

# Central Baptist Weekday School

## ADMISSION FORM 2020-21 • Completed packet due: August 3, 2020

Laura Brittain, Director

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979-776-7744 x 921

Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_, \_\_\_\_\_ TX, \_\_\_\_\_  
*Street Address City Zip Code*

Date of Admission: September 9, 2020 Child's first name to be used in school: \_\_\_\_\_

Mother's Name:	Father's Name:	Guardian's Name:
Address (if different than child's):	Address (if different than child's):	Address (if different than child's):
Mother's Home Phone:	Father's Home Phone:	Guardian's Home Phone:
Mother's Work Phone:	Father's Work Phone:	Guardian's Work Phone:
Mother's Mobile Phone:	Father's Mobile Phone:	Guardian's Mobile Phone:

I understand that morning snack will be served to my child while in care.: \_\_\_\_\_  
Parent/Guardian Initials

I understand that I will provide lunch for my child and that I am responsible for the nutrition in the lunch and not Weekday School.: \_\_\_\_\_  
Parent/Guardian Initials

I hereby **GIVE** consent/ **do NOT** give consent for my child to participate in individual water sensory tub play. I understand the tub and toys in it will have been sanitized before and after my child plays in it: \_\_\_\_\_  
Parent/Guardian Initials

**My child is normally in care on the following days and times:** *(please check the correct times)*

Mondays & Wednesdays from 9 AM to 12:30 PM OR 2:30 PM  
Fridays from 9 AM to 12:30 PM

**The electronic signatures and initials on this 11 page Admission Form are treated by Central Weekday as handwritten signatures and initials on a paper form. I confirm the information provided in the entire form is accurate as of today's date. If any of it changes, I will notify Weekday staff.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# DISMISSAL FORM

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_, to be released from Central Baptist Weekday School with **ONLY** the following persons named below after verification of ID. **Please include the names and contact information of anyone who you feel, at some point during the year, may need to pick up your child, including yourself and your spouse.** It is the parents' responsibility to notify Central Baptist Weekday School of any changes.

Date added	Name	Relationship to Child	Contact Phone Number	Cell Phone Carrier	Email Address

I understand that the above stated persons are the **ONLY** individuals who my child, \_\_\_\_\_, will be released to. **All above stated persons will need their identification for verification.** I understand that the person who comes to pick up the named child above will have to go back to their car to get their ID if they come in to pick up the child without it. If the child resists leaving with any of the above listed persons, Central Baptist Weekday School reserves the right to seek further verification before releasing the child.

I can be reached at the following numbers if further verification is needed: \_\_\_\_\_

**I understand that I must be on time to pick up my child. If an emergency causes a delay in pick up, I will notify the school promptly. A late fee will be charged to me in the amount of \$5 per 10 minutes I am late per child. If I am called to pick up my child due to illness or behavior issues, regular late fees will be charged if the child is not picked up within the hour.**

Please sign and date below stating that you understand all of the above policies about dismissal.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If there is a separation or divorce custody problem of which Central Baptist Weekday School should be aware, please explain below and attach custody documentation. **If there are none, please enter N/A.**

Relative to above mentioned custody situation, please list names of persons who may **NOT** pick up your child:

## Authorization for Emergency Medical Attention & Emergency Contact Information

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize Central Baptist Weekday School employees and the person(s) I have listed below to take my child to the following medical facilities/physicians: ***Please note that you must put the actual name and address ... you may not write "closest"***

Child's Physician's Name:	Child's Physician's Address:	Child's Physician's Phone #:
Emergency Medical Care Facility:	Emergency Medical Care Facility's Address:	Emergency Medical Care Facility's Phone Number:

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

\_\_\_\_\_  
 Parent/Legal Guardian Signature \_\_\_\_\_ Date

Child's Name: \_\_\_\_\_ Parent(s)/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ TX Zip: \_\_\_\_\_

Parent Phone 1: \_\_\_\_\_ Parent Phone 2: \_\_\_\_\_

**Give the name, address and phone number of the responsible individual(s) to call in case of an emergency if parents/guardians cannot be reached. *Please make sure these people are listed on your dismissal form on page 2!***

Name	Address (street, city, state, zip)	Phone Number(s)	Relationship to the Child

List any special needs your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 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? **YES** **NO** If yes, contact the Weekday office for an allergy action plan form. Allergy Action Plan submitted on: \_\_\_\_\_

Does your child have any food allergies, medication allergies or other conditions pertinent to emergency care that is not listed above?

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Legal Guardian Signature \_\_\_\_\_ Date

# HEALTH STATEMENT FOR \_\_\_\_\_

Child's Name

## IMMUNIZATION RECORD

I have provided Central Baptist Weekday School with a copy of my child's most current immunization record.

\_\_\_\_\_  
Parent/Guardian Initials

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## HEALTH ADMISSION REQUIREMENTS

One of the following must be presented when your child is admitted to Central Baptist Weekday School. Your child may not attend until at least one of these is on file:

Please complete only **ONE** option of the four below:

Health-Care Professional's Statement: I have examined the above names child within the past year and find that he/she is able to take part in the program at Central Baptist Weekday School

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
My child has been examined within the past year by a health care professional and is able to participate in the program at Central Baptist Weekday School. **Within 3 months of admission**, I will obtain a health care professional's signed statement and will submit it to Central Baptist Weekday School.

Name and address of health care professional your child has seen in the past year: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

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## VISION AND HEARING TESTS

**If your child is 4 years old**, as required by the state health department, we must have a copy of your child's vision and hearing tests. These are usually done during your 4 year old well child check office visit. If yours does not, request it for childcare admission. **If your child is in our 3 year old class and turns 4 during the school year**, we need copies of your child's vision & hearing tests done at your child's 4 year old well child visit. **Children cannot be enrolled in Weekday school without these test results on file.**

Please check only **ONE** option below:

My child is **not** 4 years old at this time and does not require vision and hearing tests at this time. When my child turns 4, I will provide the state required test results.

My child **is** 4 years old, and his/her vision **and** hearing tests results are attached.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**COVID-19 DAILY SCREENING FOR STUDENTS AND PARENTS/GUARDIANS**

I agree and certify to all of the following statements:

- At the time of arrival to the campus, neither my child nor anyone who lives with us or who provides care for my child has a confirmed diagnosis, nor is awaiting a lab confirmation, of COVID-19.
- At the time of daily attendance and for **at least 72 hours prior**, neither my child nor anyone who lives with us or who provides care for my child have experienced any of the following signs or symptoms of COVID-19:
  - Cough
  - Shortness of breath
  - Difficulty breathing
  - Chills
  - Repeated shaking with chills
  - New muscle pain
  - New headache
  - Sore throat
  - Loss of taste or smell
  - New diarrhea
  - Feeling feverish
  - Measuring temperature greater than or equal to 100 degrees F
- At the time of daily attendance, neither my child, nor anyone living with us or providing care for my child, has had close contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19.
- I agree to follow Central Weekday’s COVID-19 Health and Safety procedures upon arrival and drop off at Central Weekday.
- I agree to follow these screenings and procedures every day unless I have been informed of changes in Central Weekday’s daily procedures.

I acknowledge I have been given a copy of Central’s Parent Handbook that includes COVID-19 Health and Safety procedures which includes the following: Drop Off/Pick Up Procedures, Health & Safety in the classroom, staff health and safety, illness during the day, meal service, and communication procedures.

I understand that I will be asked these same questions verbally each day as I check in my child for the day. By signing this form, which will be kept with my child’s file, I am agreeing and certifying all statement listed above are true at the time I check in my child. Failure to notify Weekday staff of any changes in your family’s health status or failure to be truthful and comply with these statements will resort in dismissal from the program.

Child’s Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SCHOOL DIRECTORY PERMISSION FORM

Each year a school directory is compiled to be given to each child's parent or guardian. Parents have found these to be a great resource for staying in touch with their child's classmates. These are useful for play dates, party invitations, etc. We must have your permission to print your child's address and telephone number in the directory. If you do not want your child's address and telephone number printed, we will only print your child's name on his/her class page. We can also include e-mail address only if that is your preference.

Please check one of the following to indicate your choice for the school directory.

**YES**, I want my child's address, telephone number and e-mail address included in the school directory. **I will include the information I want included below.**

**NO**, I do not want my child's address, telephone number or e-mail address included in the school directory.

Please include our e-mail address only. **(Please be sure to write your e-mail address below!)**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If YES**, please fill out the following information:

Child's Name: \_\_\_\_\_

Parents'/Guardian's Names: \_\_\_\_\_

Address (include street, city and zip code): \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**If you have any questions, please do not hesitate to contact the weekday school office with the contact information on page one of this packet.**

**Central Baptist Weekday School**  
**PHOTO RELEASE FORM**

I understand that CENTRAL BAPTIST WEEKDAY SCHOOL may take pictures of the children playing from time to time for use on their cubbies or for use with a project. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I realize that photos may be displayed in the room from time to time and could possibly include my child. I also realize that my child might be in the background or play area with another child when a picture is taken and that it is possible that that particular picture might be sent home with the other child to show their parent what they are doing.

