

Enrollment Packet Checklist for Holy Cross Preschool and Children's Day Out

Please mail or drop off the registration packet as soon as possible.

- _____ Child Registration form, last month's tuition, Supply Fee and a \$75.00 Registration Fee to hold your child's spot (At the time of registration)

- _____ Child Enrollment Page
(Please make sure emergency contacts are filled out)

- _____ Authorization for Emergency Medical Attention

- _____ Written Authorization to Release
MUST INCLUDE TXDL# AND PHONE #

- _____ Physician Statement

- _____ Copy of Current Immunizations

- _____ Child Profile

- _____ Parent Permission Form and Directory Release

- _____ Discipline and Guidance Policy

- _____ Parent Volunteer Survey

Holy Cross Kids Preschool and Children's Day Out
5653 West River Park Drive, Sugar Land, TX 77479
 281-633-2000 ext. 106 Fax 281-633-2003

CHILD REGISTRATION for 2009 - 2010

My Child is : _____ Continuing _____ New _____ New w/ Sibling _____
Date of Admission

Child's Full Name _____
 Age (by September 1st) _____ DOB _____ Nickname _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Other Phone _____
 Child resides with _____ Both parents _____ Mother _____ Father _____ Other _____

Parent Name(s) _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____
 Mother's Cell Phone _____ Father's Cell Phone _____
 Mother's Work Phone _____ Father's Work Phone _____
 Email _____

Please make checks payable to: Holy Cross Kids Preschool

I understand that I must pay a \$75.00 **non-refundable** registration fee at the time of registration if there is space available for my child. If my child is placed on a waiting list, I need not pay the registration fee until space becomes available. I understand that if I decide to withdraw my child before the school year begins, I will let Holy Cross Kids Preschool and Children's Day Out know in writing as soon as possible.

The information given to us regarding your child on this form is confidential and will only be shared with Holy Cross Administration.

 Signature of Parent or Legal Guardian _____ Date

For Office Use Only

Wee Ones/Toddler (M / T) _____ (W/Th) _____ (M - Th) _____
 Young Twos (M - W) _____ (M - Th) _____
 Old Twos / Young Threes (M - W) _____ (M - Th) _____
 Old Threes / Young Fours (M - W) _____ (M - Th) _____
 Kinder Prep. 1 (M - W) _____ Kinder Prep. 2 (M - Th) _____

_____ **\$75.00 Registration Fee Paid (non-refundable)**
 _____ **Last Month's Tuition Paid (non-refundable)**
 _____ **Supply Fee Paid (non-refundable)**

CK # _____ Date _____ Amount _____ Name on Check _____

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CHILD ENROLLMENT for 2009 - 2010

Child's Full Name _____
Age (by September 1st) _____ DOB _____ Nickname _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Other Phone _____

Parent Information

Father's Full Name _____
Father's
Address _____ City _____ Zip Code _____
Work Place _____ Work Phone _____
Work Address _____ City _____ Zip Code _____
Home Phone _____ Cell Phone _____
Other Phone _____

Mother's Full Name _____
Mother's
Address _____ City _____ Zip Code _____
Work Place _____ Work Phone _____
Work Address _____ City _____ Zip Code _____
Home Phone _____ Cell Phone _____
Other Phone _____

Emergency Contact (Other than Parents)

Contact Name _____ Relationship _____
Address _____ City _____ Zip Code _____
Home Phone _____ Cell Phone _____
Other Phone _____

Contact Name _____ Relationship _____
Address _____ City _____ Zip Code _____
Home Phone _____ Cell Phone _____
Other Phone _____

*** We MUST have at least one emergency contact for your child***

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WRITTEN AUTHORIZATION to RELEASE

Child's Full Name

Date of Birth

I will leave my child at Holy Cross Kids Preschool and Children's Day Out only in the presence of a staff member. I will not pick up my child from the School without making a staff member aware of my child's departure. Other than the child's mother and/or father, the only persons authorized to pick up my child for the School without my written permission are the following persons. I understand that the School may refuse to release my child to any other persons. A picture ID will be required of persons other than parents to pick up the student.

Name

Phone

TXDL/ ID #

Name

Phone

TXDL/ ID #

Name

Phone

TXDL/ ID #

Name

Phone

TXDL/ ID #

Name

Phone

TXDL/ ID #

Signature of Parent or Legal Guardian

Date

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PHYSICAN STATEMENT for 2009 - 2010

Child's Name _____ DOB _____

This form must be completed, signed, and dated by your child's physician. Your child WILL NOT be able to attend our Program without this information and current immunization records. The Doctor's examination visit must have been done within the last twelve months before the child registers in the Program.

Immunizations

Please provide a Copy of Current Immunizations

Hearing / Vision

These tests are required annually for children 4 years and older.

