



## Summer 2024/ School Year 2024-2025

### Registration Packet

1. Please complete the entire packet in full with signatures
2. Provide a copy of Birth Certificate from Health Department (not the hospital)
3. Provide a copy of the most current and accumulative shot record and a signed health statement from a physician

**Texas State licensing regulations dictate that your immunization records must be on file **BEFORE** your child may attend class. They also require the most recent immunization records.**

**If your child receives immunizations after February 7th 2024, we need their **UPDATED** immunization records.**

4. Please pay registration fee at the time of registration in order to secure your spot. Cash and Checks will be accepted. Please make checks payable to Calvary Weekday Ministries.
5. Please use the QR code attached to enter your email into our school wide system for communication.

**\*Your child's spot will not be secured until registration packet is complete and registration fee is paid in full.**

**Thank you for choosing Calvary Weekday!**

**Christine Meade-School Director  
Sydney Capodagli, PDO Director**

Calvary Weekday Ministries  
Enrollment Form 2024-2025

ALLERGY: \_\_\_\_\_

Home Church: \_\_\_\_\_

PDO Director: Sydney Capodagli

School Director: Christine Meade

Child Information

Last Name	First Name	Middle Name	Date of birth	Age as of 9/1/24	Gender
Home Address			City	State	Zip Code
Home Address			Home Phone #		
Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian			Custody Documents on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent/Guardian Information

<b>Mother:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian	<b>Father:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian
Last Name	First Name
Home Address (If different From Child)	
Email Address	Home #
Cell #	
Employer Name	Work Phone #

Sibling Information

Name: _____ Age: _____	Name: _____ Age: _____
Name: _____ Age: _____	Name: _____ Age: _____

Pick Up List (Other than Parent/Guardian)

I hereby authorize Calvary Weekday to release my child to leave Calvary Weekday ONLY with the following persons after verification of ID:

Name	Cell Number
1.	
2.	

Local Emergency Contact ( Other Than Parents)

Give the name, address, and phone number of person to call if parents or guardian cannot be reached

Name:	Address:	Phone:	Relationship:
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Parent/Legal Guardian Signature: \_\_\_\_\_

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

Date of Admission:

Date of Withdrawal:

Child's Name:

Registering for (circle) :	PDO	3s	4s	Kindergarten
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Days (circle days):	M/W	T/TH	T/W/TH	M-TH	M-F	
Afternoons (circle days): Offered for preschool, pre-k, kinder: 12 pm -2:45 pm	M	T	W	TH		

### Financial Agreement

By signing the Parent/School Financial Agreement, I recognize that tuition and fees must be current in order to ensure continuous enrollment. I understand that tuition is due on the 15th of the previous month and is considered past due after the 20th. Payments received after the 20th will incur a \$10 late fee and an additional \$5 will be charged for each business day until paid in full. All accounts not paid in full by the beginning of the month will forfeit the child's spot in the program until paid. At that time, the student will be allowed back in school, if space is available. If your child must be absent from our program for an undetermined amount of time, tuition must be paid in full for the time your child is away in order to hold their space in the class.

I have also submitted the required non-refundable registration fee and paperwork in order to secure placement for my child for the 2023-24 school year. By signing this document, I agree and understand the financial agreement and that the registration fee is non-refundable.

X

Parent or Legal Guardian Signature

Print Name

Date

## Allergies/Medical/Special Needs

Does your child have diagnosed food allergies: \_\_\_\_ Yes \_\_\_\_ No      Plan Submitted on: \_\_\_\_\_

**\*We must have a food allergy plan signed from your doctor submitted on file. PLEASE NOTE: We are not a peanut free facility and do not have the ability to maintain peanut free ( or egg free ect.) rooms. However, we will do our best to keep peanut products out of a classroom with a severe peanut allergy. Children with severe allergies or existing medical conditions must meet with Weekday directors and teachers to discuss the procedure to be followed in case of emergency.**

Diagnosed food allergies: \_\_\_\_\_

Food intolerances or sensitivities: \_\_\_\_\_

Non-food or environmental allergies: \_\_\_\_\_

Previous serious injuries or illness: \_\_\_\_\_

Hospitalization during the last 12 months: \_\_\_\_\_

Any medication prescribed for long-term use: \_\_\_\_\_

**Please describe in detail any special care needs, including: limitations or restrictions on child's activities; any reasonable accommodations or modifications; any adaptive equipment provided for the child including instructions for how to use the equipment; symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care. Attach a separate sheet if needed.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Authorization for Emergency Medical Attention

***In the event I cannot be reached to make arrangements for emergency medical care, I authorize Calvary Weekday to secure any and all necessary emergency medical care for my child.***

Name of Physician:	Address:	Phone Number:
<b>Please circle</b> an Emergency Hospital:	University Medical Center Children's ER 602 Indiana Ave, Lubbock, TX 79415 806-775-9700	Covenant Children's ER 4015 22nd Place, Lubbock, TX 79410 806-725-0000

I give consent for the facility to secure any and all necessary emergency medical care for my child. I further agree to pay the hospital, doctor, and ambulance service for all services rendered for my child. I request that this authorization remain in force as long as my child participates in Calvary Weekday Ministries unless notified of change by me.

