

Presbyterian Day School

“Leaders Taking Flight!”

412 N. 9th Street
Orange, Texas 77630
409.883.4116

dayschool@firstpresorange.com

Mindi Vandervoort, Director

Application for Admission

2021-2022 Academic School Year

PreK-2 - Eaglets

18 months to 3 years

Child's Name _____

Specify Class	PreK-2 (2 Day)	PreK-2 (3 Day)	PreK-2 (5 Day)
Please circle one	Tues/Thurs	Mon/Wed/Fri	Monday - Friday

Date of Admission _____

Child's T-shirt size (fall 2021) _____

ALL TUITION AND FEES ARE SUBJECT TO CHANGE

<u>Classes</u>	<u>Non-Refundable Enrollment Fee</u>
PreK-2 Two Day Class	\$125.00
PreK-2 Three Day Class	\$150.00
PreK-2 Five Day Class	\$175.00

Siblings receive \$25.00 off of enrollment (from lowest enrollment fee).

<u>Classes</u>	<u>Monthly Tuition</u>
PreK-2 Two Day Class	\$195.00
PreK-2 Three Day Class	\$288.00
PreK-2 Five Day Class	\$390.00

Siblings receive 20% off of tuition (from lowest tuition fee).

I have read the tuition guidelines and agree to pay the monthly tuition. If after two weeks, I can no longer pay my tuition, early drop-off, or extended care fees, I will withdraw my child from Presbyterian Day School. If I owe tuition after two weeks in arrears, I will pay it back to Presbyterian Day School.

Signed Agreement for Admission _____

Relationship to Child _____

Child's Information

Child's Full Name _____

Child's Date of Birth _____ Child Lives With: ___both parents ___mom ___dad ___guardian

Parent/Guardian Information

Name of Parents/Guardians _____

Home Address _____

Email (mom) _____ (dad) _____

Cell Phone Number (mom) _____ (dad) _____

Alternate/Work Phone Number _____

Emergency Contact Information

Please list below the name, address, and phone number of the responsible individual to **call in case of emergency** if parents/guardian cannot be reached.

Name _____ Relationship to Child _____

Cell _____ Home _____ Work _____

Address _____

Is this person authorized to pick up your child? YES _____ NO _____

Authorized Release Information

I authorize Presbyterian Day School to **release** my child to leave the child care operation **ONLY** with the following persons:

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Child's Additional Information

Please list any special needs that your child may have, such as environmental allergies, food intolerances, existing illnesses, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? _____

Does your child take a pacifier? _____

How does your child go to sleep? For example, rocking, nursing, bottle, etc.

Is your child able to feed his/herself? _____

Does your child normally use a highchair? _____

Is your child actively potty training? _____

NOTICE OF USE OF PHOTOS ON SOCIAL MEDIA

Our Facebook Page, *Presbyterian Day School, Orange, TX*, is designed to provide information, announcements, events and photographs from our school. Please sign the following release to either **allow** or **deny** PDS permission to use pictures of your child (ren), you, or your family on our Facebook Page.

PERMISSION TO USE PHOTOGRAPH

I **grant** to Presbyterian Day School, the right to take/post photographs of me and my family in connection with school activities. I authorize Presbyterian Day School, its assigns and transferees to copyright, use and publish the same in print and/or electronically on Facebook and social media. I agree that Presbyterian Day School may use such photographs of me with or without my name for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and Web content.

I have read and understand the above:

Signature: _____

Date: _____

No, I **do not** give permission for any photographs of my child, myself, or my family to be publicized on Facebook or social media.

Signature: _____

Date: _____

DISCIPLINE AND GUIDANCE POLICY FOR PRESBYTERIAN DAY SCHOOL

**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 ages.

** 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 an 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 & 747, Subchapter L, Discipline and Guidance

I have received a copy of the Discipline Policy.

Printed Name: _____

Signature: _____

Date: _____

Physician Information and Emergency Medical Authorization

If I cannot be reached to decide emergency medical care for my child at the time of an illness or accident, I give permission to Presbyterian Day School to seek medical care.

Name of Physician _____

Address of Physician _____

Physician's Phone Number _____

Name of Hospital preferred in Emergency _____

Preschool Health Statement

The following must be presented when your child is admitted or within one week of admission.

____ Parent Statement: My child will be examined by a physician or health clinic and I will submit a statement to the school.

Child's Name _____

____ Doctor's Statement: I have examined the above named child and find that they are physically able to take part in this program.

Physician's Signature _____

School Age Statement

My child's immunization record is current and on file at the school.

Parent Signature _____

Date _____

Requirements for Exclusion

____ I have attached a signed affidavit stating that I decline immunizations for reasons of conscience, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.