



**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

Who lives in the home with your child? (other than parent):

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

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

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

Requested Admission Date: \_\_\_\_\_

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? Yes  No  If yes, where do you attend? \_\_\_\_\_

Where has your child attended preschool or playgroup previously?

Words that describe your child:

What are your child's favorite things or activities? (ex: dinosaurs, trains, soccer, art, music,...)

When your child is upset, what helps them to calm down?

Does your child have any special fears?

Has your child been introduced to potty-training? Yes  No

Are they wearing underwear during daytime hours? Yes  No

Do they need assistance with toileting? Yes  No

How can we best help with toileting? \_\_\_\_\_  
(3K & 4K students need to be routinely independent in the restroom, - we expect occasional accidents)

Does your child self-feed using utensils? Yes  No

Does your child use a high chair for mealtime at home? Yes  No

Does your child use a pacifier? (Pacifiers/Bottles are not used at PELC) Yes  No

Is there anything else about your child, your family, or your home you would like to share?

Do you have any concerns about your child's development?

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

# PRESBYTERIAN EARLY LEARNING CENTER

## First Presbyterian Church

607 Janeway Avenue, Lufkin, TX 75904, 936-634-4769

### Admission Agreement 2022-2023

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

Email: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F (circle) Tuition Rate: \_\_\_\_\_

Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F (circle) Tuition Rate: \_\_\_\_\_

Possible discounts (circle): currently attending sibling (10% - older child) < \_\_\_\_\_ >  
Financial aid granted < \_\_\_\_\_ > Active FPC church member (15%) < \_\_\_\_\_ >

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

**Picture Release:** (Please check)

- Yes, my child's picture may be used in promotional materials by PELC & First Presbyterian Church.
- No, my child's picture may not be used in promotional materials. However, I acknowledge that their picture may be used in a school event slide show, may be posted in the school, & may be uploaded to the school's picture share site for family access. (Currently hosted on Shutterfly)

**Parent Directory:** (Please check)

- Yes, I want to be included in the Parent Directory & on the school's picture share site. (Currently hosted on Shutterfly)
- No, I do not wish to be included in the Parent Directory or access the school's picture share site.

**Sunscreen Lotion Permission:** (Please check as needed for Extended-day students only)

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

PELC provides snack mid-morning & mid-afternoon each day. Lunch is provided by the parent/guardian. PELC is not responsible for the nutritional value of food or lunches brought from home provided by parent/guardian, including when purchased from Tome' Catering.

By signing this Admission Agreement, I understand that at least 1 parent/guardian will be added to our email list, & the communication app used by the school (ProCare &/or Remind) to receive periodic messages & reminders from PELC. These apps keep personal information private, while allowing PELC to quickly contact all families.

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

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



### Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) 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.

#### Signature

This policy is effective on the following date.....

Signed by: \_\_\_\_\_

Role:

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

#### Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)



**Admission Information**

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 Presbyterian Early Learning Center		Director's Name Sandra Kelly	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to <b>call in case of an emergency</b> if parents/guardian cannot be reached			Relationship
I authorize the child care operation to <b>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		Phone Number	
Name		Phone Number	
Name		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  
Any PELC field trips are within walking distance only.

**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

**4. Receipt of Written Operational Policies (Check All that Apply)**

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 (CCL), DFPS, Child Abuse Hotline, and CCL 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	A.M.	P.M.
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 N/A	School Phone Number N/A
--	----------------------------

My child has permission to (check all that apply):

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

Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

**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.

Check **only one** option:

- 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.

\_\_\_\_\_  
Signature — Health Care Professional

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

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

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 90th 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**

Right Eye 20/      Left Eye 20/       Pass       Fail

\_\_\_\_\_

Signature Date Signed

**Hearing Exam Results**

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> 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)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	



Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	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.

\_\_\_\_\_ 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)**

Positive  Negative Date: \_\_\_\_\_

**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**

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

**Signatures**

_____	_____
Child's Parent or Legal Guardian	Date Signed
_____	_____
Center Designee	Date Signed



# Tuition Express ACH Authorization for Presbyterian Early Learning Center



## Automated Payment Processing

**Safe. Convenient. Easy.**

We offer the safety, convenience, and ease of Tuition Express® - a payment processing system that allows secure, on-time tuition and fee payments to be made from your bank account.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT:

I (we) hereby authorize Presbyterian Early Learning Center to initiate debit entries to my (our) checking or savings account, indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union members may need to contact your credit union to verify account & routing numbers for automatic payments.

Name on Account		Phone #		
Address		City	State	Zip
Bank or Credit Union Name	Address	City	State	Zip
Routing Transit Number (see sample)	Account Number (see sample)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



123456789	000123456789	0001
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

FOR OFFICIAL USE ONLY:

---

Date Received \_\_\_\_\_

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Employee Signature \_\_\_\_\_

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