Enrollment and Childcare Consent Forms

612 N. 3rd St. Waco TX.
254 753- 5565
Stfrancisdcwaco@gmail.com

Director's Name
Sylvia Cash

Updated By SC on June 21, 2024

ENROLLMENT APPLICATION

Child's Name		
Child's Birthday		
Child's Age		
Current Address:		
Child lives with: O Both Parents O Mom O Dad O Guardian		
Date of admission:	Date of Withdrawal:	Custody Documents on File?
St. Francis Church member	YES	NO

PARENT/GUARDIAN INFORMATION

Parent/Guardian Information

Parent/Guardian's Name:
Parent/Guardian Cell Phone:
Parent/Guardian Place of Work:
Work Phone Number:

Parent/Guardian Information

Parent/Guardian's Name:
Parent/Guardian Cell Phone:
Parent/Guardian Place of Work:
Work Phone number:

Emergency Contact Information

Emergency Contact Person:
Contact's Phone:
Emergency Contact Person:
Contact's Phone:

Updated By SC on June 25, 2024

ENROLLMENT SCHEDULE

Start Date: _____

Estimated time of drop-off:
Estimated time of pickup:

ABOUT YOUR CHILD

Has your child ever been in childcare before? _____

What type (center, family daycare, home care) _____

How does your child feel about daycare and being left by his/her mommy/daddy?

_____

Are there any recent traumatic situations the child has been exposed to, such as a death in the family, divorce, new sibling, etc.?

_____

What is your normal method of discipline? _____

What is your child's temperament? Are they easygoing, hard to please, demanding, or aggressive? _____

Are there any food restrictions?

_____

Updated By SC on June 25, 2024

Is your child completely Potty trained? _____ Yes _____ No

Diapers _____ Pullups _____ Underwear _____

What time does your child go to sleep at night? _____

Do they sleep through the night? _____

Are there any siblings? Please name them and specify their ages and gender.

Name	Age	Gender:
Name	Age	Gender
Name	Age	Gender
Name	Age	Gender

Has your child had experience playing with other children? Yes_____ No _____

What language(s) are spoken at home? _____

Does your child have any security objects such as a blanket, soother, bottle, toy, etc.? _____

Are there any other comments or information you would like me to know?

_____

Parent/Guardian Signature Date

_____ _____

Date

_____ _____

Parent/Guardian Signature **Date**

Updated By SC on June 25, 2024

MEDICAL INFORMATION AND CONSENT

Child's Name:

_____I confirm that my child is up to date on their immunizations.

_____I have attached a copy of my child's immunization and health records.

REQUIREMENTS FOR EXCLUSION

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

I have attached a signed and dated affidavit stating that the vision and hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

EMERGENCY CONTACT INFORMATION OF GUARDIANS/PARENTS

1. **Name:**	Relationship:	Phone:
Work Phone:	Work Address:	
2. **Name:**	Relationship:	Phone:
Work Phone:	Work Address:	

INFORMATION ON CHILD'S DOCTOR

Name:	Phone:
Address:	Hours:

INSURANCE INFORMATION

Provider:	Policy Number:
Subscriber's Name:	Phone:

Updated By SC on June 25, 2024

Does your child have any known allergies? Yes_____ No_____ If yes, ask us about the Emergency Care Plan form that the doctor **must** complete.

Does your child have any medical conditions I should be aware of? _____

Has your child had the following common childhood illnesses?

(*Please circle*)

Does your child have any problems with any of these?	Has your child had any of these diseases?
Constipation	Asthma
Convulsions	Bronchitis
Diarrhea	Chicken Pox
Fainting Spells	Diabetes
Frequent Colds	Heart Disease
Frequent Ear Infections	Hepatitis
Frequent Sore Throats	Impetigo
Lice	Measles
Ringworm	Mumps
Skin Rash	German Measles
Soiling	Polio
Stomach Upsets	Scarlet Fever
Urinary Problem	Tuberculosis
Worms	Whooping Cough

Does the child show any of the following?

