



Application for 2019-2020

602 Morgan Blvd. Harlingen, Texas 78550 – 956-425-6330
Carla Roller, Director
www.stpaultexas.com

Student's Name: (Last) (First) (Middle) Date of Birth / /
Email:

Physical Address: Street City Zip

Name of Father/Guardian: Place of Employment:

Cell Phone: Business Phone:

Name of Mother: Place of Employment:

Cell Phone: Business Phone:

Student Resides with: Both Parents Mother Father Guardian

Custody Documents on file: Yes No

Weekly Fees (Accounts will be charged the full weekly amount even if child is not in attendance every day)

Table with 2 columns: Age Group, Fee. Rows include Infants - 17 months (\$147.00), 18 months - 3 years (5 days \$135.00, 3 days \$95.00, 2 days \$65.00)

No half day options are available.

Please circle the days that your child will attend the center - 7:00 am - 6:00 pm

Monday Tuesday Wednesday Thursday Friday

- Payments: Weekly payments are due in full by Friday of every week.
Absences: All absences, including holidays, illness, and personal vacations, will incur your normal weekly charges.
Family Discount: A 5% fee reduction for each additional child in the family is provided with the deduction applied on the lowest amount.
Meals: Lunch, Morning & Afternoon Snack is included in the weekly fee.
Members of St. Paul Lutheran Church receive a 5% discount
Drop in Rates: when possible (due to staffing ratios) ... \$50 daily if family is not currently enrolled and \$35 daily for enrolled families.
Late Pick Up Fee: \$15 per child - 1/2 hour or any portion of the 1/2 hour.
Returned Check Fee: A \$25 fee will be charged to accounts for all returned checks.

Great Beginnings Preschool & Child Development Center admits students of any sex, race, color, ethnic background or national origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, disability, religion, political belief, ethnic background or national origin in administrations of its educational or admission policies, or other administered programs.

(OVER)

## Emergency Contact Information

Give the name, address, and phone number of the responsible individual TO CALL in case of an emergency if parent/guardian cannot be reached

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

I authorize the child care operation TO RELEASE my child to leave ONLY with the following persons. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

Name: _____ Phone Number: _____	Name: _____ Phone Number: _____
Name: _____ Phone Number: _____	Name: _____ Phone Number: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child. 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: _____	Phone Number: _____
Address: _____	
Name of Emergency Care Facility: _____	Phone Number: _____
Address: _____	

**Permission:**

I \_\_\_ GIVE \_\_\_ DO NOT GIVE – consent for my child to participate in all activities associated with being on St. Paul Lutheran Church property. I understand that my child will be leaving Great Beginnings and participating in activities associated with other areas on campus at St. Paul Lutheran Church.

**Photo Release:**

I \_\_\_ GIVE \_\_\_ DO NOT GIVE – permission for Great Beginnings to electronically and physically display photos of my child on the Great Beginnings website and on school walls. I understand no names will be displayed.

**Gang Free Zone:** Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**Parent Handbook/Receipt of Written Operational Policies:**

I have received and read the Parent Handbook detailing the operational policies and procedures as well as the Discipline and Guidance Policy of Great Beginnings. I understand that it is my responsibility to follow these policies and procedures as they apply to my child.

**Privacy Statement**

HHSC values your privacy. For more information, read our privacy online at: <https://hhs.texas.gov/policies-practices->

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Day

\_\_\_\_\_  
Last Day

## Admission Requirement

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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.

Check **only one** option:

1. \_\_\_ **Health Care Professional's 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.

\_\_\_\_\_  
Physician 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 submit it to the child care operation.

Name of Physician	Address of Health Care Professional
_____ Signature – Parent or Legal Guardian	_____ Date Signed