

2011-2012 ENROLLMENT AGREEMENT

PRESBYTERIAN CHILDREN'S CENTER

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|-----------------|-----------------|--------------------|
| Child's Name: | Date of Birth: | Date of Admission: |
| Address: | City: | Zip: Phone: |
| Father's Name: | Mother's Name: | |
| Business Name: | Business Name: | |
| Business Phone: | Business Phone: | |
| Cell Phone: | Cell Phone: | |
| Siblings/Age: | Sibling/Age: | Sibling/Age: |

OTHER PHONE NUMBERS where parents may be reached while child is in care:

Give the name, address and phone no. of person to call in case of an emergency if parent/guardian cannot be reached:

I hereby authorize PCC to allow my child to leave **ONLY** with the following persons. Please list name and telephone of each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

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CHECK ALL THAT APPLY:

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|--|--|--|
| FIELD TRIPS | | |
| For children ages 3 through Kindergarten: I hereby <input type="checkbox"/> give I hereby <input type="checkbox"/> do not give - consent for my child to participate in Field Trips. | | |
| WATER ACTIVITIES: | | |
| Toddlers through Kindergarten: I hereby <input type="checkbox"/> give I hereby <input type="checkbox"/> do not give – consent for my child to participate in Water Activities. | | |
| PUBLISHED PHOTOGRAPHS: I hereby <input type="checkbox"/> give I hereby <input type="checkbox"/> do not give – consent for my child's photograph to be in <input type="checkbox"/> newsletter <input type="checkbox"/> newspaper <input type="checkbox"/> website | | |

SPECIAL NEEDS STATEMENT

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during The past 12 months, any medication prescribed for long-term continuous use and any information which caregivers should be aware of:

PARENT/GUARDIAN _____ DATE _____

I GIVE PERMISSION TO INCLUDE INFORMATION IN THE SCHOOL DIRECTORY CONCERNING MY CHILD'S NAME, ADDRESS, PHONE # AND PARENT'S NAMES YES NO

E-Mail Address: _____
I GIVE PCC PERMISSION TO GIVE MY E-MAIL ADDRESS TO OTHER PARENTS YES NO

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency care, I authorize PCC to take my child to:

| | | |
|--|----------|---------|
| Name of Physician: | Address: | Phone # |
| Name of Emergency Medical Care Facility: | Address: | Phone # |

I give consent for PCC to secure any and all necessary emergency care for my child.

_____ Signature – Parent or Legal Guardian

HEALTH REQUIREMENTS

PLEASE ATTACH COPY OF IMMUNIZATION FORM HERE

Varicella (chickenpox) vaccine is not required if your child has had the 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.

Parent's signature

Date

- I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the State Health Services. I understand that this is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm

ADMISSION REQUIREMENT: One of the following must be presented when your child is admitted to PCC or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find he/she is physically able to take part in the day care program.

Health Care Professional's signature

Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed affidavit stating this.

Name and address of health professional: _____

Signature-Parent or Legal Guardian

Date

NEW ENROLLMENT: 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 will submit it to PCC.

Signature-Parent or Legal Guardian

Date

PARENT/SCHOOL RELATIONSHIPS

My child is registered for pre-school and/or daycare for the duration of the school year.

Days in care _____ Hours per day in care _____ I agree to pay _____ per month each month of the school year. Tuition payments are due on the FIRST of each month and no later than the 10th of the month. Please add \$25.00 late fee if tuition is paid on the 15th of the month, \$35 on the 20th, and \$50 on the 25th of the month. The budget is based on an annual basis. Withdrawal anytime during the school year will require written notification to the Board of Directors. The request may or may not be approved.

- RECEIPT OF PARENT HANDBOOK: I have read and fully understand the Parent Handbook.
Acknowledgement of Policies I understand that PCC is no longer required to supplement my child's lunch.
 I have read and fully understand the Discipline and Guidance Policies.

CONTRACTUAL AGREEMENT

1. This agreement is a contract binding both school and parent.
2. This contract may be terminated by the SCHOOL at any time if the child is unable to adjust or participate in group activities, and by the PARENT only with a written request to the Board of Directors stating specific reason for withdrawal.
3. If any of the above information changes, the parent will inform the Director and update this form as needed.

PARENT/GUARDIAN _____

DATE _____