

Saint Anne Episcopal Church
 Child Care Center
 1700 N. Westmoreland Road, DeSoto, TX 75115

Please note: Enrollment is only secured with the receipt of all required forms, registration fee.

BASIC INFORMATION

Student's Full Name		Date of Birth	Age as of Sept. 1	Gender	Fully Potty Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Primary Home Address				Student's Home Telephone No.	
Parent's or Guardian's Name(s)		Address (if different from student's address)			
Parents'/Guardians' Relationship to Student		Primary Language spoken by student:	Member of SAECC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling at SAECC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent on Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Are there any Court Orders regarding custody of which SAECC should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach Court Order. [Date Orders received: _____.]			
Mother's Cell Telephone No.	Mother's Work Telephone No.	Father's Cell Telephone No.	Father's Work Telephone No.		
Mother's Email		Father's Email			
Mother's Occupation		Father's Occupation			

EMERGENCY CONTACTS

Give the name, address and phone number of person(s) to call in case of an emergency if parents / guardian cannot be reached:	Relationship

HOURS OF CARE/MEALS

<p>MEALS/SNACKS: I UNDERSTAND THAT I AM REQUIRED TO FURNISH THE FOLLOWING FOOD, AND THAT ONLY THE PARENT-PROVIDED FOOD WILL BE SERVED TO MY CHILD WHILE IN CARE UNLESS I ALSO DESIGNATE THAT TREATS ARE APPROVED TO BE SERVED:</p> <p><input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch</p> <p><input type="checkbox"/> PM Snack</p> <p><input type="checkbox"/> Treats (birthday, holiday, class celebrations)</p>	<p>HOURS OF CARE: My child will normally be in SAECC care on the following days and times. I ALSO AGREE TO NOTIFY MY CHILD'S TEACHER/THE DIRECTOR OF ANY ABSENCES AND THE REASONS FOR SAME BY 9:00 am ON THE SAME DAY:</p> <p><input type="checkbox"/> Mondays -- from: _____ to: _____</p> <p><input type="checkbox"/> Tuesdays -- from: _____ to: _____</p> <p><input type="checkbox"/> Wednesdays -- from: _____ to: _____</p> <p><input type="checkbox"/> Thursdays -- from: _____ to: _____</p> <p><input type="checkbox"/> Fridays -- from: _____ to: _____</p>
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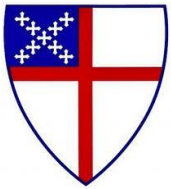
SPECIAL ADDITIONAL INFORMATION

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, and any other information of which caregivers should be aware. Attach additional documents if desired/necessary.

Referred to us by: _____

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

SAECC Use Only: Date of Admission:	Class Placement:	Date Forms Rec'd:	Discipline/Guid.:	Auth. Release:	Fin. Policy:	Media Photo Release:	1 st Wk's Tuition Pd/Date: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
	Date of Withdrawal:	Directory:	Health Stmt:	Immuniz.:	ER Med. Trmt:	Sp. Needs/FA/504:	



MEDICAL INFORMATION

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/emergency medical personnel to provide any and all necessary emergency medical care for my child, including arranging for emergency transport for my child to the nearest emergency medical care facility.

Name of Child's Regular Physician:	Address:	Ph.#:
Name of Preferred Emergency Medical Care Facility:	Address:	Ph.#:
[I recognize that my child will be taken to the nearest emergency medical care facility.]	Signature – Parent or Legal Guardian _____	

REQUIRED IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record. I recognize that all SAECC students must be up-to-date on all State-recommended immunizations. SAECC Rec'd date: _____

REQUIRED HEALTHCARE PROFESSIONAL STATEMENT: One of the following must be presented when your child is admitted to SAECC or within one week of admission.

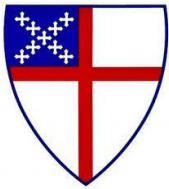
Please check only one option:

- See SAECC Healthcare Professional Statement Form attached.
- See Healthcare Professional-Provided statement attached.

