

ENROLLMENT FORM

Facility Name: ROBINDELL PRIVATE SCHOOL, INC.		Operation ID: 209612		Director's Name: CHUCK WALL / CHRISTINE SIMMONS	
Child's Name:				Date of Birth:	
Child's Home Address:				Child's Lives With? Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/>	
Date of Admission:		Withdrawal Date:		Attendance Hours:	
Main Contact EMAIL address:					
Main Parent 1 or Guardian's Name:		TX Driver's License #		Main Cell Phone # while child is in care:	
List any Siblings also attending:		Secondary Parent Phone #		Guardian Phone #:	
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		Custody Doc on file? Yes / No	
Name to call in Emergency (if parents cannot be reached):				Relationship:	
Emergency contact address:				Phone 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.: _____	

Check any special needs that your child may have: ☐ 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 ☐ Symptoms or indications of complications ☐ Medications prescribed for long time use ☐ Other, including behavioral list below: _____

Does Your child have food allergies? Yes / No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the ADA, Title III. To learn more visit <https://www.ada.gov/resources/child-care-centers/> If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information line at (800) 514-0301 (voice) OR (800) 514-0383 (TTY).

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: Southwest Memorial Herman	Address: 7600 Beechnut – Houston, Texas	Phone No.: 713-456-5000

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 school

WATER ACTIVITIES: I hereby ☐ give ☐ do not give my consent for my child to participate in water activities: ☐ sprinkler play
☐ Water Table ☐ Splashing or Wading Pool ☐ Swimming Pool ☐ Aquatic Playground
Is your child able to swim without assistance: ☐ Yes / ☐ No If No what assistance is needed: _____

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 with their school.

Name of School and the Address _____	School Telephone No. _____
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Please alert the front desk at any time to request to speak with the center director with any concerns about the center policies. If you would like to review the minimum standards or the most recent licensing inspection report, please ask the front desk to speak to the Director and they will go over them with you. Prior to enrollment I was allowed to see my child's classroom and meet the teacher, as well as given a copy of children's developmental milestones.

☐ I acknowledge receipt of Robindell Private School's Operational Policies and Handbook. Any 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. (This form can be done on line by going to <https://corequest.dshs.texas.gov>)

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

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

All 4 and 5 year old children in a Texas Dept of Family and Protective Services licensed child care must have a hearing and vision screening

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			
L			
Health Care Professional 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

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 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.

CHALLENGING STUDENT BEHAVIOR POLICY

In the event that a student has been giving one of our teachers a difficult time, the following procedures have been put into place to provide assistance for that child. When a child has a repetitive disciplinary issue, the teacher will write that student up on a conduct report. These are written up only to notify the parent of the difficulties the staff may be experiencing, so that you may work with your child on those behaviors. In the event that we are not seeing any progress with the child's behavior, the parent will be notified to schedule a teacher/parent/director conference to discuss the difficulties the staff may be having and try to come up with solutions that both the parent and the teacher can work together on to improve the behavior of the child. The parent will be asked to provide a spiral notebook, and to make sure they are taking it home each day and returning it with the student upon dropping them off the next day. This way we will be able to provide the parent with a better understanding of how the child is progressing each day, and make adjustments where we see the opportunity for improvement. We understand parent communication is key, and we want to make sure everyone stays involved in the process. Once a child has been through the parent conference and daily behavior log, if there is no improvement at that time, the student may be asked to make other childcare arrangements.

Signature

Date

Parent Orientation Checklist

Name of Child: _____

Name of parent/guardian: _____

I acknowledge that I have been given the following orientation items:

- Opportunity to tour the facility
- Introduction to teaching staff and visit to classroom
- Encouragement to share elements of CCS enrollment so we may assist
- Overview and copy of the parent handbook which includes:
 - Arrival and Dismissal
 - Opportunities for classroom extended visits
 - Explanation of Texas Rising Star Program
- The significance of consistent arrival times and the impact of my child's education as a result of that routine
- Statement about limiting technology use when on site

At each front desk you will also find a parent resource area that contains developmental milestones and family expectations for each age groups, as well as other community resources and helpful parenting tips on a variety of subjects.

A child's learning and socialization are most influenced by their family during everyday life. Child development happens physically, emotionally, socially, and intellectually during this time. Ultimately the family will be responsible for shaping a child and influencing their values, skills, socialization, and security during these childhood development stages.

There are many benefits of physical activity and outdoor play. Most importantly it strengthens the heart, lungs, muscles, and bones, as well as control weight and obesity. Our children are given outdoor playground times for every age, ranging from 20 – 30 minutes. Although there will be times when the children engage in structured outdoor activities, the majority of their playtimes will be unstructured where they can explore the different options made available to them such as climbing, riding, and running. The physical activities will take place on one of our 6 playgrounds located throughout the property. We recommend that all children wear closed toed shoes to the facility for outdoor play. There will be days in which due to weather that students will not be able to utilize the outdoor facilities, which will include when the playground has standing water, or the temperature reaches 100 degrees or higher, or 40 degrees or under. On those days we will still have active play in the classroom, and where applicable participate in outdoor activities in our lunchrooms.

Parent or Guardian

Date

Staff Supervisor

Date