Acts frustrated	Plays very rough or aggressively.
Can't communicate effectively	Overly sensitive to environment.
Walks on tiptoes	Trouble focusing.
Can't sit still	Can't follow directions.

Does your child where glasses? _____Would there be any restrictions to play or activities? _____

Updated By SC on June 25, 2024

Child's Special Care Needs (check all that apply)

Environmental allergies
Food intolerances
Existing illness
Previous serious illness
Injuries and hospitalizations (past 12 months)
Limitations or restrictions on child's activities
Reasonable accommodations or modifications
Adaptive equipment (include instructions below)
Symptoms or indications of complications
Medications prescribed for continuous long-term use

Other: _____

Explain any needs selected above: _____

Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

water table ___ play sprinkler ___ play splashing _____ wading pool

EMERGENCY TREATMENT AND TRANSPORTATION

I hereby give permission to ST. FRANCIS KINDERGARTEN & NURSERY, to secure emergency medical and or dental treatment and to provide emergency transportation for the above-named minor child while in care. Non-emergency medical treatment is not included in this authorization.

Signature of Parent/Guardian: _____

Date: _____

EMERGENCY INFORMATION

Hospital:	Address:

Updated By SC on June 25, 2024

MEDICAL LIABILITY

We, _____, the parents of

_____, sign and agree to the following:

We understand and agree to a full and complete waiver and liability release on the part of St. Francis Kindergarten & Nursery in connection with my child's enrollment at the school. This includes my child's participation in all activities, including but not limited to, the playground, field trips, classroom activities, and walks in the neighborhood. I understand and agree that this liability release will apply to my child's entire attendance at St. Francis Kindergarten & Nursery and participation in all the school's activities.

We authorize anyone working at the school to obtain medical care for my child and to transport my child to a hospital if in the workers opinion that medical care for my child is needed. We agree to pay all costs associated with the medical care including transportation, medical care, medication, and any other costs associated. We understand and agree that the school and its employees are not responsible for any costs incurred.

We acknowledge that we have carefully read this form and understand and comply with all contents.

_____ _____

Parent Signature **Date**

_____ _____

Parent Signature **Date**

_____ _____

Administration Signature **Date**

Updated By SC on June 25, 2024

Guardian/Parent and the Child's Doctor Must Complete this Form if the Student has Food Allergy and Anaphylaxis Emergency Care Plan

FARE Food Allergy Research & Education — FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

PLACE PICTURE HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.

☐ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG
Shortness of breath, wheezing, repetitive cough

HEART
Pale or bluish skin, faintness, weak pulse, dizziness

THROAT
Tight or hoarse throat, trouble breathing or swallowing

MOUTH
Significant swelling of the tongue or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE
Itchy or runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea or discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

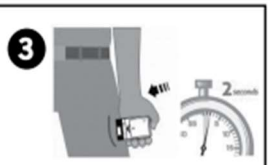
PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____

PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____ DATE _____

Updated By SC on June 25, 2024

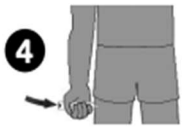
FARE Food Allergy Research & Education — FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO



1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.

HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN



1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

Updated By SC on June 25, 2024

Guardian/Parent and the Child's Doctor Must Complete this Form if the Student has an Asthma Action Plan

Asthma Action Plan

Personal best peak flow: _____

IMPORTANT INFO

Name:
Date:
Doctor name:
Doctor phone:
Emergency contact:
Emergency phone:

EXERCISE-INDUCED FLARE-UP

Instructions for an exercise-induced asthma flare-up

Medicine: _____
How much: _____
When: _____

Additional instructions:

TRIGGERS: ☐ pollen ☐ mold ☐ dust mites ☐ animals ☐ smoke ☐ food ☐ exercise ☐ cold/flu ☐ weather ☐ air pollution ☐ other _____

The GREEN Zone (also known as the safety zone)

