

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: _____ Name Child Goes By _____

Birth Date: _____ Male _____ Female _____

My child has:

These allergies _____

Takes this long-term medication _____

Uses an epi pen or rescue inhaler YES NO

An existing/previous serious injury condition or illness YES NO

If YES, please explain _____

Been hospitalized in the past 12 months YES NO

Hearing loss/difficulty YES NO

Vision difficulties YES NO

Speech difficulties YES NO

Has had a seizure (including febrile) YES NO

Dietary restrictions YES NO

If YES, Please list _____

If your child has an allergy or medical condition that requires medication, an epi pen or a rescue inhaler, please contact the office for information about completing a medical healthcare plan. These forms can be found on our website.

My child has:

Been evaluated for special services YES NO

Please list _____

Speaks a language other than English at home YES NO

If YES, what language? _____

Has other siblings at home YES NO

If YES, what ages? _____

Been in preschool before YES NO

If YES, where and for how long? _____

Additional information I would like to share

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

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

Holy Covenant Child Development Center

Child Release Authorization

For Office Use Only

CHILD'S NAME: _____ Birth Date: _____

MOTHER'S NAME: _____

Mother's Cell # _____ Work # _____

Mother's EMAIL: _____

FATHER'S NAME: _____

Father's Cell # _____ Work # _____

Father's EMAIL: _____

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)

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:
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Name of Hospital (If no preference, write ANY):	Address:	Phone:
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I give consent for the facility to secure any and all necessary emergency medical care for my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Holy Covenant Child Development Center

General Policies

Child's Name _____

REGISTRATION POLICY

A registration fee (which includes a supply fee) is due with your registration application. This fee must be paid by cash or check. Once you are enrolled in our program, this fee is **non-refundable**. We also require that tuition for May 2024 be paid in advance by May 5th or upon enrollment. 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

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 or the first day your child returns to school. Payments made after the 5th will be charged a \$10 late fee. If tuition is not paid by the 15th day of the month an additional \$10 late fee will be applied and this may be grounds for dismissal of the child unless arrangements have been made with the director.

TUITION CAN BE PAID IN THE FOLLOWING WAYS:

Cash, Check, Bank Bill Pay, Debit Card or Credit Card (on ProCare)

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.

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 are 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, school cancellations 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 due to inclement weather, or any reason, we will do the same. If KISD is delayed due to inclement weather, or 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.

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.

DROP OFF AND PICK UP

Doors open at 9:00AM for morning drop off and doors are unlocked at 2:00PM for afternoon pickup. Any child still in the building at 2:30 will be brought to the office and charged a late fee of \$10 for every 15 minutes or any part thereof, until the child is released.

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:

I give my permission for my child's picture to be posted on the HCCDC Facebook page. YES NO

I give my permission for my child's picture to be posted on the HCCDC website. YES NO

SCHOOL INFORMATION AND ACTIVITIES: (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.

_____ I understand that HCCDC does not use buses or vehicles to transport children.

Initial

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

Initial

_____ I understand that HCCDC 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 HCCDC has made me aware that the parent handbook is available on the website.

Initial

The handbook contains the operational policies for this facility including those for discipline and guidance. (This handbook is available online at www.holycovcdc.org)

_____ 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.

Initial

_____ 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.

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 _____

Parent's Cell Phone Number _____

Parent's Email address (please print clearly) _____

Child's Name _____

Child's Class _____

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, 2023:(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

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, phone number and signature.

Current Students are not required to complete this form if we have a Physician's Statement on file. An updated immunization record is required.

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:** _____