

ENROLLMENT FORM

Facility Name: ROBINDELL PRIVATE SCHOOL, INC.		Operation ID: 209612	Director's Name: CHUCK WALL	
Child's Name:		Date of Birth:		
Child's Address:		Child's Home Telephone No.:		
Date of Admission:	Drop Date:	Attendance Hours:	Child's Age:	
Parent's or Guardian's Name:	TX Driver's License #	Address (if different):	Work Telephone No.:	
Phone Numbers while child is in care: Mother	Father	Guardian:	Work Telephone No.:	
Check Meals your child will be served daily: Breakfast___AM Snack___Lunch___PM Snack___Supper___Evening Snack___		Days your child will be attending. Circle days M T W TH F S SU	Cell Phone No.:	
Name to call in Emergency (if parents cannot be reached):		Relationship:	Telephone No.:	
I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.				
Name: _____		Telephone No.: _____		
Name: _____		Telephone No.: _____		

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

Name of siblings: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Physician:	Address:	Phone No.:
Name of Emergency Medical Care Facility:	Address:	Phone No.:

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

Signature – Parent or Legal Guardian

Date

Please check all that apply:

TRANSPORTATION: I hereby give do not give my consent for my child to be transported and supervised by facility's staff:

on field trips to and from home to and from school

WATER ACTIVITIES: I hereby give do not give my consent for my child to participate in water activities: sprinkler play

splashing / wading pools swimming pools other bodies of water provided by the facility

FIELD TRIPS: I hereby give do not give my consent for my child to participate in field trips

SCHOOL AGE CHILDREN: My child attends the following school and his/her immunization records are on file at the school and all immunizations and the tuberculosis test are current. Vision and Hearing screening records are also on file.

Name of School and the Address School Telephone No.

Please alert the front desk at any time to request to speak with the center director with any concerns about the center policies. Parents are allowed to visit and observe their child at any time without securing approval. If parents would like to participate in operational activities please request to see the director. If you would like to review the minimum standards or the most recent licensing inspection report, please notify the front desk to speak with the director. For other assistance you may call the local TDPRS office at: 713-940-5102 or www.tdprs.state.tx.us Abuse Hotline: 1-800-252-5400

I acknowledge receipt of "A Parent's Guide to Day Care" and Operational Policies. Policy changes and general parent notifications will be posted on all doors.

Signature – Parent or Legal Guardian

Date
(School Forms Enrollment Form)

HEALTH REQUIREMENTS

Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / Dose 1	Date / Dose 2	Date / Dose 3	Date / Dose 4	Date / Booster
Hepatitis B					
DPT / DtaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
T.B. TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		

Signature or Stamp of Physician or Public Health Personnel verifying immunization information above **Date**

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

Parent's Signature **Date**

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at
http://www.dshs.state.tx.us/immunize/school_info.htm

ADMISSION REQUIREMENT: 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 of the following options:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

Health Care Professional's Signature **Date**

2. A signed and dated copy of a health care 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 day care 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:

Signature – Parent or Legal Guardian **Date**

VISION	R 20/	L 20/	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE	DATE		
HEARING	1000 Hz	2000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R		4000 Hz	
L			
SIGNATURE	DATE		

Signature – Parent or Legal Guardian

Date

Robindell Private School, Inc.

6610 Alder Houston, TX 77081

Telephone (713) 667.9895

Fax (713) 669.9324

POLICIES AND PROCEDURES

TUITION

- Full Time tuition covers many five (5) days of the week, Monday through Sunday, for a maximum of 12 straight hours a day and three (3) meals and three (3) snacks. All tuition is due each Monday or the first day of school attended by your child. Tuition paid after Tuesday must include a \$10.00 Late Fee unless it is the first day that school is attended.
- If your child is absent for an entire week there is a \$20.00 Holding Fee.
If your child attends school only one (1) day of the week the fee is \$20.00.
You are eligible for two (2) weeks of vacation without a Holding Fee after your child has been enrolled for six (6) months.

REGISTRATION

- An annual Registration Fee of \$20.00 is required at the time of enrollment and once a year thereafter.
- Each Family is enrolled either on a full time care, after school care or drop-in basis care. Weekly changes between full time and drop-in status are not allowed.

MEALS

- Robindell serves three (3) hot meals, seven (7) days a week and three (3) snacks daily. Food may not be brought into the school unless you bring enough to serve the entire class or group. Breakfast is served between 6:30 a.m. and 8:30 a.m. Dinner is served beginning at 6:00 p.m. All children present are served.

TOYS

- PLEASE DO NOT ALLOW YOUR CHILD/CHILDREN TO BRING TOYS TO SCHOOL EXCEPT FOR A NAP-TIME COMPANION. **ROBINDELL PRIVATE SCHOOL IS NOT RESPONSIBLE FOR LOST TOYS, JEWELRY, MONEY, ETC., BROUGHT TO SCHOOL.**

CLOTHING

- Each child, regardless of age, must bring a complete change of clothing to school every day in a bag clearly identified by name as required by State Law. Unmarked clothing will be marked.

ILLNESS

- No child will be accepted with any amount of fever, diarrhea, a green-running nose, impetigo, or ringworm. A doctor's statement is required for re-admission to school. There is no exception to this rule; you will be called and expected to pickup your child immediately.

PARKING

- Please park within the painted lines of the parking areas when picking up or dropping off your child at school. All children must be accompanied to the classroom by the parent.

SPECIAL DIETS

- Must have a physician's statement stating allergies. Please indicate a substitution for food or drink.

I, _____, agree to accept the policies and procedures of Robindell Private School, Inc., as stated within.

Parent's Signature

Date

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FIRST AID PERMISSION AND EMERGENCY INFORMATION

Child's Name _____ Age _____

I give Robindell Private School permission to administer First Aid to my child:

- In case of emergency, the school staff promptly contacts the parent(s).
- If neither parent, nor the emergency phone number can be reached, and in case of a surgical emergency, I hereby give permission to the physician selected by Robindell Private School Inc.'s Director to hospitalize and secure proper treatment for my child as named above.

Signature of Parent or Guardian

Date

EMERGENCY INFORMATION

Parent's Name _____

Address _____
STREET CITY STATE ZIP

Home Telephone # _____

Work Telephone # _____

Family Physician's Name _____

Office Telephone # _____

IN CASE OF EMERGENCY WHEN NEITHER PARENT CAN BE REACHED, PLEASE CONTACT:

Name _____ Telephone # _____

Address _____ Relationship to Child _____

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NONDISCRIMINATION STATEMENT

This child care vendor is in compliance with TITLE VI of the CIVIL RIGHTS ACT of 1964 (Public Law 88-352); the AGE DISCRIMINATION ACT of 1975 (Public Law 94-135), and the REHABILITATION ACT of 1973 (Public Law 93-112). This is an Equal Opportunity Program. No person, in the United States shall, on the grounds of race, color, national origin, age, sex, disability, political beliefs or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination. If you believe you have been discriminated against because of race, color or religion, you may lodge a complaint with this Day Care Center's Owner/Director, Chuck Wall or Debbie Cran, or with the Neighborhood Centers, Inc., and/or write immediately to the Civil Rights Department, Texas Department of Human Services, P.O. Box 14030, Austin, TX 78714-9030, A/C 512.450.3630.

I have received and read this establishment's nondiscrimination policy statement and complaint procedures.

Signature

Date