

ST. MARK CATHOLIC PRESCHOOL
2018-2019 ENROLLMENT FORM

Child's Full Name _____ Nickname _____

Date of Birth ____/____/____ Gender ____ Male ____ Female

Home Address, City, State & Zip Code _____

Father's Name _____ Cell Phone (____) _____ Email _____

Mother's Name _____ Cell Phone (____) _____ Email _____

Age as of September 1, 2018 ____ years ____ months ____ days

Age Group

____ 18-23 months ____ 24-29 months ____ 30-35 months

____ 3 years ____ 4 years

Schedule ■ 9:00-2:00

____ Tuesday and Thursday \$265 cash/check \$273 credit card

____ Monday, Wednesday, and Friday \$310 cash/check \$319.50 credit card

____ Monday, Tuesday, Wednesday, Thursday and Friday \$430 cash/check \$443 credit card

Registration Fee: \$200 per child is due at time of registration and is nonrefundable.

Supply Fee: Two days/\$125, three days/\$165, five days/\$270 is due within 3 months of the registration date and is nonrefundable.

Tuition Discount: A 3% tuition discount will be applied when the 2018-2019 tuition is paid in full on or before August 1, 2018.

Print Name _____ Signature _____ Date _____

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ST. MARK CATHOLIC PRESCHOOL • ADMISSION INFORMATION FORM

Melanie Rutkoski, Director

ADMISSION REQUIREMENT: The receipt of an incomplete form will delay class placement. The state requires the following information to be completed in its entirety and be on file in the St. Mark Catholic Preschool office. Each field must contain the information requested or a response of not applicable (N/A) and signed by a parent or legal guardian.

Child's Full Name _____ Name used, if different _____ Date of Admission ___ / ___ / ___

Date of Birth ___ / ___ / ___ Gender _____ Home Phone (_____) _____ Date of Withdrawal ___ / ___ / ___

Child's Address, City, State & Zip Code _____

Primary Phone Number (_____) _____ Child Lives With _____ Both parents _____ Mom _____ Dad _____ Guardian _____

If applicable, the documentation of custody is recorded below.

GENERAL INFORMATION

Name of Parent or Guardian Completing Form _____

Mother's Name _____ Cell Phone (_____) _____ Home/Work Phone (_____) _____ Occupation _____

Address if different from child's address _____ City, State & Zip Code _____

Main Email Address _____

Father's Name _____ Cell Phone (_____) _____ Home/Work Phone (_____) _____ Occupation _____

Address if different from child's address _____ City, State & Zip Code _____

Main Email Address _____

ASSUME TEMPORARY CARE

Name _____ Primary Phone Number (_____) _____ Relationship to child _____

Address _____ City, State & Zip Code _____

____ I appoint this individual as the responsible individual for St. Mark Catholic Preschool **to call** in an emergency if parents or guardian cannot be reached.

____ I authorize St. Mark Catholic Preschool **to release** my child to leave **ONLY** with this individual after identification verification.

Name _____ Primary Phone Number (_____) _____ Relationship to child _____

Address _____ City, State & Zip Code _____

____ I appoint this individual as the responsible individual for St. Mark Catholic Preschool **to call** in an emergency if parents or guardian cannot be reached.

____ I authorize St. Mark Catholic Preschool **to release** my child to leave **ONLY** with this individual after identification verification.

Name _____ Primary Phone Number (_____) _____ Relationship to child _____

Address _____ City, State & Zip Code _____

____ I appoint this individual as the responsible individual for St. Mark Catholic Preschool **to call** in an emergency if parents or guardian cannot be reached.

____ I authorize St. Mark Catholic Preschool **to release** my child to leave **ONLY** with this individual after identification verification.

Is there a known individual to whom your child **MAY NOT** be released?

____ No ____ Yes. Documentation submitted to St. Mark Preschool Office on _____ and received by _____

Documentation of Custody ____ No ____ Yes. Documentation submitted to St. Mark Preschool Office on _____ and received by _____

OFFICE USE:

Date Received _____ \$200 Fall Registration Fee CASH _____ / _____ CREDIT CARD _____ CHECK # _____

CONSENT INFORMATION

I acknowledge that I have received a copy and/or have access to the St. Mark Catholic Preschool Handbook on line at www.stmarkevangelist.com. After reading it carefully, I understand the operational policies, procedures, and regulations of the program including:

- Discipline and Guidance
- Withdrawal from Program
- Ceasing Service
- Cancellations
- Emergency Plans
- Well Checks
- Quiet/Nap Time
- Communication with the Director
- Parent Participation
- Release of Children
- Illness and Exclusion
- Medication
- Immunization Requirements
- Lunch and Snack Time
- Visiting Campus
- Minimum Standards and Licensing
- Contact Procedures/DFPS Resources/Abuse Hotline
- Tuition and Fee Payments
- Parent Responsibilities
- Cell Phone Use
- Special Events
- Transportation
- Photographs
- Serving Children
- Water Activities

SIGNATURE of PARENT or LEGAL GUARDIAN

DATE

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child.