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



### Immunization Record

- ☐ I have provided Calvary Weekday with a healthcare professional signed or stamped and dated copy of my child's most current immunizations record. *\*Mandatory for attendance for the first day of school*

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at [www.dhs.state.tx.us/public.shtm](http://www.dhs.state.tx.us/public.shtm)

**Admission Requirements:** One of the following must be presented when your child starts Calvary Weekday. Please check only one option:

*\*Mandatory for attendance for the first day of school*

- ☐ 1. Health care professionals statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

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

\_\_\_\_\_  
Date

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

- ☐ 3. 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. My child has been examined within the past year by a health care professional and is able to participate in the daycare program. Within 3 months of admission, I will obtain a health care professionals signed statement and submit it to the child care program.

Name of healthcare professional: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature-- Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease.**

Has your child had the chickenpox virus? \_\_\_\_Yes \_\_\_\_No

If your child has had chickenpox, please complete the statement:

My signature \_\_\_\_\_ (parent signature) confirms that my child had Varicella disease (chickenpox) on or about \_\_\_\_\_ (date) and does not need varicella vaccine.

### Requirements For Exclusion

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

## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### 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) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Additional Discipline and Guidance Measures

*(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)*

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:**

- ensure that the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for additional information; and
- ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

### Signature

This policy is effective on the following date: \_\_\_\_\_

Signed by: \_\_\_\_\_

Role: ☐ Parent ☐ Caregiver or Employee ☐ Household Member (CH. 747 only)

### Minimum Standards Related to Discipline

## Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

**Directions:** Parents will review these rights upon enrolling their child.

### Rights of Parent or Guardian

**A parent or guardian of a child at a child care facility has the right to:**

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
  - (A) staff training records; and
  - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
  - (A) video recordings of the alleged incident are available;
  - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
  - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
**Signature of Parent or Guardian**

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

### Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>

## Authorizations and Acknowledgements

### Check All That Apply:

- 1) **Field Trips:** I hereby ☐ Give ☐ Do not give my consent for my child to be transported by Durham Bus Services and supervised by the Calvary Weekday staff on field trips (not applicable to PDO).
- 2) **Water Activities:** I hereby ☐ Give ☐ Do not give my consent for my child to participate in water activities  
☐ Sprinkler play ☐ Splashing/wading pools ☐ Water table play  
**We do NOT go swimming., however, please check the following:**  
 My child can swim WITHOUT assistance: ☐ yes ☐ no
- 3) **Calvary Weekday Policies:** ☐ I have received a copy of the Calvary Weekday Parent's Handbook. I have read, understand and agree to abide by the policies as stated in this document.
- 4) **Snacks and Meals:** I understand that the following meals will be served to my child while in care:  
☐ Morning Snack
- 5) **Image Use:** I hereby ☐ Give ☐ Do not give my consent for my child to have his/her photograph taken and used on bulletin boards, class booklets, school publication and school/church website
- 6) **Playground:** I hereby ☐ Give ☐ Do not give my consent for my child to play on the playground and gym equipment.

## Personal History

- 1) Does your family attend church? ☐ Yes ☐ No  
 If yes, what church? \_\_\_\_\_
- 2) What is the primary language spoken in the child's home? \_\_\_\_\_
- 3) Are there any concerns regarding your child's behavior and/or development we should be aware of?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4) Please list any additional information about your child you feel would be helpful in a group setting (Such as play, eating, sleeping habits, toileting terms, likes, dislikes, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Receipt of Written Operational/ Policies:

I acknowledge the receipt of Calvary Weekday Ministries policies and procedures including those for discipline and guidance and parent's rights.

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

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



## **Weekday Contact Information Form**

From time to time, Calvary Weekday Ministries needs to contact you with pertinent information regarding the Weekday program, such as, but not limited to weather related closings or delays; and to invite you to events with the Calvary family. The QR Code below will take you to a form allowing you to quickly provide name, email addresses, and phone numbers for parents of children enrolled in Calvary Weekday Ministries.

Text Messages using your contact information will come from 94000. You are encouraged to save this number in your contacts to readily identify texts as coming from Calvary Weekday.

Taking two minutes to complete this form will save our Weekday staff hours of data entry to input your information into our database.

### **This form asks for the following information:**

Parent names, address, email address, and phone number

Student names, gender, and birthdate

Your registration WILL NOT be finalized until this step is completed.

Thank you for your assistance.

Calvary Weekday Staff

## **Weekday Contact Information Code**



# WEEKDAY FAMILY DATA FORM

NEW or CHANGE

*Circle one for form*

## CHILDREN

CUST. NO.	LAST NAME	FIRST/MIDDLE	BIRTH DATE	SEX
			/ /	M F
			/ /	M F
			/ /	M F

## PARENTS

CUST. NO.	FATHER'S NAME	CELL PHONE
CUST. NO.	MOTHER'S NAME	CELL PHONE

## ADDRESS

ADDRESS

CITY, STATE, ZIP

## BILLING

BILL TO:

LAST NAME

FIRST/MIDDLE

CUSTOMER NUMBER

NOTES: