



**Presbyterian Early Learning Center**  
607 Janeway Avenue, Lufkin, TX 75904; 936-634-GROW (4769)  
**STUDENT ENROLLMENT APPLICATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_  
Address (if different than child): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_  
Address (if different than child): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status:     Married             Divorced             Single             Widowed

Other household members, including other children living in the home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Requested Admission Date: \_\_\_\_\_ Requested Attendance Days: M-F MWF T&Th  
Requested Attendance Schedule:     School-day 9:00-2:30     Extended day (hrs beyond 9-2:30)

Estimated time of daily arrival: \_\_\_\_\_ Estimated time of daily departure: \_\_\_\_\_

How did you learn about Presbyterian Early Learning Center? \_\_\_\_\_  
Do you have a church home? Y    N    If so, where do you attend? \_\_\_\_\_

Please describe any previous preschool or group play experience for your child: (including any difficulties or special needs/fears so they may be addressed in advance).

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRESBYTERIAN EARLY LEARNING CENTER**  
*First Presbyterian Church*  
607 Janeway Avenue, Lufkin, TX 75904, 936-634-4769

**Admission Agreement 2018-2019**  
**Signature page**

I have read, understand, & will abide by the policies in the Admission Agreement & the Operational Policies including the Parent Handbook & Emergency Preparedness Plan. I understand that the policies contained in these documents will remain in effect until notified otherwise by the Administration of Presbyterian Early Learning Center (PELC). I understand that my family will be asked to leave the center should I fail to adhere to the policies stated in these documents.

Parent/Legal Guardian Responsible for Tuition (please print): \_\_\_\_\_

Complete Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F (circle)  
Attendance Days (circle): M-F MWF T&Th  
Attendance Hours (circle): School-Day Extended-Day Tuition Rate: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F (circle)  
Attendance Days (circle): M-F MWF T&Th  
Attendance Hours (circle): School-Day Extended-Day Tuition Rate: \_\_\_\_\_

Applicable discounts (circle): currently attending sibling <\_\_\_\_> active FPC church member <\_\_\_\_>

Total Monthly Amount due: \_\_\_\_\_

<p><b>Picture Release:</b> (Please check)</p> <p><input type="checkbox"/> Yes, my child's picture may be used in promotional materials by PELC &amp; First Presbyterian Church.</p> <p><input type="checkbox"/> No, my child's picture may not be used in promotional materials, but may be used in annual slide shows or posted in the school.</p> <p><b>Parent Directory:</b> (Please check)</p> <p><input type="checkbox"/> Yes, I want to be included in the Parent Directory as described in the Parent Handbook.</p> <p><input type="checkbox"/> No, I do not wish to be included in the Parent Directory.</p>
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Additionally, by signing this Admission Agreement, I understand that at least 1 parent/guardian will be added to the school's "Remind" app account to receive periodic messages & reminders from PELC. The Remind app keeps personal information private, while allowing PELC to quickly contact all families.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_



## ADMISSION INFORMATION

**Purpose:** Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

### GENERAL INFORMATION

Operation's Name: <i>Presbyterian Early Learning Center</i>		Director's Name: <i>Sandra Kelly</i>	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual <b>to call</b> in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	

### CONSENT INFORMATION

**CHECK ALL THAT APPLY:**

**1. TRANSPORTATION**

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care     on field trips     to and from home     to and from school

**2. FIELD TRIPS**

- I give consent for my child to participate in field trips.  
 I **do not** give consent for my child to participate in field trips.

**Comments:**

**3. WATER ACTIVITIES**

I give consent for my child to participate in the following water activities:

water table play     sprinkler play     splashing/wading pools     swimming pools     aquatic playgrounds

**CONSENT INFORMATION**

**CHECK ALL THAT APPLY:**

**4. RECEIPT OF WRITTEN OPERATIONAL POLICIES**

I acknowledge receipt of the facility's operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

**5. MEALS**

I understand that the following meals will be served to my child while in care:

None  
  Breakfast  
  Morning snack  
  Lunch  
  Afternoon snack  
  Supper  
  Evening snack

**6. DAYS AND TIMES IN CARE**

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday	n/a	n/a
Sunday	n/a	n/a

**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:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

**CHILD'S ADDITIONAL INFORMATION SECTION**

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

Does your child have diagnosed food allergies? Yes  No  Plan submitted on:

Child day care 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).

