



<b>ADMISSION INFORMATION</b>		
Operation Name: ST. MICHAEL'S EPISCOPAL DAY SCHOOL		Director's Name: REBECCA HOPE
Child's Full Name:	Date of Admission: / /	Date of Withdrawal: / /
Child's Home Address:	Child's Home Phone #:	Child's Date of Birth: / /
City:	State:	Zip Code:
Parent's or Guardian's Name:	Parent's or Guardian's Address (if different from child's address):	
	City:	State: Zip Code:
Additional Parent's or Guardian's Name:	Parent's or Guardian's Address (if different from child's address):	
	City:	State: Zip Code:
<b>List phone numbers below where parents/guardian may be reached while child will be in care:</b>		
Mother's Phone #:	Father's Phone #:	Guardian's Phone #:

<b>IN CASE OF EMERGENCY</b>		
<i>(give the name, address and telephone number of person to call in case of an emergency if parents/guardian cannot be reached)</i>		
Name:	Relationship:	
Address:	Phone #:	
City:	State:	Zip Code:
<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Phone #:
Name of Emergency Medical Care Facility:	Address:	Phone #:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		_____ Signature – Parent or Legal Guardian

<b>CHILD RELEASE INFORMATION</b>			
I authorize St. Michael's Episcopal Day School to allow my child to leave the school with the following persons:			
Name:	Address:		
Phone #:	City:	State:	Zip Code:
Name:	Address:		
Phone #:	City:	State:	Zip Code:
Name:	Address:		
Phone #:	City:	State:	Zip Code:
Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. Please designate a special code word for releasing your child to the family members or friends designated above:			
Code Word for pick-up is _____			

HEALTH HISTORY	
Asthma?: <input type="checkbox"/> No <input type="checkbox"/> Yes	Allergies?: <input type="checkbox"/> No <input type="checkbox"/> Yes, please list:
List any other illnesses or diseases, previous serious illness, injuries or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:	
Are any of these severe/potentially life threatening? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe:	
Have any behavioral, psychological or educational evaluations of your child been done? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list when and by whom:	
Has outside support been recommended for this applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe:	
<b>IMMUNIZATION RECORD:</b> <input type="checkbox"/> I have provided the child care operation with a copy of my child's most current immunization record.	
<b>ADMISSION REQUIREMENT:</b> If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. Please check only ONE option:	
1. <input type="checkbox"/> HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the preschool program.	
_____ Health Care Professional's Signature	_____ Date
2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.	
3. <input type="checkbox"/> 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 and dated affidavit stating this.	
4. <input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child care operation.	
Name and address of health care professional:	

Would you be interested in receiving information for St. Michael's Episcopal Church? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Optional Questions</b>	
Each year the National Association of Independent Schools (NAIS), the National Association of Episcopal Schools (NAES) and the Episcopal Diocese of Texas asks the school to provide statistics on the incoming classes; please check all that apply:	
<input type="checkbox"/> African American	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American or Native Alaskan
<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Middle Eastern American
<input type="checkbox"/> Asian American	
Religious Preference:	Church Affiliation:

Child care operations are public accommodations under the American's with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 512-0301 (voice) or (800) 514-0383 (TTY).



**DISCIPLINE AND GUIDANCE POLICY**

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 the

discipline and guidance policy, and

parent handbook of operational policies.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check one please:

Parent  Employee/caregiver  Household member of child care home