Symptoms

- Breathing is easy
- No cough or wheeze
- Can do usual activities
- Can sleep through the night

Peak flow from ____ to ____

Use these long-term control medicines as listed:

Medicine	How much	How often / when

The YELLOW Zone (also known as the caution zone)

Symptoms

- Some shortness of breath
- Cough, wheeze, or chest tightness
- Some difficulty doing usual activities
- Sleep disturbed by symptoms
- Symptoms of a cold or flu

Peak flow from ____ to ____

Continue with long-term control medicines as above, and add these quick-relief medicines:

Medicine	How much	How often / when

Call your doctor if: _____

The RED Zone (also known as the danger zone)

Symptoms

- Severe breathing problems
- Cannot do usual activities
- Difficulty walking and talking
- Rescue medicine is not helping

Peak flow from ____ to ____

Take this medicine and call the doctor now!

Medicine	How much	How often / when

If symptoms don't improve and you can't contact the doctor, go to the hospital or call 911.

Updated By SC on June 25, 2024

MEDICATED TOPICAL PRODUCTS

We, _____, parents of_____, authorize ST. FRANCIS KINDERGARTEN & NURSERY staff to apply the following non-medicated topical cream/lotion to our child. We have applied this product to our child at least once before, and our child has no known allergies to it. This cream will be in its original container and labeled with our child's name. This cream will not be used or shared with students other than the one approved on this consent form. Parents and guardians will be notified when the product is close to being completely used and the school needs a refill.

If a parent or guardian would like the school to use a different brand than listed on this form, they must complete a new application of topical non-medicated product consent form.

Non-Medicated Product	Name/Brand	How Often Applied
Diaper Rash Cream		
Cream/Lotion for Dry Skin		
Lip Balm		
Sunscreen		
Mosquitos repellent		

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Parent/Guardian Signature **Date**

Updated By SC on June 25, 2024

PICK UP AUTHORIZATION

Name of
Child(ren):_____

I hereby inform ST. FRANCIS KINDERGARTEN & NURSERY that the people listed below are authorized to pick up the above-named child(ren) at any time.

AUTHORIZED PICK-UP PERSON:

Name	Relation to Child	Phone Number

I understand that:

- Parents/guardians must inform ST. FRANCIS KINDERGARTEN & NURSERY through a phone call, note, or conversation at drop off to an employee of the name of the person who will be authorized to pick up the child.
- The "Authorized Pick-Up Person" **must be at least 18 years old** and may be asked to show a photo ID to an employee.
- This authorization shall remain in force until edited or rescinded in writing.

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Parent/Guardian Signature Date **Date**

Updated By SC on June 25, 2024

LATE PICK UP ACKNOWLEDGMENT

ST. FRANCIS KINDERGARTEN & NURSERY understands that there be times when traffic can be unpredictable, and things may come up in which will make a parent/guardian late to pick up their child. However, we kindly request that every effort is made to pick up your child at 5:30 PM.

If a parent or guardian is late, we request a call informing the school, but please know that this does not excuse the late pick-up charge.

The child's pick-up time and the fee will be documented in Brightwheel,

The school will take the following steps if the employee has not heard from the child's parent or guardian 5 minutes after the school has closed:

1. The employee will attempt to reach the guardians or parents at home or at their place of work.
2. The employee will then attempt to reach the people listed on the student's authorization to pick up form and from the student's emergency contact information form.
3. The employee will call the authorities and notify them of the situation.

It is the responsibility of the parent/guardian to have a plan for emergency pick-ups for their child. Parents who are consistently late may jeopardize their child's enrollment in the program.

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Parent/Guardian Signature **Date**

Updated By SC on June 25, 2024

MULTIMEDIA CONSENT FORM

I give my consent for St. Francis kindergarten to photograph or video my child and/or me or use photograph(s) or videos that already exist of my child and/or me that were taken in a childcare setting. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on the school's website, or social media pages. I give St. Francis Kindergarten & Nursery permission to publish, exhibit, and distribute these materials. I understand that St. Francis Kindergarten & Nursery owns the copyright to the multimedia material in which I, or my child may appear. St. Francis Kindergarten & Nursery will assure that it conveys positive images of children and reflect early childhood recommended practice.

