5900 Chippewa Blvd., Houston, Texas 77086
Phone 281-445-9574
Fax 281-977-3390
Email: mips@mipstx.org
Website: maryimmpreschool.org

Enrollment Form

Please complete entire Enrollment form, do not leave blanks. PRINT CLEARLY!

Child's Full Name _____ Date of Birth _____
Child's Home Address _____ City, State, Zip _____
Child's Home Phone Number _____ Date of Admission _____

Mother's Full Name _____	**Father's Full Name** _____
Cell Phone Number _____	Cell Phone Number _____
Work Phone Number _____	Work Phone Number _____
Email Address _____	Email Address _____

Parent's name & address *(if different from child's address):*

Is there a custody order on file with the State of Texas? ☐ YES ☐ NO ☐ PENDING
*If **YES**, a current copy of your court order MUST be attached.*

Emergency Contact if parents cannot be reached: Relationship _____
Name _____ Address _____ Phone _____

Authorization to pick up:
Name/Phone _____ Name/Phone _____
Name/Phone _____ Name/Phone _____

Authorized for Emergency Medical Attention

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 _____	Emergency Medical Care Facility _____
Address _____	Address _____
Phone _____	Phone _____

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

Special Needs

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

Does your child have diagnosed food allergies? ☐ Yes ☐ No Plan Submitted on _____

☐ I give consent for the facility to post my child's allergies in the classroom.

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Consent *(check all that apply)*

Transportation

I consent for my child to be transported and supervised by the operations employees for:

☐ for emergency care ☐ field trips

Field Trips

I *(give / do not give)* consent for my child to participate in field trips.

☐ give ☐ Do not give

Water Activities

I give consent for my child to participate in water activities:

☐ Sprinkler Play ☐ Splashing/Wading Pools ☐ Water Table Play ☐ Aquatic playgrounds

Meals

☐ I understand that breakfast, lunch, and an afternoon snack will be served.

Operational Policies

☐ I acknowledge receive the facility's written ***operational policies*** including those for discipline and guidance.

Sunscreen/insect repellent

I *(give / do not give)* consent for sunscreen/insect repellent to be applied to my child as needed.

☐ give ☐ Do not give

Photo Release

☐ From time to time our facility may take photographs for educational use. I give consent for the facility to take photographs of my child.

Attendance

My child will normally be in attendance the following days and times:

Monday: from _____ to _____

Tuesday: from _____ to _____

Wednesday: from _____ to _____

Thursday: from _____ to _____

Friday: from _____ to _____

Health Statement

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 preschool operation.

Health Care Professional Name: _____

Address _____ City _____ State _____ Zip _____

_____ _____

Parent or Legal Guardian Signature **Date**

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Physician's Statement

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Name of Child _____ **Date of Birth** _____

I have examined the above child within the past year and find that he/she is able to take part in the preschool program.

Health Care Professional Name _____

Address _____ City _____ State _____ Zip _____

Health Care Professional Signature _____ Date _____

Vaccine Information

Age Vaccine	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mo	2-3 yrs	4-6 yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus Influenzae type B											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningocccal											

Physician or Public Health Personnel Verification

Signature or Stamp of a physician or public health personnel verifying immunization information above.

Signature _____ Date _____

Varicella (chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent Signature _____ Date _____

Requirements for Exclusion

☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on theform 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 or hearing screening conflicts with the tenets or practices of a church orreligious denomination that I am an adherent or member of.

Parent Signature _____ Date _____

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Food Allergy Emergency Plan

This plan must be signed and dated by your child's Health Care Professional.

Child's Name: _____ Date of Birth: _____

Doctor: _____

Doctor's Address: _____

Phone: _____ Fax: _____

The child is allergic to these food: _____

_____

Possible symptoms for **each** known food allergy:

_____

_____

_____

Specific steps to take if the child has an allergic reaction to **each** known food allergy:

_____

_____

_____

By signing below, the parent or guardian of this child gives Mary Immaculate Preschool permission to post the child's food allergy in the food serving and food preparation areas.

Doctor's Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

For licensed center use:

_____ Food Allergy Emergency Plan has been posted in the classroom and food service area

_____ Food Allergy Emergency Plan has been posted in the food preparation area

_____ Food Allergy Emergency Plan has been included in your emergency evacuation binder

_____ Food Allergy Emergency Plan has been included in your field trip and transportation binder

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Authorization For Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for Mary Immaculate Preschool and its staff to take my child::

Child's Name _____ Date _____

Doctor:

Name of Doctor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Hospital:

Name of Hospital _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please list any known allergies or illness that would conflict with emergency care or treatment:

_____ _____

Parent or Legal Guardian Signature Date

Please attach a current photo of your child.

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Tuition Agreement

Name of Child _____ Date of Birth _____

Parents Name: _____

Payment for my Child's is due on first week of the Month. A full tuition is charged for complete as well as partial attendance.Tuition is considered "overdue" by the 10th of the month; after the 10th there will be a **10% Late Fee** assessed.

Monthly Tuition amount: $ _____ Annually Supply fee: $ _____Registration fee: $ _____

Our program is open Monday through Friday from 7:00 am to 5:00 pm. Mary Immaculate Preschool is only licensed by the Texas Department of Family and Protective Services to care for children during these specified times. If I am late picking up my child, a **$1 a minute** late penalty will be charged to my account.

Mary Immaculate Preschool chooses not to get involved in custody disputes. In the event a court order is on file, Mary Immaculate Preschool will not acknowledge which party is responsible for payment of tuition fees. These arrangements must be coordinated between the two parents. Late fees and withdrawal guidelines will still apply regardless of which parent is responsible for tuition fees.

_____ _____

Parent or Legal Guardian Signature Date

_____ _____

Director Signature Date

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Parent Handbook Acknowledgement

I,_____, (Parent/Guardian Name) have been given a copy of the Mary Immaculate Preschool Parent Handbook, I have read the policies outlined, and given the opportunity to ask questions regarding Mary Immaculate Preschool policies. I understand the policies and will agree to follow the policies outlined in the Mary Immaculate Preschool Parent Handbook. I understand that Mary Immaculate Preschool has the right to terminate care at any time if the parent policies are not followed.

Child(ren)'s Name(s):_____

Parent/ Guardian Name:_____

Signature:_____ Date:_____