



<i>For Office Use Only</i>	
Date of Admission	__/__/__
Date of Withdraw	__/__/__

Application for 2023-2024

602 Morgan Blvd. Harlingen, Texas 78550 – 956-425-6330

Carla Roller, Director
Tracy English, Assistant Director
www.stpaultexas.com

Child's Name: _____ Date of Birth ____/____/____
 (Last) (First) (Middle)

Email: _____

Physical Address: _____
 Street City Zip

Name of Father/Guardian: _____ Place of Employment: _____

Cell Phone: _____ Business Phone: _____

Name of Mother/Guardian: _____ Place of Employment: _____

Cell Phone: _____ Business Phone: _____

Student Resides with: Both Parents Mother Father Guardian
 Custody Documents on file at Great Beginnings: Yes No

Family Home Church: _____ Interested in joining St Paul Church Yes No

\$195 Registration Fee is charged yearly

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

Infants – 17 months	\$147.00
18 months – 3 years	
5 days	\$135.00
3 days	\$ 95.00
2 days	\$ 65.00

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

Monday Tuesday Wednesday Thursday Friday

- **Payments:** Payments may be made weekly, bi weekly, or monthly. Balance must be paid in full before end of month.
- **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 – ½ hour or any portion of the ½ 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)

Child's Name _____

Section A

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: _____ Address: _____	Phone Number: _____
Name of Emergency Care Facility: _____ Address: _____	Phone Number: _____

Section B

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-privacy>

Parent Signature

Date

Admission Requirement

Great Beginnings
602 Morgan Blvd.
Harlingen, TX 78550
956-425-6330

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.

Name of Physician (Please Print)

Address

Phone Number

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

Statement of Child's Special Care Needs

Are there any limitations or restrictions on your child's activities Yes No

If yes, list all limitations or restrictions:

Does your child require any reasonable accommodations or modifications Yes No

If yes, list all accommodations or modifications:

Does your child require any adaptive equipment Yes No

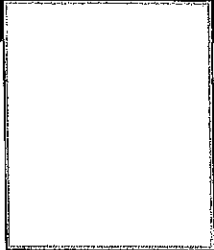
If yes, list all adaptive equipment including instructions for how to use the equipment, you may attach additional documents needed for instructions of use.

Please list any symptoms or indications of potential complications related to a physical, cognitive or mental condition that may warrant prevention or intervention while your child is in care:

List all prescribed medications your child is taking for continuous, long term use? (i.e. Allergy meds, ADHD meds, mental health medication)

**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.****Extremely reactive to the following allergens:** _____**THEREFORE:**

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS

**LUNG**

Shortness of breath, wheezing, repetitive cough

**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness

**THROAT**

Tight or hoarse throat, trouble breathing or swallowing

**MOUTH**

Significant swelling of the tongue or lips

**SKIN**

Many hives over body, widespread redness

**GUT**

Repetitive vomiting, severe diarrhea

**OTHER**

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
 of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS**NOSE**

Itchy or runny nose, sneezing

**MOUTH**

Itchy mouth

**SKIN**

A few hives, mild itch

**GUT**

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

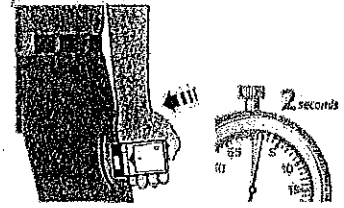
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HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

3



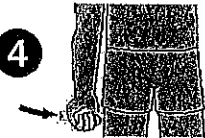
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3



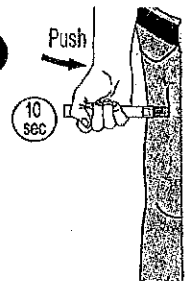
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HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

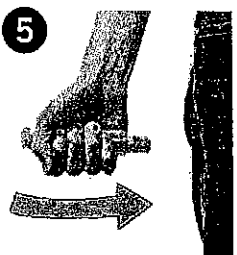
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HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

Child Name (last, first, middle)	Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	City	County	Zip
Mailing Address (if different) -- Street or P.O. Box	City	County	Zip
Telephone No. (include A/C)			

* If applicable.

1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		

What position is most comfortable for your child when he/she is napping?	
--	--

4. Eating Preferences:

What are your child's favorite foods?	
---------------------------------------	--

Does your child use utensils, eat with fingers, feed self?	
--	--

Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

5. Activities:

What activities do you like to do with your child?	
--	--

What activities does your child like to do when playing with other children?	
--	--

What does your child like to do when he is playing alone?	
---	--

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
---	--

I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

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Great Beginnings 2023-2024 Supply List

- All children 12 months and up are required to have a sleeping mat and a small blanket for nap time.
- Infants and children using bottles or sippy cups must provide one cup for each meal. We are not allowed to rinse or wash them. **Please bring a water cup with a lid for all children**
- Please send an extra set of clothes with your child daily.

