

Fees Paid _____	_____	_____
Amt.	Date	Check #/Cash

**ST. BERNADETTE EARLY CHILDHOOD CONNECTIONS**  
**15500 EL CAMINO REAL HOUSTON, TEXAS 77062**  
(281)486-0337 x114 e-mail: [nevinsj@stbchurch.org](mailto:nevinsj@stbchurch.org)

Today's Date \_\_\_\_\_

Admission Date \_\_\_\_\_

\_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_  
Child's Name (first, mid., last) Child's Birth Date

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Child Will Be Called in School Child's Social Security # Parent's Home Phone

Boy\_\_ Girl\_\_ \_\_\_\_\_  
*Check* Child's Address City Zip

Primary e-mail contact: \_\_\_\_\_

Circle the class level and days, which will best meet your child's needs. All classes meet 9:00 – 1:00

<u>1'S - MDO</u>	<u>2's - MDO</u>	<u>3's - Pre-K</u>	<u>4's - Pre-K</u>
2 days – Mon & Wed	2 days – Mon & Wed	(MUST be potty trained)	2 days – Tues/Thurs
2 days – Tues & Thurs	2 days – Tues & Thurs	2 days – Tues/Thurs	3 days – Mon/Wed/Fri
4 days - M T W Th	4 days – M T W Th	3 days – Mon/Wed/Fri	3 days – Tues/Wed/Thurs
		3 days – Tues/Wed/Thurs	4 days – Mon thru Thurs
		4 days– Mon thru Thurs	5 days – Mon thru Fri

I understand and agree to have my child placed in the best possible learning environment. The teacher and director's direct observation will determine my child's final class placement. Teacher requests are not accepted.

Signature \_\_\_\_\_

Sibling(s) also being enrolled (Name & Age): \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone #: (\_\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_\_) \_\_\_\_\_

Father's Cell #: (\_\_\_\_\_) \_\_\_\_\_ Mother's Cell #: (\_\_\_\_\_) \_\_\_\_\_

I hereby authorize St. Bernadette to contact and/or release my child to the following individual(s):  
**Licensing requires:** At least two emergency contacts (other THAN PARENTS) and any persons who have authority to pick up your child.

(2 contacts REQUIRED) (Check C for Contact; Check R for Release)

1) Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_ C \_\_\_ R \_\_\_  
Full Address required of first two contacts: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_ C \_\_\_ R \_\_\_  
Full Address required of first two contacts: \_\_\_\_\_

**HEALTH HISTORY/SPECIAL NEEDS – (Answer ALL questions. Write N/A or None if necessary)**

1. Any chronic illness requiring regular medication or special precautions (e.g. ear infections, seizure disorders, allergies)?
2. Any medications prescribed for continuous, long term use?
3. Any factors that could influence the child’s adapting to a preschool setting (e.g. physical handicaps, ALLERGIES, developmental irregularities, illness, surgery, hospitalization)?
4. Medical factors pertinent to diagnosis and treatment in case of an emergency? (Existing illness, previous serious illness)?
5. Recommended limitations or modifications of activities or diet? ALLERGIES? – Diagnosed Food Allergies **MUST** have a Food Allergy Emergency Plan signed by both the health professional and parent on file before admission.

6. Relevant family, social, or health characteristics?

Child lives with: (Check one) Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparents \_\_\_

7. What language does your child speak? \_\_\_\_\_

What language does your child understand? \_\_\_\_\_

8. This child has attended MDO or PreK YES \_\_\_ NO \_\_\_

If yes, Where:

9. Has a sibling attended St. Bernadette PreK or MDO? YES \_\_\_ NO \_\_\_

If yes:

Sibling’s name:

Teacher’s name:

**AUTHORIZATION**

If I cannot be reached or make arrangements at the time of emergency illness or accident, I give consent for necessary emergency treatment. I hereby authorize St. Bernadette Early Childhood Connections to take my child for emergency care to:

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Doctor's Name                      Address                      Phone No.

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Hospital                              Address                              Phone No.

I do hereby agree to hold St. Bernadette Early Childhood Connections and Church harmless during an approved trip or in the event of an accident or injury to my child on the school premises. I hereby give consent for my child to be transported and/or supervised by parent volunteers on a field trip and by staff or emergency personnel in the event of an accident or injury. (NOTE – Additional field trip information and/or signed releases will be required for any field trip of special activity). I do hereby give my consent for my child to participate in water, sprinkler, or small pool activities.

Signature \_\_\_\_\_

Date \_\_\_\_\_

St. Bernadette Early Childhood Connections believes in the value of each child. There is no discrimination with regard to race, creed, or color.

A copy of the Texas Department of Family and Protective Services' Minimum Standards and most recent licensing inspection report is available in the director's office or online at [www.dfps.state.tx.us](http://www.dfps.state.tx.us)

Parents may contact the local licensing office at 713-940-5121, or state licensing at 512-438-3269. The Child Care Information line is 1-800-862-5252. The child abuse hotline 1-800-252-5400. The website for the Texas Dept. of Protective and Regulatory Services is [www.dfps.state.tx.us](http://www.dfps.state.tx.us)

Children are considered registered when all fees are paid and the Registration forms are complete with parent signatures. Registered students must submit immunization records and a signed doctor's health statement **BY THE FIRST DAY OF SCHOOL.**

Parents provide the name and address of the child's doctor, who has examined the child in this past year.

Texas Department of Family and Protective Services **REQUIRES** complete Immunization records and a signed doctor's statement in each child's file **BY THE FIRST DAY OF SCHOOL.** Any changes to a child's health or emergency information **must** be submitted immediately to St. Bernadette Early Childhood Connection Office. Our licensing representative thoroughly verifies that all student records are up to date.

Texas Department of Family and Protective Services **REQUIRES** a Food Allergy Emergency Plan for any diagnosed food allergy. This plan **MUST** be signed by both the health professional and parent. It **MUST** be on file by the first day of school.

The monthly tuition must be paid the first week of each month. Late fees will be charged after the 7<sup>th</sup> of each month. There are **NO** refunds of registration, supply, or tuition fees.

In August, parents must sign an acknowledgement of receipt of the Parent Handbook, which includes all the operational policies and procedures. If policies/procedures are changed or new policies/procedures are implemented, the parent will be informed in writing and parents will sign an acknowledgement of receipt of the policy.

Parent provide their child's lunch/snack. St. Bernadette ECC is not responsible for the nutritional value of lunch or snack or for meeting a child's daily food needs.

Enrollment in our program is a commitment for the entire school year. Parents must inform the director (in writing) with advance warning that a child will be withdrawn from the program.

The director (218-486-0337 x114) will meet parents or return phone calls to discuss any questions, concerns, or comments. Parents are welcome to visit and volunteer in school activities. Some school activities require parent help.

I have read and accepted the terms of enrollment and payment schedule as stated.

Signature \_\_\_\_\_

Date \_\_\_\_\_