Signature - Parent or Legal Guardian:

Date Signed:

**SCHOOL AGE CHILDREN**

My child attends the following school:

Name of School:

n/a

School Phone Number:

n/a

My child has permission to (check all that apply): *n/a*

walk to or from school or home  ride a bus  be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

n/a

**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:

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

Health Care Professional's Signature:

Date Signed:

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.

~~4.  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 submit it to the child care operation.~~

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

**REQUIREMENTS FOR EXCLUSION**

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

**VISION EXAM RESULTS**

R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature:		Date Signed:	

**HEARING EXAM RESULTS**

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:			Date Signed:	

**VACCINE INFORMATION**

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1-2 months (second dose) 6-18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15-18 months (fourth dose) 4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	

**VACCINE INFORMATION**

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6-18 months (third dose) 4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose) 4-6 years (second dose)	
Varicella	12-15 months (first dose) 4-6 years (second dose)	
Hepatitis A	12-23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	

**PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION**

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature :

Date Signed:

**VARICELLA (CHICKENPOX)**

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 Signed:

**ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS**

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

**TB TEST (IF REQUIRED)**

<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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**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**

Child's Parent or Legal Guardian:  X	Date Signed:
Center Designee:  X	Date Signed:





## OPERATIONAL DISCIPLINE AND GUIDANCE POLICY

**Purpose:** This form provides the required information per minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### DISCIPLINE AND GUIDANCE POLICY

**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 or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES (ONLY APPLIES TO BAP/SAP PROGRAMS THAT OPERATE UNDER CHAPTER 744)

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:**

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) What behaviors would warrant the use of these measures; and
  - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

### SIGNATURE

This policy is effective on the following date:

Signed by:

X

Role:

- Parent  Caregiver/Employee  
 Household Member (Ch. 747 only)

### MINIMUM STANDARDS RELATED TO DISCIPLINE

- Title 40, Chapter 746 Subchapter L:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=746&sch=L&ri=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&ri=Y)
- Title 40, Chapter 747 Subchapter L:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=747&sch=L&ri=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&ri=Y)
- Title 40, Chapter 744 Subchapter G:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=744&sch=G&ri=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&ri=Y)

# Child Assessment Form

<b>Child Name (last, first, middle)</b>	<b>Social Security No.*</b> N/A	<b>Enrollment Date</b>	<b>Date of Birth</b>
<b>Street Address (if rural, attach directions)</b>	<b>City</b>	<b>County</b>	<b>Zip</b>
<b>Mailing Address (if different) -- Street or P.O. Box</b>	<b>City</b>	<b>County</b>	<b>Zip</b>
<b>Telephone No. (include A/C)</b>			

\* If applicable.

## 1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

## 3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		

What position is most comfortable for your child when he/she is napping?	
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**4. Eating Preferences:**

What are your child's favorite foods?	
Does your child use utensils, eat with fingers, feed self?	
Does your child choke easily while eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. Activities:**

What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

**6. Family History:**

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
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I verify that the above assessment was discussed with the parent(s) of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date Signed

**Additional Comments:**

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**Presbyterian Early Learning Center**  
**SUNSCREEN LOTION PERMISSION (For Extended-day students only)**

In order to help protect children from the effects of the sun, pediatricians recommend the use of sunscreen whenever the children are outdoors. The American Academy of Pediatrics recommends a mild, lotion-type sunscreen, PABA-free, SPF 30 or higher, to be used liberally whenever a child will be exposed to the sun.

Please apply sunscreen before bringing your child to school for the day. If you would like preschool staff to re-apply sunscreen before the afternoon recess, please complete the attached form, & provide the sunscreen needed.

Please bring a bottle of the sunscreen to be used for your child. Lotion preferred (no sprays please). Bottle must be labeled clearly, in permanent marker, with your child's name, parent signature, & date on the bottle. The teacher will keep it in the classroom & use it for your child only.

**Presbyterian Early Learning Center**  
**SUNSCREEN LOTION PERMISSION (For Extended-day students only)**

- I DO want sunscreen applied to my child before afternoon recess on warm days & will provide sunscreen as needed for my child. I will label it clearly, in permanent marker, with my child's name, my signature, & the date, as required by Licensing.

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_