Please label the above items with your child's name

Infant 1 Ms Patty

- 4 box Kleenex
- 2 roll paper towels
- 1 box gallon size Ziploc bags
- 1 box quart size Ziploc bags
- Hand sanitizer
- 1 package hot glue sticks
- 1 package paper plates
- Fabuloso
- 2 Sharpie permanent markers; king size/fine point
- AA, AAA and C batteries
- Clorox wipes
- 1 jug drinking water
- 1 bottle Lysol

Infant 2 Ms Nancy

- 4 box Kleenex
- 2 Rolls paper towels
- 1 box gallon Ziploc bag
- AA & AAA batteries
- 1 permanent black marker
- Clorox wipes
- 1 bottle NON aerosol Disinfectant Spray

Toddlers Ms Nellie

- 4 box Kleenex
- 2 rolls paper towels
- 3 Clorox wipes
- 1 box gallon Ziploc bags
- 1 box quart Ziploc bags
- 2 can Lysol
- 2 cans shaving cream
- 4 Glue Sticks
- 1 Pack of Markers
- 1 Pack of crayons
- 3 Sharpie permanent markers; fine tip, king size,
Chisel tip, ultra fine
- 1 package thin dry erase markers
- 1 bottle Dawn dish soap
- 1 package hot glue sticks
- 1 package multi color pens

2 year olds Ms Myra

- 6 boxes of Kleenex
- 1 box gallon Ziploc bag
- 1 box snack Ziploc bags
- 1 box sandwich bags
- 3 Clorox wipes
- 1 Sharpie permanent marker
- Playdough
- 1 small package playdough molds
(Dollar Tree)
- 1 Bottle Elmer's Glue
- Stickers
- 4 glue sticks
- 1 can lysol
- Bubbles
- 1 box of Giant Crayola crayons
- 1 liquid hand soap bottle

2-3 year olds Ms Minnie

- 2 roll paper towels
- 1 box gallon Ziploc bags
- 1 box lunch Ziploc bags
- 1 box snack Ziploc bags
- 2 box Kleenex
- Stickers
- 1 Can Shaving Cream
- White Out Tape
- Colored Construction Paper
- 1 Bottle Glitter Glue
- 1 Bottle Elmer's Glue
- 1 box Crayola Jumbo Crayons
- 1 box thick colored chalk
- 1 Sharpie permanent marker
- Playdough
- Clorox wipes
- 1 bottle NON aerosol Disinfectant Spray



Great Beginnings 2023-2024 Supply List

- All children 12 months and up are required to have a sleeping mat and a small blanket for nap time.
- Infants and children using bottles or sippy cups must provide one cup for each meal. We are not allowed to rinse or wash them. **Please bring a water cup with a lid for all children**
- Please send an extra set of clothes with your child daily.

Please label the above items with your child's name

3 Year Olds Ms Pilar

2 Rolls paper towels
2 boxes Kleenex
2 packages baby wipes
1 Pack Markers
2 Folders with pockets
1 box quart Ziploc bags
1 box gallon Ziploc bags
1 sandwich bags
1 package glue sticks (2-4)
Playdough
Shaving Cream
Bingo Daubers
2 Clorox Wipes
2 Zippered pencil bag (one for colors/one for chalk)
1 Package Dry Erase Markers
1 bottle bubbles
Stickers
1 box Crayola crayons
White out
2 Sharpie permanent makers; king size/fine tip
1 package hot glue gun sticks
1 coloring book
1 bottle NON aerosol Disinfectant Spray

3 Year Olds Ms Katie

2 rolls paper towels
2 boxes Kleenex
2 packages wipes
1 box quart Ziploc bags
1 box gallon Ziploc bags
Playdough
Bingo Daubers
Clorox Wipes
1 Package Dry Erase Markers
1 Container disinfectant wipes
Whiteout cut tape
1 bottle NON aerosol Disinfectant Spray

Donations

Stickers	Tissue paper
Tempera Paint	Ziploc Bags
Dishwasher Tabs	Clorox Wipes
Liquid Hand Soap	Klenex
Fabreeze	Laundry Soap

3 Year Olds Ms Heather

2 rolls paper towels
2 boxes Kleenex
2 packages wipes
1 box quart Ziploc bags
1 box gallon Ziploc bags
1 bottle school glue
Playdough
Bingo Daubers
Clorox Wipes
Zippered pencil bag
1 bottle NON aerosol Disinfectant Spray

