John Calvin Presbyterian Church, 8102 Midcrown, San Antonio, Texas 78239
210-657-9575**

Child's Name: _____ Male: _____ Female: _____

Child's Date of Birth: _____ Age (as of Sept. 1, 2009): _____

School Entry Date: _____ Church Affiliation: _____

Parent's Full Name(s): _____

Home Address: _____

Home Phone: _____ Cell (M): _____ Cell (F): _____

Emergency Contact and Phone Number: _____

E-mail Address: _____

PRESCHOOL PROGRAM:

School hours are from 8:30 am – 2:30 pm, Monday – Friday, except on designated holidays. The Cherished Child follows the North East Independent School District's calendar, with the exception of the start-up date. The Texas Department of Family and Protective Services licenses our facility.

A yearly \$75.00 non-refundable registration fee and a yearly non-refundable supply/curriculum fee of \$100.00 are due the day/date of registration. Tuition is payable prior to the seventh (7th) of each month. If after the seventh (7th) of the month, the tuition remains unpaid, a \$25.00 fee will be added. Returned checks incur a \$35.00 fee.

The fee for changing days during the school year will be: \$15.00 for the first time, \$20.00 for the second time, and \$25.00 for the third time.

Only those children who are in the one (1) and two (2) year old classes may register for two days.

TUITION AND ENROLLMENT SCHEDULE:

2 days/week	\$200.00	MTWThF
3 days/week	\$250.00	MTWThF
4 days/week	\$300.00	MTWThF
5 days/week	\$400.00	MTWThF

A flat fee of \$48.00 /day will be charged for drop-in students.

PARENTAL AUTHORIZATION:

I understand that if my child is absent, I am still responsible for a full month's tuition.

I understand that I will furnish a snack and lunch for my child.

I give permission for my child to participate in any school-sponsored activity.

I have read and understand this registration form.

PARENT'S SIGNATURE

DATE

ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:			
1. <input type="checkbox"/> TRANSPORTATION:	I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees.	
	<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips	<input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
	<input type="checkbox"/> sprinkler play	<input type="checkbox"/> splashing/wading pools	<input type="checkbox"/> swimming pools <input type="checkbox"/> water table play
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			

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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that a such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 414-0301 (voice) or (800)-514-0383 (TTY).

SCHOOL AGE CHILDREN:	
<input type="checkbox"/> My child attends the following school:	
Name of School and Address	School Ph.#
CHECK ALL THAT APPLY:	
<input type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.	<input type="checkbox"/> My child has permission to <input type="checkbox"/> ride a bus,
<input type="checkbox"/> Name of sibling(s):	<input type="checkbox"/> walk to and from school, <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.
	and/or

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS					
Name of Child:					Date of Birth:
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Signature or stamp of a physician or public health personnel verifying immunization information above.					
Signature			Date		
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.					
Parent's signature			Date		
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.					
For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm					

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

Health Care Professional's Signature Date

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

Name and address of health care professional:

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____		DATE _____	

Signature - Parent or Legal Guardian

Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director Nombre del Dueño o Director del Centro de Cuidado de Niños

to take my child (or children):

a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

to:

a:

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

or to:

o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

Signature-Parent or Legal Guardian
Firma-Padre o Tutor

Date/Fecha

**PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES AND
TO RECEIVE EMERGENCY MEDICAL CARE**

I hereby grant permission for my child to use all the play equipment and to participate in all the activities of the school.

I hereby grant permission for my child to leave the school premises under the Supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I will not hold The Cherished Child at John Calvin Presbyterian Church or any of its representatives liable for any injuries or damages that might occur.

I hereby grant permission for my child to be included in evaluations.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form.
4. If we cannot contact you or your child's physician we will do any or all of the following:
 - (a) Call another physician or paramedics
 - (b) Call an ambulance
 - (c) Have the child taken to an emergency hospital in the company of a staff member
5. Any expenses incurred under #4 above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed (Mother) _____ Date _____

Signed (Father) _____ Date _____

Child's Name _____ Insurance Name & Number _____

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PERSONAL INFORMATION

Child's Name _____ Birth Date _____

Mother _____

Father _____

Brothers and Sisters of child:

Name	Date of Birth	Grade in School
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Other members of the household:

Name	Relation to Child	Age
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Does your child have room alone? (yes) (no) If not, with whom? _____

Has your child had group play experience? (yes) (no) Where? _____

Does your child have neighborhood playmates? (yes) (no) Specify. _____

Word your child uses for: Urination _____ Bowel movements _____

Does your child dress self? (yes) (no) Undress self? (yes) (no)

What time does your child usually go to bed at night? _____ Awaken? _____

Does your child sleep well? (yes) (no)

What are your child's favorite:

Indoor play activities? _____

Outdoor play activities? _____

Does your child have any special fears that you are aware of? _____

Does your child have any problems that we should be aware of? _____

What method of behavior control is used in your home? _____

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What is child's reaction? _____

How would you describe your child's personality? _____

Does your child have frequent colds? (yes) (no) Earaches? (yes) (no)

Does your child run high fevers easily? (yes) (no)

Has your child ever been to a dentist? (yes) (no)

Has your child had a vision test? (yes) (no) Hearing test? (yes) (no)

Does your child wear corrective shoes? (yes) (no)

Please give a statement of your evaluation of your child's overall health? _____

Parent's Signature

Date

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Discipline and Guidance Policy for _____

Name of Operation

- ◆ Discipline must 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.

- ◆ A caregiver may 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 must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (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.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

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

SUPPLY LIST

Everyone

1 box of tissue
1 roll of paper towels
1 pocket folder
Backpack large enough to hold folder
King size pillowcase and lightweight cover
Nap mat with name on it
Change of clothes
Lunch box with name on outside
Water bottle with name on it

One year olds

Supply of diapers and wipes for the day
Bib if needed

Two year olds

Supply of pull-ups for the day – if needed
Bib as needed