

St. Margaret's Episcopal School



School Age Children My child attends the following school:

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 Attention

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 _____ Emergency Medical Care Facility _____

Address _____ Address _____

Phone _____ Phone _____

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

Signature of Parent _____ Date _____

Attendance

My child will normally be in attendance the follow days and times:

Monday from: _____ to: _____

Tuesday from: _____ to: _____

Wednesday from: _____ to: _____

Thursday from: _____ to: _____

Friday from: _____ to: _____

Special Needs

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during that past 12 months, and medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: _____
If not applicable, initial here _____

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 _____

Parent or Legal Guardian Signature

Date

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 www.dshs.state.tx.us/immunize/public.shtm.

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:

Signature

Date Signed

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.

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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)			

* If applicable.

1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 you don't approve of or that might be dangerous?		
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?		

Child Assessment Form

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What position is most comfortable for your child when he/she is napping?	
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4. Eating 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. 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?	

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
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I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

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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 received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

- parent employee/caregiver household member of child-care home

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Acknowledgement of Operational Policies

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

Child neglect and abuse information/reporting

Gang Free Zone

St. Margaret's Episcopal School Handbook

St Margaret's School Emergency Preparedness Plan

St Margaret's School Emergency Withdrawal Policy

Signature:

Date:

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 you **WILL ALLOW** St. Margaret's Staff to photograph and share photos of your child(ren) below:

_____ St. Margaret's Episcopal Church and School webpage (www.stmargs.org).

_____ St. Margaret's Episcopal Church's and School's Facebook and Instagram pages (@StMargaretsEpiscopalChurchandSchool and @stmargaretschooltx).

_____ St. Margaret's Episcopal Church Quarterly Newsletter *The Margarita*.

_____ St. Margaret's Episcopal Church and School Digital Sign on the Front Lawn.

Photo projects will be posted in your child(ren)'s classroom(s). These photo projects **WILL** have your child(ren)'s name(s) on them. Please initial below to allow St. Margaret's School to photograph and post pictures of your child(ren) in the classroom with their names:

_____ St. Margaret's Episcopal School classroom photo projects.

STUDENT'S NAME(S): _____

Parent's PRINTED Name: _____

Parent's Signature: _____

Date: _____