Dear Parents,

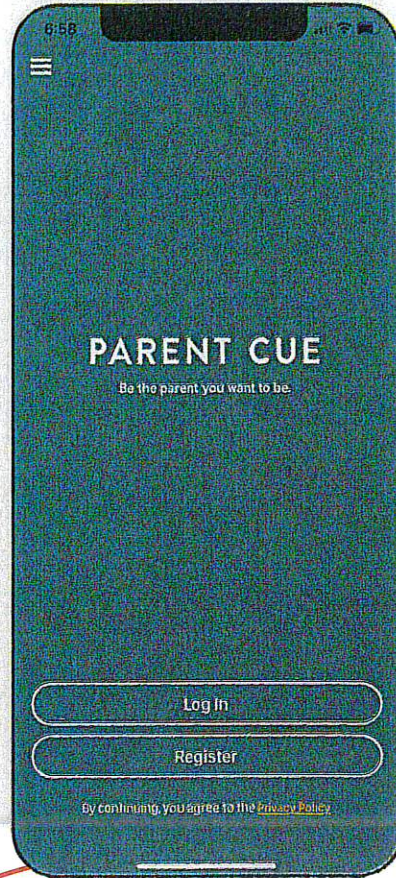
For our weekly chapels, we are following First Look Curriculum. Each week the children will learn a different bible story during chapel and the teachers will follow up with a fun activity and/or craft. Attached is information about the Parent Cue App that you can download that will connect you with what your child is learning and give you ideas on what to do at home to further your child's experience. Through the App you will be able to access videos that your child will be watching so you can watch them at home with your child as well. We will also be sending out activity sheets for you to do at home with your child that relates to the bible story for the week. When creating your account on the Parent Cue App, use St Paul Lutheran Church as your church and get ready to have fun connecting with your child.

Download the Parent Cue App

The Parent Cue App is designed to help every parent do something each week to help move their child toward a deeper faith and a better future.



Search for St. Paul Lutheran Church



Introducing Cues

As a parent, some of the most important things you do for your child don't happen in a single day. You make small deposits in their life week after week—over time.

That's why the Parent Cue App gives weekly cues to help you make the most of the time you spend with your kid or teenager.



Easy encouragements to help your child start their day.



When you need something meaningful to talk about on the way to soccer practice.



Conversation starters as you grab tacos in the drive thru or burgers around the table.



Timely help for those moments that take you by surprise.



Great reminders for ways to end the day on a great note.





PARENT CUE

A PARENT'S GUIDE TO THE TIMES

Your kids will grow up a lot faster than you ever dreamed. That's why we help you stay focused on what you can do today to connect with your child. We know you can't cram anything more to do in your already busy day, so we help you use the time you already have. We've designed Parent Cue Times of Day, specifically for each phase of your child. Look for these in the Parent Cue App (available through the App Store or Google Play) and the Parent Cue pieces with your child's curriculum, paired with simple things to say, ask, and do to connect with the heart of your child. Below you'll find an explanation of each cue by phase (FYI, Cuddle Time doesn't work that great for your middle-schooler, unless you love lots of eye rolls.)

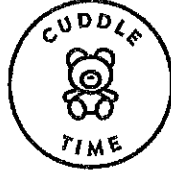
PARENT CUE TIMES OF DAY



Encouraging words to start your child's day on a positive note



Special reminders and words to help you connect with your babies' heart



Just-right words to say or sing as you hug your baby or toddler close



Wind down together and bring comfort as you begin or close the day with these special activities



Great conversation starters to intentionally use the time you spend in the car together



Strengthen your relationship through heart conversations at the end of the day



Great questions and ideas to establish values with intentional conversations while you eat together



Strengthen your relationship by adjusting your plans to show up whenever they need you

Babies (0-1)	Toddlers (1-2)	Preschool (3s-5s)	Elementary (K-3)	PreTeen (4 th , 5 th)	Middle School (6 th , 7 th , 8 th)	High School (9 th , 10 th , 11 th , 12 th)
Morning Time	Morning Time	Morning Time	Morning Time	Morning Time	Morning Time	Morning Time
Feeding Time	Drive Time	Drive Time	Drive Time	Drive Time	Drive Time	Meal Time <i>(even if it's only once a week)</i>
Cuddle Time	Cuddle Time	Cuddle Time	Meal Time	Meal Time	Meal Time	Their Time
Bath Time	Bath Time	Bath Time	Bed Time	Bed Time	Bed Time	Bed Time <i>(stay consistently available-just in case)</i>
					Their Time	

Remind yourself each week: "This is a phase and I don't want to miss it!"