### **St Margaret's Episcopal School**



#### **Enrollment Application**

	n, do not leave blanks. PRINT CLEARLY!		
Childs Full Name			
Childs Home Address City, State, Zip			
Childs Home Phone Number Date of Admission			
The child's birth certificate will be required to be presented with this application for enrollment.			
Parent One Full Name	Parent Two Full Name		
Relationship to Child			
Work Phone Number			
Home/Cell Phone Number Home/Cell Phone Number			
Address	Address		
City, State, Zip	City, State, Zip		
Email Address	Email Address		
Place of Employment	Place of Employment		
The child lives with : Parent One Parent Two Is there a custody order on file with The State of Texas?  *If circled YES, a current copy of your court order MUST	, ,		
Emergency Contact and Authorization to pick up Plea			
AddressCi	tyState	Zip	
Name	Phone	<u> </u>	
AddressCi	tyState	Zip	
Name	Phone	<u> </u>	
AddressCi	ty State	Zip	
Permissions (please circle)  I hereby consent for my child to be transported by an ambulance and supervised by a St. Margaret's employee during emergency care  I hereby consent for my child to participate in field trips I hereby consent for my child to participate in water activities:  Sprinkler Play, Splash Pad, and Water Table Play.  I acknowledge receipt of the facility's operational policies including those for discipline and guidance.  Parent Signature			

Date

**Parent or Legal Guardian Signature** 

### St. Margaret's Episcopal School



School Age Children My child attends the f	-		
Name of School			
Address, City, Zip, and Phone			
My child's immunization records, vision, and hearing screenings are on file at the school and are current.			
Parent Signature	Date		
Authorization for Emergency Medical Attent	ion		
,	rangements for emergency medical care, I authorize the person in charge		
to take my child to:	μ		
Name of Physician	Emergency Medical Care Facility		
	Address		
Phone			
	d all necessary emergency medical care for my child.		
Signature of Parent	Date		
Attendance			
My child will normally be in attendance the fo	ollow days and times:		
Monday from:	to:		
Tuesday from:	to:		
Wednesday from :	to:		
Thursday from:	to:		
Friday from:	to:		
Special Needs			
·	have, such as allergies, existing illness, previous serious illness, injuries and		
	and medication prescribed for long-term continuous use, and any other		
information which caregiver's should be awar	-		
Thromation which caregiver 3 should be awar	e or.		
I give consent for the facility to post my child's allergies in the classroom.			
Parent Signature Date			
Photo Release			
From time to time our facility may take photographs for educational use. I give consent for the facility to take			
photographs of my child and waive any consideration due.			
Parent Signature	Date		

Date

**Parent or Legal Guardian Signature** 

### St. Margaret's Episcopal School

Child's Special Care Needs (check al	I that apply)		
Environmental allergies		Limitations or restrictions or	n child's activities
Food intolerances		Reasonable accommodation	ns or modifications
Existing illness		Adaptive equipment (include	e instructions below)
Previous serious illness		Symptoms or indications of	complications
☐ Injuries and hospitalizations (past 12	2 months)	☐ Medications prescribed for o	continuous long-term use
Other:			
Explain any needs selected above:		- , , , , , , , , , , , , , , , , , , ,	
Does your child have diagnosed food all	lergies? OVes ONo Fo	ad Allaray Emarganay Blan Subn	nitted Date:
		od Allergy Emergency Plan Subn	
Child day care operations are public acc www.ada.gov/resources/child-care-cent	commodations under the Ameri ters/. If you believe that such ar	cans with Disabilities Act (ADA), operation may be practicing disc	Title III. To learn more, visit <a href="https://crimination">https://crimination</a> in violation of Title III, you
may call the ADA Information Line at (8	00) 514-0301 (voice) or (800) 5	14-0383 (TTY).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature — Parent or Legal Guardia	n	Date Signed	
O. J. J. L. O. V. L. Ctold Flowers	row Studento Oak		
School Age Children Stahl Element	tary Students Unly		
My child attends the following school:			School Area Code and Phone No.:
My child has permission to walk from Sta	ahl Flamentany Sahaal ta St. M	argarat's Enisconal School accom	ananiad by a St. Margarat's
authorized personnel.	ani Elementary School to St. Mi	argarets Episcopai School accom	ipanieu by a St. Margaret S
	Immunizatio	n Records	
The Following must be on	file no later than three	e days before start date	
The child's most up-to-date vac		records	
-or- a notarized Exemption Im	munization Affidavit.		
A current Vision and Hearing s	creening test (all children fo	ir-vears-old and iin)	
A current vision and ricaring s	creening test (an emarch to	ar years old and ap,	
Child's required immunizations, visio	n and hearing screening, are o	n file at the school	
Authorization For Emergency Medical Attention			
In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:			
Name of Physician	Address	o, radiionze ine person in charg	Phone No.
Traine or myololan	/ tudi edo		Phone No.
Name of Emergency Care Facility	Address		Phone No.
I give consent for the facility to secure any and all necessary emergency medical care for my child.			
Signature Barrett and 10 "		D-4- 0: 1	
Signature — Parent or Legal Guardian Date Signed			

On File:

