

Presbyterian Day School

Academic Excellence in Christian Education

412 N. 9th Street

Orange, Texas 77630

409.883.4116

dayschool@firstpresorange.com

Mindi Vandervoort, Director

Application for Admission

2023-2024 Academic School Year

PreK-4

Child's Name _____

Please Specify Class

Full Day: 8:00 am – 2:00 pm / Half Day: 8:00 am – 11:30 am

(All PreK-4 Classes are Monday through Friday)

Date of Admission _____

Child's T-shirt size (fall 2023) _____

ALL TUITION AND FEES ARE SUBJECT TO CHANGE

Non-Refundable Enrollment Fee

\$300.00

Siblings receive \$25.00 off of enrollment (from lowest enrollment fee).

Monthly Tuition

PreK-4 Full Day Class.....\$425.00

PreK-4 Half Day Class.....\$365.00

Siblings receive 20% off of tuition (from lowest tuition fee).

Additional Services

Early Drop-Off (7:30am).....\$85.00/month

Extended Day (2:00-4:30pm).....\$135.00/month

Requirements

- 4 years old by December 1st
- Must be FULLY POTTY TRAINED PRIOR to the start of school

I understand that the enrollment fee is non-refundable.

Tuition is invoiced through the parent portal on the 1st of each month beginning in August. A \$25.00 late fee will be applied on the 10th of the month for open invoices. Tuition must be paid in full by the 15th of the month to avoid possible disenrollment. Extenuating circumstances can be communicated with the Director and action is up to her discretion.

Monthly tuition will not be refunded due to school closures, including health/illness and weather- related events.

A two-week notice is required if you plan to withdraw your child from PDS. If notice of your withdrawal is after the 1st of the month, you will be responsible for 50% of the monthly tuition including additional services.

I have read the tuition guidelines and understand that I am responsible for full and timely payments. With my signature, I agree to the above conditions.

Signature_____

Relationship to Child_____

Child's Information

Child's Full Name _____

Child's Date of Birth _____ Child Lives With: ___both parents ___mom ___dad ___guardian

Parent/Guardian Information

Name of Parents/Guardians _____

Home Address _____

Email (mom) _____ (dad) _____

Cell Phone Number (mom) _____ (dad) _____

Alternate/Work Phone Number _____

Emergency Contact Information

Please list below the name, address, and phone number of the responsible individual to **call in case of emergency** if parents/guardian cannot be reached.

Name _____ Relationship to Child _____

Cell _____ Home _____ Work _____

Address _____

Is this person authorized to pick up your child? YES _____ NO _____

Authorized Release Information

I authorize Presbyterian Day School **to release** my child to leave the child care operation **ONLY** with the following persons:

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Child's Additional Information

Please list any special needs that your child may have, such as environmental allergies, food intolerances, existing illnesses, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have *diagnosed* food allergies? _____

Please list siblings, their ages, and what school they attend:

Which hand does your child prefer to use? RIGHT / LEFT / BOTH

Has your child previously attended preschool or a Mother's Day Out program? If yes, what was the name of the school/program?

Do you have any concerns about your child's social, physical or cognitive development?

Field Trip Transportation Information

My child, _____, has permission to ride in a vehicle with someone other than their parent for the purpose of a field trip.

Parent Signature _____

Field Trip Release

My child, _____, has permission to go with Presbyterian Day School on supervised field trips.

Parent Signature _____

NOTICE OF USE OF PHOTOS ON SOCIAL MEDIA

Our Facebook Page, ***Presbyterian Day School, Orange, TX***, is designed to provide information, announcements, events and photographs from our school. Please sign the following release to either ***allow*** or ***deny*** PDS permission to use pictures of your child (ren), you, or your family on our Facebook Page.

PERMISSION TO USE PHOTOGRAPH

I **grant** to Presbyterian Day School, the right to take/post photographs of me and my family in connection with school activities. I authorize Presbyterian Day School, its assigns and transferees to copyright, use and publish the same in print and/or electronically on Facebook and social media. I agree that Presbyterian Day School may use such photographs of me with or without my name for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and Web content.

I have read and understand the above:

Signature: _____

Date: _____

No, I **do not** give permission for any photographs of my child, myself, or my family to be publicized on Facebook or social media.

Signature: _____

Date: _____

DISCIPLINE AND GUIDANCE POLICY FOR PRESBYTERIAN DAY SCHOOL

****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 ages.

**** 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 an 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) 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.
- (10) Requiring a child to remain silent or inactive for inappropriately long period of time for the child's age, including requiring a child to remain in a restrictive device.

Texas Administrative Code, Title 40, Chapters 746 & 747, Subchapter L, Discipline and Guidance

I have received a copy of the Discipline Policy.

Printed Name: _____

Signature: _____

Date: _____

Physician Information and Emergency Medical Authorization

If I cannot be reached to decide emergency medical care for my child at the time of an illness or accident, I give permission to Presbyterian Day School to seek medical care.

Name of Physician _____

Address of Physician _____

Physician's Phone Number _____

Name of Hospital preferred in Emergency _____

Preschool Health Statement

The following must be presented when your child is admitted or within one week of admission.

____ Parent Statement: My child will be examined by a physician or health clinic and I will submit a statement to the school.

Child's Name _____

____ Doctor's Statement: I have examined the above named child and find that they are physically able to take part in this program.

Physician's Signature _____

School Age Statement

My child's immunization record is current and on file at the school.

Parent Signature _____

Date _____

Requirements for Exclusion

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