

Holy Cross Kids Preschool

5653 West River Park Drive, Sugar Land, TX 77479

281-633-2000 ext. 108 281-633-2003 Fax

hckids@holycrosschurch.com † www.holycrosskids.org

Student Registration 2020-2021

Child's Full Name _____ Circle One: Boy / Girl Birthdate _____

Child resides with ___ Both parents ___ Mother ___ Father ___ Other (Please specify: _____)

Home Address _____ City _____ Zip Code _____

Primary Phone Number _____

Mother's Name _____ Work Place _____

Work/Cell Phone _____

Father's Name _____ Work Place _____

Work/Cell Phone _____

Email to be used for **invoicing** purposes: _____

Email(s) to be used for school-wide emails (newsletters, announcements, etc.):

Phone number(s) to be used for *Remind* App Text Messaging (if desired):

How did you hear about Holy Cross Kids Preschool? _____

X _____

Signature of Parent or Legal Guardian

Date

**For Office Use Only

PreK 1 2-Days (M/W) _____

PreK 2 2-Days (M/W **OR** T/TH) _____ 4 Days (M-TH) _____

PreK 3 3-Days (M-W) _____ 4-Days (M-TH) _____

Kinder Prep. 4-Days (M-TH) _____

Extended Day Program _____ No _____ Yes (___ 2 Days, ___ 3 Days, ___ 4 Days)

_____ **Registration Fee (non-refundable)** _____ **Continuing Family** _____ **New Family**

Payment:

_____ Paid by Credit Card in person _____ Please Invoice. Will pay online.

CK # _____ Date _____ Amount _____ Name on Check _____

Admission Date: _____ Completed By: _____ Entered in PaySimple: _____

Holy Cross Kids Preschool 2020-2021 Registration

Child's Full Name

Date of Birth

Emergency Contact (Other than Parent/Guardian)

We MUST have at least one emergency contact for your child

Contact Name _____ Relationship _____

Home Address _____ City/Zip _____

Cell Phone _____ Home/Other Phone _____

Contact Name _____ Relationship _____

Home Address _____ City/Zip _____

Cell Phone _____ Home/Other Phone _____

Authorization for Emergency Medical Treatment

In the event that neither of the child's parents/guardians or the persons listed above can be reached to make arrangements for medical care, I authorize Holy Cross Kids Preschool to transport my child to the **to the following hospital** to have an attending physician tend to the medical needs of my child as necessary.

If I prefer another hospital, it is listed below:

CHOOSE/CIRCLE ONE:

Memorial Hermann Sugar Land (closest)

OR

_____ Name of preferred hospital

Child Medical Information

Please list any special care needs for your child (i.e. allergies, existing illness, previous serious illness or injury, hospitalizations during the last 12 months, and any long-term medications) ***Food Allergy Emergency Plan must be completed for any child with food allergy***

Physician and Insurance Information

My Child's Physician is: _____ Phone: _____

Address: _____

My health insurance carrier is: _____ Phone: _____

Insured's Name is: _____ Insured's Date of Birth: _____

Policy or Group Number: _____

.....
X _____
Signature of Parent or Legal Guardian

Date

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Child's Full Name

Date of Birth

Parent Permissions

Medication and Skin Protection

_____(initial) I understand that Holy Cross Kids Preschool Staff **will NOT apply sunscreen, mosquito repellent or administer medication of any kind** for my child. I understand that written consent is required for special circumstances including rescue asthma inhalers, allergy epi-pens and diaper cream.

Website Release

I ____do ____do not give permission for my child's photo to be used on Holy Cross Kids website, social media page, or in a printed publication. I understand that with my consent, only my child's photo will be used - NO names, addresses, or phone numbers.

Holy Cross Kids Student Contact Release

I ____do ____do not give permission for my email address to be shared with my child's room mom and/or committee chairpersons in order to receive important information regarding school-wide and classroom events.

X _____
Signature of Parent or Legal Guardian

Date

.....

Written Authorization to Release

I will leave my child at Holy Cross Kids Preschool only in the presence of a staff member and sign them in and out on the provided student attendance sheet. I will not pick up my child from the school without making a staff member aware of my child's departure. Other than the child's mother and father, the only persons authorized to pick up my child from the school without my written permission are listed below. I understand that the staff will refuse to release my child to any other persons. A picture ID will be required of persons other than parents to pick up the student. (Please cross through any blank spaces).

Name

Phone

Name

Phone

Name

Phone

Name

Phone

X _____
Signature of Parent or Legal Guardian

Date

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Discipline and Guidance Policy for Holy Cross Kids Preschool

HCKids is a state licensed facility and follows the following policy adopted by the Texas Department of Family and Protective Services.

- ◆ 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 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

Signature

Date

**My signature verifies that I have received and read a copy of this discipline policy.*

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PHYSICIAN STATEMENT

This form must be completed, signed, and dated by your child’s physician and **TURNED IN BEFORE THE FIRST DAY OF SCHOOL**. The Doctor’s examination must have been done **within the last twelve months before our program begins in September 2020**.

This form is valid 12 months from the date of the Doctor’s examination.

Child’s Name _____ DOB _____

Immunizations

Please provide a Copy of Current Immunizations

Hearing / Vision

These tests are required annually for **children 4 years and older**.

Screening results: Hearing () Pass () Re-screen _____ Date
 Vision () Pass () Re-screen _____ Date

Special Issues

Please list any allergies and/or special considerations/needs:

_____ **No / None Known** _____ **Yes, please explain**

Height: _____ **Weight :** _____

I hereby certify that _____
(PLEASE PRINT CHILD’S FULL NAME)

has been examined by me on _____ **(DATE OF EXAM)**, and is physically and mentally capable of participating in the activities at Holy Cross Kids Preschool.

Physician’s Name (PLEASE PRINT) or STAMP
Address _____
City _____

X _____
Physician’s Signature
Phone _____
State _____ Zip Code _____

(*This completed form may be faxed with the most current immunization record.)