VISION AND HEARING SCREENING

If your child is four (4) years of age or older, please have a healthcare professional complete the following vision and hearing tests, or attach the results of current (within last 6 months) vision and hearing tests. These tests can be done as part of your child's yearly well visit.

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
SIGNATURE _____		DATE _____		
Name and address of examiner:				
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Or				
L				
SIGNATURE _____		DATE _____		
Name and address of examiner:				
I attest that the information contained on this form is true and correct. I will notify SAECC immediately if any information contained on this form changes.				
Signature - Parent or Legal Guardian _____		Date _____		



MANDATORY HEALTHCARE PROFESSIONAL'S STATEMENT

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from SAECC, one of the following must be presented when your child is enrolled in SAECC or within one week of enrollment. **Please check only one option:**

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 day care program.

Health Care Professional's Signature _____ Date _____

2. A signed and dated copy of a health care professional's statement is attached.

3. My child has been examined within the past year by a health care professional and is able to participate in the SAECC 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, address and telephone number of health care professional:

Signature - Parent or Legal Guardian _____ Date _____

IMMUNIZATIONS

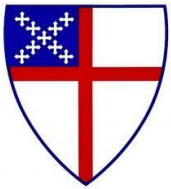
Vaccine ▼	Date/dose 1	Date/dose 2	Date/dose 3	Date/dose 4	Date/Booster
Hepatitis B					
Rotavirus					
Diphtheria, Tetanus, Pertussis [DPT/DTaP/DT]					
Haemophilus influenzae type b [HIB]					
Pneumococcal PVC					
Polio [IPV or OPV]					
Influenza					
Measles, Mumps, Rubella					
Varicella					
Hepatitis A					
Hepatitis B					
Meningococcal					
Varicella/Chickenpox (see below)					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	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 the varicella vaccine.

Parent signature _____ Date _____

Signature – Health Professional _____ Date _____

Printed Name, Address and Telephone No.:



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FINANCIAL AGREEMENT

Child's Name: _____

I/We, as parent(s)/legal guardian(s) of the child identified above, do hereby agree to the financial obligations as itemized in this Financial Agreement. Tuition is due every Monday as long as your child is enrolled.
 A \$75 non-refundable enrollment fee is due upon enrollment. The enrollment fee ensures a place for your child, and is not part of the tuition rate.

Tuition rates are as follows:

Age	Weekly Tuition
Full Time	
Infant 3-17 months	\$175
Toddler 18-36 months	\$150
Pre-K 3 & 4	\$140
Part Time	
Two Days 18 months-4 years	\$80
Three Days 18 months – 4years	\$100
Weekly Drop-In Rate (all ages)	\$150

***At this time, we do not offer part time care for infants.**

***Drop-In Rates Restrictions: based on space availability and require 24-hour advance notice.**

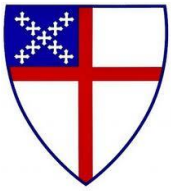
Payment Options: I choose the following payment option:

- Personal Check
- Cash
- Credit Card/Debit (MasterCard, VISA, Discover, AMEX) +2.75% convenience fee
- Bank Draft [Payment arrangement made by you through your banking institution]

I HAVE READ AND AGREE TO THE ABOVE FINANCIAL OBLIGATIONS.

 Parent Signature

 Date



DISCIPLINE AND GUIDANCE POLICY

The SAECC Discipline and Guidance Policy is as follows:

Discipline must be:

- individualized and consistent for each child;
- appropriate to the child's level of understanding; and
- 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 the following:

- using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- giving children time to work through problems on their own, while being ready to intervene to prevent destructive or aggressive behavior;
- generating options/solutions by giving students tools for conflict resolution;
- reminding a child of behavior expectations daily by using clear, positive statements;
- redirecting behavior using positive statements;
- setting clear and consistent limits and expectations;
- using natural consequences for children's behavior;
- modeling compassionate, caring behavior that sets good examples for students to follow;
- identifying emotions, validating feelings and providing methods to encourage calm behavior;
- using brief, supervised separation or time away from the group, when appropriate for the child's age and development, 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:

