

Holy Covenant Child Development Center

Student History/Medical History

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.**

Child's Name: _____

Birth Date: _____ Male _____ Female _____

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

If yes, where? _____

Has your child been evaluated for any special services? Is your child currently receiving services to address specific needs? Please briefly explain.

Does your child have any existing illness? If yes, please explain.

Has your child had any serious illnesses or hospitalizations during the past 12 months? If yes, please explain. _____

Does your child take any medications prescribed for continuous long term use? If yes, please explain.

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

Please list any allergies/dietary restrictions:

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: _____ Birth Date: _____

MOTHER'S NAME _____

Home Phone _____ Cell _____ Work _____

EMAIL Address _____

FATHER'S NAME _____

Home Phone _____ Cell _____ Work _____

EMERGENCY CONTACT: (Someone other than the parents)

Name	Relationship	Address, City, State, Zip	Phone Number
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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
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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)

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

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

Holy Covenant Child Development Center

General Policies

Child's Name _____

REGISTRATION POLICY

A registration fee and supply fee are due and payable at registration. These fees are **non-refundable**. We also require that tuition for May 2022 be paid in advance. May tuition is 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 \$10 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.

We accept checks or cash for payment. Checks that are returned due to insufficient funds will result in a \$25 fee. After two checks have been returned NSF, all further payments may be required to be made in cash or money order.

You can also add us to your bank's bill payment system and they will send us a check. 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.

Tuition can also be paid on the Procure App. Payments made on Procure will incur a fee. Fees are as followed: If paying with a debit/credit card you need to include a 2.75% fee and if paying by ACH withdrawal from your bank account, you need to include a 75 cent fee. Once you have set up a payment method on Procure, you will need to use that payment method for the remainder of the year.

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, 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 due to illness or other reasons and no refunds.

If Holy Covenant CDC has to close due to reasons beyond our control, that are not already outlined in this policy, there will be no make up days and tuition will not be reimbursed.

PANDEMIC POLICY

Adjustments will be made to the current Pandemic Policy and are subject to change as changes are made by the Department of Health and Human Services and Child Care Licensing.

HEALTH

If your child appears to be sick, please keep him or her home. Any child suffering from fever (100° or more), vomiting or diarrhea may not return to school until the symptoms have been absent no less than 24 hours. **Please call and notify the office if your child will be absent from school.**

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 PERMISSIONS: (Mark NO if you do not agree)

_____ I give my permission for my child's picture to be posted on our Facebook page.

Initial

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

Initial

SCHOOL INFORMATION AND ACTIVATES: (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 the school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Initial

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

Initial

_____ I hereby give consent for the Director or Acting Director to secure any and all necessary emergency 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:

Initial

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.

_____ Holy Covenant accepts children with disabilities in accordance with the ADA (American with Disabilities Act). Our staff is eager to collaborate with families in regards to a child's current services or if the need ever arises for a child to be evaluated. Holy Covenant's goal is to meet the needs of each child, but if we cannot, we try to make suggestions for a better learning environment for the child. Any tuition refunds/deductions will be decided by the Board of Directors.

Initial

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

VIPS

Volunteers Inspire Possibilities

(This form is optional)

If you would be interested in volunteering or donating items for teacher appreciation, 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**)

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

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

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, 2021.**

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:** _____