If a parent/guardian decides to take back authorization later, the parent/guardian may do so by recompleting this form.

For protection of privacy of the child, we guarantee that names will not be included.

Permission for Minor	**Permission for Adult**
Name of Child: _____	Name of Child: _____
Parent/Guardian Signature_____	Parent/Guardian Signature_____
Date: _____	Date: _____

☐ **We the parents/guardians of _____ DO NOT GIVE permission.**

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Parent/Guardian Signature **Date**

Updated By SC on June 25, 2024

PUBLIC PARKS AND FIELD TRIP PERMISSION FORM

We authorize St. Francis Kindergarten & Nursery to take our child to nearby public park facilities on walking trips in the neighborhood and special field trips. We also authorize our child to ride as a passenger on a school bus provided by a licensed school transportation company, beginning when our child is in school. We understand all such trips are under the supervision of the staff of St. Francis Kindergarten & Nursery and that all precautions are taken in compliance with standards during such trips.

We recognize that if we choose not to send our child on a field trip, we must provide alternate care for the duration of the trip. We understand that St Francis Kindergarten & Nursery will not offer tuition reimbursement or alternate care.

St. Francis Kindergarten & Nursery uses the _____located at_____ for the student's outside play time.

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Parent/Guardian Signature **Date**

Updated By SC on June 25, 2024

TUITION AGREEMENT

	First	Middle	Last
Student's Name:			
Parent/guardian name:	First	Middle	Last
Parent/guardian name:	First	Middle	Last

Starting Month:	
Fee: $550 Potty trained (not pull-ups, no diapers must be in underwear) $650 non-Potty trained	Date payment due: 1st of every month Source of payment: Brightwheel _____ Cash_____ Check_____
Late fee: $25 after the 10th of the month	If payment is not made by the 15th of the month, your child will become inactive.

I understand that I am responsible for the terms of this agreement.

I understand and comply with all policies and procedures of St. Francis Kindergarten & Nursery.

I agree to promptly notify the school of any changes to the above information at stfrancisdcwaco@gmail.com

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Parent/Guardian Signature **Date**

Updated By SC on June 25, 2024

TIE DYE CONSENT FORM

We authorize St. Francis Kindergarten & Nursery consent to use dyes and other art materials during the school year with our child, _____. We understand that personal items such as clothes, shoes, and skin may be colored with the art and sensory items we use, and we understand that the school holds no responsibility for the items that are colored. We understand these items provide a fun and creative experience for all children in the school's care.

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Parent/Guardian Signature **Date**

Updated By SC on June 25, 2024

FILED TRIP PERMISSION FORM

I give my permission for my child, _____, to participate on a field trip to _____on _____.

DATE OF FIELD TRIP:

LOCATION OF FIELD TRIP:

RESTRICTIONS ON FIELD TRIPS FOR MY CHILD INCLUDE:

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Parent/Guardian Signature **Date**

Updated By SC on June 25, 2024

ADMISSION REQUIREMENT
Medical Authorization Form

One of the following must be presented when your child is admitted to the childcare operation or within one week of admission.

_____ _____
Child Name Birthday

Check only one option:

Health care Professionals Statement: I have examined the above-named child within the past year and found that he or she is able to take part in the daycare program.

_____ _____
Signature – Health Care Professional Date Signed

A signed and dated copy of a healthcare professional's statement is attached.

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.

My child has been examined within the past year by a healthcare professional and is able to participate in the daycare program. Within 12 months of admission, I will obtain a healthcare professional's signed statement and submit it to the childcare operation.

Name of Health Care Professional _____

Address of Health Care Professional _____

_____ _____
Signature of Health Care Professional Date Signed

_____ _____
Signature – Parent of Legal Guardian Date Signed

Updated By SC on June 25, 2024