



# 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 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

281-633-2003 Fax

## CHILD REGISTRATION for 2010 - 2011

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 \$100.00 new student / \$75.00 returning student **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 (M / W) \_\_\_\_\_

Toddler (M / W) \_\_\_\_\_ (T/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) \_\_\_\_\_

\_\_\_\_\_  
**Registration Fee Paid (non-refundable)**

\_\_\_\_\_  
**September's Tuition Paid (For New Students non-refundable)**

\_\_\_\_\_  
**Supply Fee Paid (Due by August 1st non-refundable)**

CK # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Name on Check \_\_\_\_\_

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## CHILD ENROLLMENT 2010- 2011

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 2010 - 2011**

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 hereby 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 ? _____
Stomach aches ? _____	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.

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Signature of Parent or Legal Guardian

---

Date

**Holy Cross Kids Preschool and Children's Day Out**  
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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