I agree to give permission for CENTRAL BAPTIST WEEKDAY SCHOOL to take photographs or video images of my child. I agree to allow these photographs to be displayed in my child's classroom, on Weekday bulletin boards, or to be used as mentioned above. I further agree to allow the center to use these photographs or video images on our Central Preschool private Facebook group (faces will be blurred out), training applications or programs.

Child's Name \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Notes, comments or adjustments to the Photo Release Form above:

# ON SITE FIELD TRIP PERMISSION FORM

Central Baptist Weekday School does not have the transportation equipment necessary for off-site field trips, but we have a wonderful facility and property here at Central Baptist Church that helps us expand our classroom experience. From time to time throughout the year, we will take the children on “field trips” but only on Central Baptist Church property including other parts of the main building, the Family Life Center and outside property. These will all be walking field trips. No other transportation will be used. **For the 2020-21 school year, classes will not be mixed on any trips on the property.**

At all times, state minimum standards for field trips in policy 746.3001 will be met.

I give my child, \_\_\_\_\_, permission to participate in on-site field trips only and only on Central Baptist Church property during the Fall 2020-Spring 2021 Weekday school year. I understand that the only mode of transportation will be walking.

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature** indicating permission to participate in On-Site Field Trips



# HANDBOOK RECEIPT CONFIRMATION

I understand that the Parent Handbook from Central Baptist Weekday School is on-line at <http://www.centralbcs.org/ministries/preschool/weekday-school/> and that if I need a hard copy of it, I must contact the Weekday Office to request one.

**I understand that it is MY responsibility to read the handbook and become familiar with all of the policies and procedures.**

If I have any questions regarding anything described in the handbook, I will contact the director, director's assistant, or teacher for clarification.

**I have received and read the Central Baptist Weekday School Handbook and agree to abide by all of the policies stated within the handbook. The handbook I received includes the following operational policies:**

- COVID-19 Health & Safety Procedures
- Discipline & Guidance
- Suspension and expulsion
- Emergency Plans
- Procedures for conducting health checks
- Procedures for parents to discuss concerns with the director
- Procedures for parents to participate in operation activities
- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medication
- Immunization requirements for children
- Meals and food service practices
- Procedures to visit the center without securing prior approval
- Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website.

Parent Signature: \_\_\_\_\_

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.

**Discipline and Guidance Policy for** \_\_\_\_\_ **Central Baptist Weekday 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:	
<input checked="" type="checkbox"/> parent <input type="checkbox"/> employee/caregiver <input type="checkbox"/> household member of child-care home	

## CENTRAL BAPTIST WEEKDAY SCHOOL FINANCIAL AGREEMENT - Fall 2020 through Spring 2021

My child, \_\_\_\_\_, is enrolled in Central Baptist Weekday School for the nine months of Fall 2020/Spring 2021 school year.

### **My child will NOT be staying for extended day on Mondays and Wednesdays.**

- I understand my \$125 registration fee I have already paid is non-refundable, and my tuition and fees will be the following:
- **I will pay \$255 tuition each month from September 2020 – May 2021 plus an \$80 supply fee in September and an \$80 supply fee in January.** \_\_\_\_\_

Parent/Guardian Initials

On September 9, 2020 and on January 6, 2021, I will pay \$335 to cover monthly tuition and semester supply fees.

October –December 2020 and February – May 2021, I will pay \$255 on the first school days of those months.

### **My child WILL be staying for extended day on Mondays and Wednesdays.**

- I understand my \$125 registration fee I have already paid is non-refundable, and my tuition and fees will be the following:
- **I will pay \$255 tuition each month from September 2020 – May 2021 plus an \$80 supply fee in September and an \$80 supply fee in January. I will pay an additional \$70 a month for extended day fees.** \_\_\_\_\_

Parent/Guardian Initials

On September 9, 2020 and on January 6, 2021, I will pay \$405 to cover monthly tuition and extended day and semester supply fees.

October –December 2020 and February – May 2021, I will pay \$325 on the first school days of those months.

I understand the monthly tuition and fees are due on the **FIRST** class day of each month. **A late fine of \$20 will be assessed for any payments made after the due date. If payment has not been made by the 15<sup>th</sup> of the month, I understand that my child will be withdrawn from the program.** I also understand that money will not be refunded to me due to absences, holidays, vacations, COVID-19 closures or unexpected days off. If I have questions or concerns regarding the payment of my child's tuition, I understand that I need to contact the director or make arrangements **BEFORE** the tuition is due.

I have read and understand the financial agreement above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date