Name of Physician _____ Phone (____) _____

Physician's Address _____ City, State & Zip Code _____

Emergency Medical Care Facility _____ Phone (____) _____

Emergency Facility Address _____ City, State & Zip Code _____

I hereby give consent to any of the St. Mark Catholic Preschool Staff, St. Mark Evangelist Catholic Church Staff, and/or volunteer staff to seek emergency medical treatment for my child named above. While understanding that all reasonable safety precautions will be observed, I understand the possibility of unforeseen hazards and the inherent possibility of risk. I voluntarily agree not to hold legally liable St. Mark Catholic Preschool, any of its employees, volunteers, or other representatives associated with providing or arranging for emergency medical treatment for my child.

SIGNATURE of PARENT or LEGAL GUARDIAN

DATE

CHILD'S ADDITIONAL INFORMATION

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 use, and any other information which caregivers should be aware of:

Does your child have a food allergy that has been diagnosed by their doctor? No Yes

If yes, a Food Allergy Emergency Plan must be completed by child's doctor and on file in the St. Mark Preschool office prior to first day of care.

Food Allergy Emergency Plan submitted to the St. Mark Preschool Office on: _____

SIGNATURE of PARENT or LEGAL GUARDIAN

DATE

ST. MARK CATHOLIC PRESCHOOL • ADMISSION REQUIREMENT FORM

Melanie Rutkoski, Director

ADMISSION REQUIREMENT: I understand that this form MUST be completed in its entirety and returned to the St. Mark Catholic Preschool office before my child's first day of enrollment and will be included in my child's records and kept in the office. J-800-2935 p.3-6.6

Child's Full Name _____ **Date of Birth** ____/____/____

HEALTH STATEMENT Complete only one of the three options.

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

 Health Care Professional's Signature

 Date

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.

SIGNATURE of PARENT or LEGAL GUARDIAN

DATE

VACCINE INFORMATION Attach a copy of the record or have a Health Care Professional complete the information below including Record Verification.

_____ I have attached a copy of my child's up to date shot record.

| | Date/Dose 1 | Date/Dose 2 | Date/Dose 3 | Date/Dose 4 | Date/Booster | Date/Booster |
|-----------------------------------|---------------------|----------------|----------------------------------|----------------|---------------------|--------------|
| Hepatitis B | | | | | | |
| DtaP | | | | | | |
| Polio | | | | | | |
| MMR | | | | | | |
| Hib | | | | | | |
| Hepatitis A (2 doses required) | | | | | | |
| Pneumococcal Conjugate | | | | | | |
| Varicella (Chicken Pox) | Date of Vaccine: | | Date of 2 nd Dose: | | Date of Disease: | |
| TB Test (Dr.'s Option) | Positive: | | Negative: | | Date: | |

← Record Verification

Health Care Professional's Signature/Stamp

Date

VARICELLA (CHICKENPOX)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease.

If you child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about _____ and does not need varicella vaccine. (DATE)

SIGNATURE of PARENT or LEGAL GUARDIAN

DATE

HEARING AND VISION SCREENING

is required for children 4 years old.

Attach a copy of the record or have a Health Care Professional complete the information below including Record Verification.

I have attached a copy of my child's Hearing and Vision Screening.

HEARING

| 25db | Right | Left |
|---------|-------|------|
| 500 Hz | | |
| 1000Hz | | |
| 2000 Hz | | |
| 4000 Hz | | |

Pass Fail Wears hearing aid

Vision Screening:

Distance acuity: R: 20/____ L: 20/____
 Pass Fail
 Child wears glasses

Record Verification

Health Care Professional's Signature/Stamp

Date

ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/public.shtm.

ADDITIONAL INFORMATION REGARDING CONSENT

Check all that apply. I give consent for my child to participate in the following water activities:

water table play sprinkler play splashing/wading pools

GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

SIGNATURES

SIGNATURE of PARENT or LEGAL GUARDIAN **DATE**

PROGRAM DIRECTOR **DATE**