Requirements for Exclusion from Compliance			
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/ OP	ass Fail		
Signature	Date Signed	<u> </u>	
	Hearing Exam Results		
Ear 1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right			O Pass O Fail
Left			O Pass O Fail
Signature	Date Signed	1	
Admission Requirement			
If your child does not attend pre-kindergarten of child is admitted to the child care operation or			nust be presented when your
Health Care Professional's Statement: I have part in the day care program.	ve examined the above named child wi	thin the past year and find	hat he or she is able to take
○ A signed and dated copy of a health care p	rofessional's statement is attached.		
Medical diagnosis and treatment conflict wi member of. I have attached a signed and d		zed religious organization,	which I adhere to or am a
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 of Health Care Professional, if selected  Address of Health Care Professional, if selected			
Signature — Health Care Professional Date Signed			
Signature — Parent or Legal Guardian Date Signed			

On File			
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 <a href="https://www.dshs.state.tx.us/">www.dshs.state.tx.us/</a> <a href="https://www.dshs.state.tx.us/">immunize/public.shtm</a> .			
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			
Physician or Public Health Personnel Verification			
Signature or stamp of a physician or public health personnel verifying immunization information above:			

Date Signed

Signature

#### Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

#### **Child Assessment Form**

### St. Margaret's Episcopal School

Child Name (last, first, middle)	Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	City	County	Zip
Mailing Address (if different) Street or P.O. Box	City	County	Zip
Telephone No. (include A/C)			
applicable.	The control of the co		
Health			
Does your child have any allergies?		Yes	□ No
If so, what allergies does your child have?			
il so, what allergies does your child have:			
How should we respond if he/she has an allergic read	ction?		
Does your child have an existing illness?		☐ Yes	☐ No
Has your child had a previous serious illness or injury	, or hospitalization during the	past Yes	☐ No
12 months?			
Is your child taking any medication?		Yes	□ No
If so, how is the medication administered, and will it	need to		
be administered while he/she is in care?	11000 10		
Is the medication prescribed for continuous use?		☐ Yes	□ No
		Yes	□ No
Are there any side effects we should be alerted to?		□ res	140
Toileting:  Does your child need assistance with toileting?		☐ Yes	∏No
		163	
How can we best help?			
What are your ideas about toilet training?			
How can we heat help?			
How can we best help?			
Behavior:  Does your child have any special fears?		☐ Yes	∏No
How does your child communicate his/her needs?		Yes	☐ No
Are there any special words that your child uses that might not be readily recognized?			
How do you tell your child to stop a behavior that yo don't approve of or that might be dangerous?	ou		
When your child gets upset, what helps him/her calm down?			
What is a good way to distract your child when he/she is having a temper tantrum?			
Are there any particular routines that are particularly helpful at naptime?			* A

Texas Dept of Family and Protective Services

#### **Child Assessment Form**

Form 7293 November 2012

### St. Margaret's Episcopal School

Ating Preferences: What are your child's favorite foods?	
Does your child use utensils, eat with fingers, feed self?	
Does your child choke easily while eating?	☐ Yes ☐ No
Activities:	
What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	
Family History:	
Tell me about your family (i.e. child's parents, siblings,	
Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)  I verify that the above assessment was discussed with the parent(s) of	
Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)  I verify that the above assessment was discussed with the parent(s) of	Date Signed
Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	Date Signed
Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)  I verify that the above assessment was discussed with the parent(s) of	
Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)  I verify that the above assessment was discussed with the parent(s) of  Signature of Director	
Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)  I verify that the above assessment was discussed with the parent(s) of  Signature of Director  I verify that the director appropriately relayed the information concerning negative.	ny child's assessment.
Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)  I verify that the above assessment was discussed with the parent(s) of  Signature of Director  I verify that the director appropriately relayed the information concerning negative.	ny child's assessment.

#### Discipline and Guidance Policy for St. Margaret's Episcopal School

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 receive	ved a copy of this discipline and guidance policy.
Signature		Date
Check one plea	ase:	
□ parent	□ employee/caregiver	☐ household member of child-care home

## St. Margaret's Episcopal School Acknowledgement of Operational Policies

I acknowledge receipt of the facility's operational policies, including those for (check all that apply):

С	Child neglect and abuse information/reporting	
G	Gang Free Zone	
S	St. Margaret's Episcopal School Handbook	
S	St Margaret's School Emergency Preparednes	ss Plan
S	St Margaret's School Emergency Withdrawal F	Policy
Signa	nature: Da	ate:

# ST. MARGARET'S EPISCOPAL SCHOOL PHOTO RELEASE FORM

During the year many photo opportunities arise in the classrooms and at special events for St. Margaret's Episcopal School. We would like to showcase and share these photos on St. Margaret's Church and School website, St. Margaret's Quarterly Newsletter *The Margarita*, St. Margaret's Digital Sign on our front lawn, and St. Margaret's Church's and School's Facebook and Instagram pages. Note that the photos posted will **NOT** include your child(ren)'s name(s).

Please initial each line yo of your child(ren) below:		s Staff to photograph and share photos
St. Marga	aret's Episcopal Church and Scho	ol webpage ( <u>www.stmargs.org</u> ).
	aret's Episcopal Church's and Sch lChurchandSchool and @stmarga	nool's Facebook and Instagram pages retschooltx).
St. Marga	aret's Episcopal Church Quarterly	Newsletter <i>The Margarita</i> .
St. Marga	aret's Episcopal Church and Scho	ol Digital Sign on the Front Lawn.
your child(ren)'s name(s) photograph and post pict	osted in your child(ren)'s classroom ) on them. Please initial below to cures of your child(ren) in the class aret's Episcopal School classroom	sroom with their names:
STUDENT'S NAME(S)	:	
Parent's PRINTED Nam	e:	
Parent's Signature:		
Data		