Screening results: Hearing () Pass () Re-screen _____ Date
Vision () Pass () Re-screen _____ Date

Special Problems

Please list any allergies and/or special considerations/needs:

_____ No / None Known _____ Yes, please explain

Height: _____

Weight: _____

Signature of Parent or Legal Guardian

Date

I herby certify that _____
(PLEASE PRINT CHILD'S FULL NAME)

Has been examined by me on _____, and is physically and mentally capable of participating in the activities at Holy Cross Preschool and Children's Day Out.

Physician's Name (PLEASE PRINT) or STAMP
Address _____
City _____

Physician's Signature
Phone _____
State _____ Zip Code _____

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CHILD PROFILE ~ For Teacher

Child's Name _____ **DOB** _____

Address _____ **City** _____ **Zip Code** _____

In our efforts to better understand your child and aid in the process of his/her adjustment to our program, please take time to complete the following information. We have found that the more we know about your child, the better able we are to serve you and your family.

Were there any special circumstances surrounding your child's birth such as premature birth, early trauma, early illness, adoption, prolonged hospitalization, etc.? If yes, explain: _____

Does your child have any special attachments such as a blankets, pacifier, thumb, etc? If yes describe: _____

Does your child have any special needs or problems? If so, what: _____

Does your child have any allergies? If so which, any reactions, and treatment used: _____

Is your child currently taking any medications? If so, please state the reason, which medication and any possible side effects: _____

List in chronological order the names of schools that your child has attended. Include the age of your child and how long he/she was in attendance at each school : _____

Please list the names and ages of siblings: _____

Are there any other people living in the home with your family? If so, please tell us about them.

Does your child have pets? _____ If so, what are their names?

Please list discipline procedures found to be most effective with your child and why?

Please put a Y for Yes and N for No for the following:

Does your child feed himself/herself? _____	Go to bed easily? _____
Is potty trained? _____	Chooses his/her clothes? _____
Has his/her own bedroom? _____	Dress themselves? _____
Helps with chores? _____	Helps clean his/her room? _____

YOUR CHILD'S.....

Fears _____
Health _____
Sun sensitivity _____
Operations (Dates) _____
Accidents or Injuries _____
Serious Illness (Include past) _____

DOES YOUR CHILD (Have/Had) (Check all that apply)

Convulsions ? _____	Visual Differences ? _____
Nosebleeds ? _____	Earaches ? _____
Stomachaches ? _____	Headaches ? _____
Asthma ? _____	Urinary/Kidney/Bowel Issues ? _____
Run Temperatures Easily ? _____	Run High Temperatures ? _____

I understand that a staff member will be available to conference upon my request. I understand that special problems or occurrences affecting my child will be brought to my attention, including any communicable diseases brought into the school. I understand if my child contracts any communicable diseases, I must notify the staff and Director. I understand the information given is confidential and will only be shared with my child's teachers, the school administration, and the state if needed.

Signature of Parent or Legal Guardian

Date

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Parent Permission Form and Directory Release

Child's Full Name

Date of Birth

Please check below the appropriate response

Mosquito Repellent Release

I ____do ____do not give permission for Holy Cross Kids staff to administer mosquito repellent that I HAVE PROVIDED. I understand that I must notify my child's teacher when I want it administered.

Sunscreen Release

I ____do ____do not give permission for Holy Cross Kids staff to administer sunscreen that I HAVE PROVIDED. I understand that I must notify my child's teacher when I want it administered.

Website Release

I ____do ____do not give permission for my child's photo to be used on Holy Cross Kids website. I understand that only my child's first name will be used. NO last names, addresses, or phone numbers.

Holy Cross Kids Student Directory Release

I ____do ____do not give permission for my family's information to be put into the Holy Cross Kids Preschool Directory. I understand if I have a business I would like to promote, I am free to put that information in also. I understand that the information I give will be used ONLY for the Student Directory and no other use.

Please fill out the information below for the Student Directory:

Child's Name: _____

Parent's Name _____

Address _____

Subdivision _____ Phone _____

Email: _____

Business Information: _____

I understand I have the right to change my mind at any time regarding these releases and will ask for a new permission form to fill out if I choose to.

Signature of Parent or Legal Guardian

Date

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Discipline and Guidance Policy for Holy Cross Kids Preschool and Children's Day Out

- ◆ 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

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PARENT VOLUNTEER OPPORTUNITIES

Child's Name _____

Parent(s) Name _____

E-mail Address _____

Phone Number _____

I would be willing to help in the following areas: Please check all that apply

_____ Room Mom/Dad

_____ Substitute Teaching
(paid position)

_____ Fundraiser

_____ Fall

_____ Spring

_____ Guest Speaker Help

_____ Christmas Pageant
(December)

_____ Spring Fling
(Spring)

_____ Teacher Appreciation Week
(May)

_____ Monthly Teacher Birthday
Celebration

_____ Parent Advisory Committee

(Solicit via parent e-mail and
flyers to organize munchies for teacher
birthdays. This will occur once a
month (or you may skip month
depending on when the teacher's
birthdays are).

I would be willing to come as a guest speaker on the following topic(s) to the children:

Any specials talents I have that I can share with the children:

Any other areas I can help in: