

Holy Covenant Child Development Center

Your child must have an up to date immunization record in order to attend our program. **We do not accept the affidavit from the State of Texas. We do not accept children on a delayed schedule.**

Student History

Has your child attended school before? Yes No (Circle One)

If yes was it a faith-based school or a daycare? _____

Developmental Information:

Has your child undergone any evaluations or testing? Yes No (Circle One)
(Speech, OT, PT, behavior, ECI, medical, school district)

Is your child currently receiving services to address specific needs? Yes No (Circle One)
(Speech, OT, PT, behavior, ECI, medical, school district)

Does your child have any medical needs that we need to be aware of? Yes No (Circle One)
(Feeding tube, diabetic, special medication, etc.)

If you answered yes to any of the above questions, please write a brief explanation. The director or diagnostician on staff will be contacting you to discuss in full. You may be asked to provide reports and/or assessment information and sign forms to allow our staff to speak to providers. This information is needed to provide the most supportive environment possible for your child.

The following statement is from the Holy Covenant CDC Parent Handbook. Please read and initial that you have read and understand this statement.

(Initial) Holy Covenant CDC will accept children with disabilities in accordance with the ADA (American with Disabilities Act) if we can meet the needs of the child. There may be situations in which we cannot meet the needs of some children. In this case we try to make suggestions for an alternate school environment. We will handle each child on a case by case basis and will consider tuition refunds when a placement does not work out. The Board of Directors will make the final decision in all cases.

To the best of my knowledge, the above information is accurate and truthful.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Holy Covenant Child Development Center

Child Release Authorization

For Office Use Only

CHILD'S NAME: _____

MOTHER'S NAME _____

Home Phone _____ Cell _____ Work _____

FATHER'S NAME _____

Home Phone _____ Cell _____ Work _____

EMAIL Address: _____

EMERGENCY CONTACT: (Someone other than the parents)

Name Relationship Address, City, State, Zip Phone Number

PICKUP AUTHORIZATION: I hereby authorize Holy Covenant CDC to allow my child to leave Holy Covenant CDC **only** with the following persons. If you do not designate a person please write NONE. **Do not list father or mother.**

Name Relationship Phone Number

Please list any allergies (If no allergies write none) :

What kind of reaction does your child have if he comes in contact with the allergen?

Does your child have an epi pen? Yes No (Circle One) Is your child asthmatic? Yes No (Circle One)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: Address: Phone:

Name of Hospital (If no preference write ANY): Address: Phone:

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

Signature – Parent or Legal Guardian

Date

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Holy Covenant Child Development Center

Medical History

Please do not leave any lines blank. Write none or not applicable for things that do not apply to your child.

Child's Name: _____

Birth Date: _____ M _____ F _____

Please list any allergies: _____

What kind of reaction does your child have if he comes in contact with the allergen?

Is your child asthmatic? _____

What medications (if any) does your child take daily? _____

Has your child ever had convulsions/seizures? If yes, please describe dates, frequency, and required treatment:

Has your child had any operations or significant illnesses?

Please list any dietary restrictions:

Reason for restriction:

How would you describe your child's current physical condition?

Please feel free to add any information that you think we should know on the back.

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____

Holy Covenant Child Development Center

General Policies

Child's Name _____

REGISTRATION POLICY

A registration fee and supply fees are due and payable at registration. These fees are **non-refundable**.

We also require that tuition for May 2021 be paid in advance. This tuition is due on August 3, 2020. After this date advance May 2021 tuition is due at the time the child is registered. This tuition is also **non-refundable**.

Our enrollment forms must be completed in their entirety and returned to us before the child can attend school. **No child will be allowed to start classes without all forms being complete.**

TUITION PAYMENT

All other tuition payments are due on the 1st day of the month and late after the 5th. If the 5th falls on the weekend, payment is due on Monday. Payments made after the 5th will be charged a \$20 late fee. If tuition is not paid by the 15th day of the month, this will be grounds for dismissal of the child unless arrangements have been made with the director.

All tuition will be paid either by credit card plus a 2.75% fee or by ACH withdrawal with a \$.75 fee through our ProCare app. This app can be downloaded on your computer, tablet or cell phone. To avoid a fee, we will also accept checks from your bank through your bank's bill pay. We no longer will accept personal checks or cash in the CDC office. Make sure if you use this method that you date it early enough so the check will get to us before the 5th of the month. If your check arrives after the 5th, late fees will apply.

Monthly tuition at Holy Covenant is figured by taking the entire year of tuition owed and dividing it into 9 equal payments. For this reason, tuition is the same no matter how many weeks in the month. The entire month's tuition is required of all children in all programs, regardless of the number of days missed due to illness, holidays or other reasons.

ATTENDANCE POLICY

Holy Covenant CDC observes the same holidays as KISD. The CDC will also close for one teacher training day in February. The date will be on the calendar in the parent handbook. Please check your parent handbook for this and other school holidays.

If KISD closes for any reason, for example, inclement weather or for COVID-19, we will do the same. If KISD is delayed for any reason, we will be closed. If KISD decides to release early we will release our students 45 minutes before KISD elementaries release. There are no makeup days and no refunds.

HEALTH

If your child appears to be sick, please keep him or her home. Children will not be admitted to HCCDC if they have any of the following symptoms: cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, or a measured temperature greater than or equal to 100.0 degrees. When children are ill, they must not return to HCCDC until they are symptom free without medication for **72 hours**. **Please call and notify the office if your child will be absent from school.**

This year we have a separate COVID-19 policy that must also be followed.

SNACKS AND LUNCH

Parents will provide lunch and a snack for their child(ren) each day. The parent understands that Holy Covenant is not responsible for its nutritional value or for meeting the child's daily food needs.

I have read and fully understand the General Policies Statement for Holy Covenant Child Development Center. I realize that these policies are also covered in the parent handbook.

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____

Holy Covenant Child Development Center

Permission Form

Child's Name _____

OPTIONAL PERMISSION: (Mark NO if you do not agree)

_____ I give my permission for my child's picture to be posted on our Facebook page or on the Holy Covenant
Initial CDC website.

SCHOOL INFORMATION AND ACTIVITES: (You must initial for your child to attend)

_____ I hereby grant permission for my child to:

Initial

1. Participate in the use of the school's play equipment in school activities.
2. Be included in evaluations, pictures, and videos connected with the school program.
3. Participate in splash day with pool and sprinkler activities and in water table play in the classroom.

_____ I understand that Holy Covenant CDC does not use buses or vehicles to transport children.

Initial

_____ I understand that the school **will not** assume responsibility for a child who has not been walked to his/her
Initial classroom upon arrival at school.

_____ I understand the school will not be responsible for anything that may happen as a result of false
Initial information given at the time of enrollment.

_____ I acknowledge that Holy Covenant Child Development Center has provided me with a parent handbook
Initial which contains the operational policies for this facility including those for discipline and guidance.
(This handbook is available online at www.holycovcdc.org)

_____ I acknowledge that Holy Covenant Child Development Center has provided me with a COVID-19 policy
Initial and I agree to abide by this policy.

_____ I hereby give consent for the Director or Acting Director to secure any and all necessary emergency
Initial medical care or take whatever steps may be necessary to obtain emergency medical care if warranted.
These steps may include, but are not limited to, the following:

1. Attempt to contact parent or guardian through numbers listed on the emergency information card.
2. Attempt to contact child's physician.
3. If unable to contact parent or physician, we will do one or all of the following:
 - a. Call another physician or paramedics
 - b. Have the child taken to an emergency hospital in the company of a staff member
4. Any expenses incurred under #3 above will be borne by the child's family.

_____ I understand that at Holy Covenant CDC, we will do our best to accept children with special needs but
Initial we are limited in funding for additional staff that might be required or special training or equipment.
There may be situations in which we cannot meet the needs of some children. We will handle each child
on a case by case basis and will consider tuition refunds when a placement does not work out.

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____

Holy Covenant Child Development Center

COVID-19/ Pandemic Policy Agreement

I, _____, parent of _____ agree to follow all precautions and procedures set forth by Holy Covenant Child Development Center to help keep my child, all other children and staff safe and healthy while participating in school.

I understand that despite all the prevention efforts by Holy Covenant Child Development Center, my child or family may still come in contact with COVID -19/pandemic. I understand that I am returning my child to school at risk of exposing my child and family to possible illness or disease.

I have read and agree to follow the policies and procedures as outlined in the COVID-19/Pandemic Policies on our website.

Parent/Legal Guardian Signature

Date

VIPS

Volunteers Inspire Possibilities

(This form is optional)

Please complete the information below and return it in your child's folder.

Parent's name _____

Child(ren)'s name(s) _____

Days your child is in attendance (circle all that apply): Mon Tues Wed Thurs

Address: _____ Cell Phone: _____

City, Zip _____ Email: _____
(please print **very clearly**)

I am interested in assisting in the following areas for this school year. Please check all that apply.

Teacher Appreciation

Fundraising (Jan. – March) – various jobs available – we'll have further in January

I would be interested in being a chairperson for one of the above events

If you have questions about any of these opportunities, call the CDC office at 281-579-8687.

Holy Covenant Child Development Center

Hearing and Vision Permission

(Fill this out if you are in a 4-year-old class or Transition class only)

Child's Name: _____

Birthday ____/____/____ (Please Circle): Days at School: M T W Th

Age of child on October 1, 2020:(Yrs./Months) ____/____

Parent's name (please print): _____

Address: _____

City, State Zip _____

Phone:(Cell) _____ (Home) _____

I give my permission for my child's hearing and vision to be screened at Holy Covenant CDC.
I understand that the testing will be administered by certified screeners who are on the CDC staff.

Parent/Guardian Signature

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____

Holy Covenant Child Development Center

Office Use Only

Checked _____

Physician's Statement

Child's Name: _____ Birth Date: _____

This form must be completed by your child's physician and include the physician's address and phone number. **It must be signed after June 1, 2020.**

IMMUNIZATIONS: Please attach your child's immunization record verified by your doctor or a health professional. Your child must have an up to date immunization record in order to attend our program. **We do not accept the affidavit from the State of Texas. We do not accept children on a delayed schedule.**

TO THE PHYSICIAN:

I have examined the above-named child within the past year and find that he/she is able to take part in a preschool program.

Doctor's Name: _____

Address: _____ Zip: _____

Telephone: _____

DOCTOR'S SIGNATURE: _____ **DATE:** _____

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____