

GRACE PRESCHOOL - Director [Redacted]
2008 N FM 56 / PO BOX 2186 Glen Rose, TX 76043 (254) 897-3320
www.gccministries.org/preschool

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Present Age \_\_\_\_\_

Child lives with (Check Mark) [ ] Mother&Father [ ] Mother [ ] Father [ ] Other Guardian \_\_\_\_\_
Child's enrollment is for Tuesdays and Thursdays during the school year from 9:am-3pm (\$135) [ ] for Early Bird 8-9am(\$25) [ ] for Late Bird 3-4pm(\$25)

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alt. Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_ Email Address \_\_\_\_\_

Sibling(s) Name: \_\_\_\_\_ Age \_\_\_\_\_ Sibling(s) Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling(s) Name: \_\_\_\_\_ Age \_\_\_\_\_ Sibling(s)Name: \_\_\_\_\_ Age \_\_\_\_\_

CHECK ALL THAT APPLY:

1. TRANSPORTATION:

I hereby [ ] give [ ] do not give - consent for my child to be transported and supervised by the operation's employees.

[ ] for emergency care [ ] to and from home [ ] to and from school

Parent's Comments:

2. WATER ACTIVITIES:

I hereby [ ] give [ ] do not give my consent for my child to participate in Water Activities:

[ ] sprinkler play [ ] splashing/wading pools [ ] swimming pools [ ] water table play

3. Family Religious Preference \_\_\_\_\_ Church You Attend \_\_\_\_\_

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:

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

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

FORM 2904

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: \_\_\_\_\_ Ph.#: \_\_\_\_\_

Name of Emergency Medical Care Facility: \_\_\_\_\_ Address: \_\_\_\_\_ Ph.#: \_\_\_\_\_

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

Signature - Parent or Legal Guardian

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, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

**HEALTH REQUIREMENTS**  
**(Signed Copy of Shot Record from Dr.'s Office is Acceptable)**

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

IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	Positive	Negative	Date:		

Signature or stamp of a physician or public health personnel verifying immunization information above.  
 \_\_\_\_\_  
 Signature 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 varicella vaccine.  
 \_\_\_\_\_  
 Parent's signature Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at [http://www.dshs.state.tx.us/immunize/school\\_info.htm](http://www.dshs.state.tx.us/immunize/school_info.htm)

**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.

\_\_\_\_\_  
 Health Care Professional's Signature Date

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 will submit it to the child-care operation.

Name and address of health care professional:  
 \_\_\_\_\_  
 Signature - Parent or Legal Guardian Date

<b>VISION</b>	R 20/ _____	L 20/ _____	PASS FAIL
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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>	PASS FAIL
R				
L				

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature – Parent or Legal Guardian

Date

Texas Dept. of Protective  
and Regulatory Services

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**  
**AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA**

Form 2904  
November 1996

**If I cannot be reached to make arrangements for  
emergency medical care for my child at the time of an  
illness or accident, I give my permission for:**

Si en caso de alguna enfermedad o accidente no me  
pueden localizar para arreglar atención médica de  
emergencia para mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director Nombre del Dueño o Director del Centro de Cuidado de Niños
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**to take my child (or children):**

**a que lleve a mi niño (o mis niños):**

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

**to:**

**a:**

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

**or to:**

**o a:**

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

**I give consent for necessary emergency treatment  
when my child is in the care of this physician or  
hospital or clinic.**

Doy mi consentimiento para el tratamiento médico  
necesario estando mi niño bajo la atención de este  
doctor u hospital o clínica.

\_\_\_\_\_  
Signature-Parent or Legal Guardian  
Firma-Padre o Tutor

\_\_\_\_\_  
Date/Fecha

Discipline and Guidance Policy for \_\_\_\_\_  
Name of Operation

- ◆ 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

### Approved Pick Up List

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

Parent's name: \_\_\_\_\_

Please list the name and drivers license number of people who are approved to pick up your child from Grace Preschool.

<u>Name</u>	<u>Drivers License Number</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**IMPORTANT:** Please inform the people on the approved pick up list that they must bring a photo I.D. in order to pick up your child.

**Allergy and Medical information**

**Child's Name:**

**Allergies:**

**Medical concerns:**

**Other Information that may be needed:**

## Contact Information Update

Grace Preschool, LLC

### Child's Name

\_\_\_\_\_

*First*

\_\_\_\_\_

*Last*

### Parent/Guardian Name(s)

\_\_\_\_\_

*First*

\_\_\_\_\_

*Last*

### Mailing Address

\_\_\_\_\_

*Street*

\_\_\_\_\_

*City*

\_\_\_\_\_

*Zip Code*

Home Phone \_\_\_\_\_

Cell #1 \_\_\_\_\_

Cell #2 \_\_\_\_\_

(New) **Primary email** \_\_\_\_\_

### Please check all that apply:

- Our contact information remains the same as it appears on our application.
- I am willing to help out during special holidays or events for **my child's** class.
- I am willing to contribute extra food or supplies needed for **my child's** class during a holiday or special event.
- I am interested in becoming a substitute. Please contact me with more information.

How did you hear about Grace Preschool, LLC? \_\_\_\_\_

**PARENT AGREEMENT**

I, \_\_\_\_\_, whose child, \_\_\_\_\_  
is enrolled in the \_\_\_\_\_ school year at Grace Preschool, have received a copy of the Parent Handbook.  
I have read and understand the policies and guidelines described in this handbook, and I agree to abide by them.

\_\_\_\_\_  
(Signature of parent)

\_\_\_\_\_  
(Date)

I also agree to provide lunch for my child each day that he/she attends Grace Preschool.

\_\_\_\_\_  
(Signature of parent)

\_\_\_\_\_  
(Date)

I also (circle one) do/do not give Grace Preschool, LLC permission to use my child's photograph in various forms of  
communication that may include: newsletters, websites, brochures, and flyers.

\_\_\_\_\_  
(Signature of parent)

\_\_\_\_\_  
(Date)