- corporal punishment or threats of corporal punishment;
- punishment associated with food, naps, or toileting;
- pinching, shaking, biting, striking, swatting, or slapping a child;
- hitting a child with a hand or item;
- humiliating, ridiculing, rejecting or yelling at a child;
- subjecting a child to harsh, abusive, or profane language;
- leaving a child unsupervised, or placing a child in isolation, in a locked or dark room, bathroom or closet with the door closed;
- requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

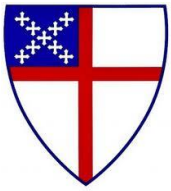
Often, proper planning can minimize behavior problems; this can be accomplished by:

- planning the classroom program so it is appropriate for the ages and individual levels of the students;
- providing a balance between active and quiet activities, self-directed, and teacher-directed activities;
- carefully planning transitions between daily activities;
- focusing complete attention on the children, guiding behavior, facilitating learning, and interacting with students;
- listening to and encouraging students as they strive to meet expectations and overcome challenges.

My signature verifies I have read and received a copy of the Discipline and Guidance Policy.

Parent Signature

Date



ACKNOWLEDGMENT OF RECEIPT OF THE FAMILY HANDBOOK

My signature verifies I have read and received a copy of the SAECC Family Handbook.

Parent Signature

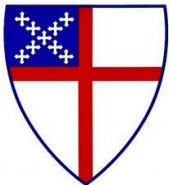
Date

MEDIA/PHOTO RELEASE

I do, do not grant permission for Saint Anne Episcopal Child Care Center to publish pictures of my child on the preschool's website, or in the preschool's press releases, publicity information, newsletters, social media pages and/or bulletins. [Children's names will not be used or given.] I further attest that I have the right to give or decline this permission as I am the child's parent or legal guardian. I understand that if I give notice to the Director, webmaster or SAECC staff member that I object to any particular photograph on the website, it will be removed as soon as possible.

Parent Signature

Date



CHILD RELEASE/SUPERVISION AUTHORIZATION

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list the name, address & telephone number for each. I understand that children will ONLY be released to a parent or a person designated by the parent/guardian after verification of ID. I also understand that I am responsible for keeping this authorization updated at all times.

Name:	Telephone No.	Address:	Relationship to Child:

I hereby identify the following person(s) who are NOT AUTHORIZED to take my child from school: [Please attach any legal documents supporting this directive.] Not applicable.

 Parent Signature

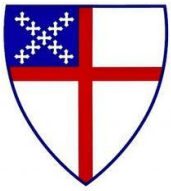
 Date

TRANSPORTATION/SUPERVISION BY SAECC EMPLOYEES OUTSIDE OF SAECC HOURS

SAECC employees may, at their own discretion, may make themselves available for transportation and supervision (i.e. babysitting) outside of SAECC hours. I hereby acknowledge that if my child is transported by SAECC employees to/from child's home, to/from school to parent's place of employment, to/from any location, or is supervised by SAECC employees anytime outside of school hours, that any transportation or supervision by SAECC employees before or after child's regular attendance hours is outside the scope of SAECC' liability and responsibility. I accept full responsibility for both compensation, if any, and liability of such transportation and supervision.

 Parent Signature

 Date



Saint Anne Child Care Center Emergency Contacts and Permission to Drop Off and Pick Up

Child's Name _____

Name _____

Address _____

Relationship _____ Cell Phone _____

Home Phone _____ Work Phone _____

Name _____

Address _____

Relationship _____ Cell Phone _____

Home Phone _____ Work Phone _____

Name _____

Address _____

Relationship _____ Cell Phone _____

Home Phone _____ Work Phone _____

Name _____

Address _____

Relationship _____ Cell Phone _____

Home Phone _____ Work Phone _____

Name _____

Address _____

Relationship _____ Cell Phone _____

Home Phone _____ Work Phone _____

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date