

Date of Admission _____

St. George's Episcopal School Enrollment Form

Child's Full Name _____ Sex _____ Age _____ Birth Date _____

Home Address _____ City _____ Zip Code _____ Area Code Phone # _____

Parent's / Guardian's Name _____ Parent's / Guardian's Name _____

Parent's Address (if different than child's) _____ Parent's Address (if different than child's) _____

Parent's / Guardian's Employer / Occupation _____ Parent's / Guardian's Employer / Occupation _____

Parent's / Guardian's Daytime Phone _____ Parent's / Guardian's Daytime Phone _____

Parent's / Guardian's Cell Phone _____ Parent's / Guardian's Cell Phone _____

*Would you like to receive text message notifications? If yes, please list cell phone provider with cell phone number. (ex. Sprint, AT&T, etc.)

If divorced, is non-custodial parent able to pick up child? Yes No

Please list—**in order**—persons you would like us to contact in case of emergency or illness (local only). (Examples: mother, father, aunt, neighbor, etc.)

Name _____ Relationship _____ Telephone _____ Authorized to pick up? _____

Name _____ Relationship _____ Telephone _____ Authorized to pick up? _____

Name _____ Relationship _____ Telephone _____ Authorized to pick up? _____

Name _____ Relationship _____ Telephone _____ Authorized to pick up? _____

Family's preferred language: _____

Preferred form of communication; email, text, phone, face to face: _____

Required Information:

Medical Insurance Carrier: _____ Group #: _____

Name of Insured: _____ Insurance Co. Phone #: _____

Permission is granted for St. George's Episcopal School to:

- Yes No 1. Share my name, address and phone number with others enrolled in school, in such materials as the Student Phone Directory.
- Yes No 2. Share my name, address and phone number with others enrolled in school, in such materials as Classroom Rosters.
- Yes No 3. Share my e-mail address with others enrolled in the school, so that room parents and parent volunteers can pass along information regarding class/school events.
- Yes No 4. Publish my child's image on the St. George's School website.
- Yes No 5. Use my child's image in school or church publications such as the monthly new newsletter and LivingTree.
- Yes No 6. Display photos of my child in hallways and classrooms to foster community and pride in self and family.
- Yes No 7. Use my child's image in training videos.

AGREEMENT

- 1. I understand that my child will not be released from The School to anyone except the persons designated. Any change or additions must be given in writing to the Head of School or representatives in the School Office.
- 2. FINANCIAL AGREEMENT: *(School year only.)* I/we understand that registration fees are non-refundable and non-transferable; all programs and tuitions are a 9-month commitment; tuition is due on the first of every month; there are no refunds for holidays or days missed because of illness, vacations, or emergency school closings; May tuition collected during the enrollment process guarantees placement for the upcoming school year; in case of withdrawal prior to July 1, the May tuition deposit will be refunded in full. After July 1, the May tuition deposit will be applied toward September's tuition. After school commences, the May tuition will be refunded with 30 days written notice of withdrawal.
- 3. I/we hereby give approval for my child's participation in any and all of the activities during the school year. I understand that every precaution will be taken to ensure the safety and well-being of my child. I/ we do assume all the risks and hazards incidental to the conduct of the activities and I/we do further hereby release, absolve, indemnify and hold harmless St. George's church, St. George's School, the organizers, sponsors, and supervisors and/or all of them. In case of injury of my child, I hereby waive all claims against St. George's Church, any segment of the St. George's School, the organizers, sponsors, or any of the supervisors appointed by them.

I/we have read and will abide by both the above agreement and policies stated in the handbook and affirm that the enrollment form and medical information form are correct to the best of my/our knowledge.

Parent's / Guardian's Signature Date

Parent's / Guardian's Signature Date

Authorization of Consent to Treat a Minor

Thereby authorize St. George's Episcopal School to take my child to any licensed physician or hospital in a medical emergency if parents and emergency contacts cannot be reached.

Signature of Parent or Guardian Date

Notary Public Date

Medical Report Form

St. George's Episcopal School
4301 N. IH 35
Austin, Texas 78722
512-452-6063

Child's Name _____ Sex _____ Birthdate ____/____/____

Address _____ Home Phone _____ Age _____

Parent/Guardian Name _____ Parent /Guardian Name _____

Physician's Address (required) _____

I give permission for these records to be shared with St. George's Episcopal School.

Parent's Signature

Date

To be completed by Physician. Please list all relevant information.

Please attach a current immunization record

Allergies _____

Health problems, impairments, or other special needs _____

Has this child suffered seizures? _____ Explain _____

Illnesses child has had: Chicken Pox _____ Measles _____ Mumps _____ Other _____

Has child suffered serious injury or illness during past 12 months? _____ Explain _____

Has child been hospitalized during past 12 months? _____ Explain _____

Is child currently taking medication? _____ Explain _____

Does child require a special diet? _____ Explain _____

Other health or developmental concerns _____

Does child require an Individualized Education Plan (IEP)? _____

Is child physically able to participate in a school program? _____ If not, please list any activities which should be excluded _____

Please complete the following for children who are 4, 5, and 6 years old as of Sept. 1

Hearing screening: Date ____/____/____

Rescreen Date: ____/____/____

Pass _____ Fail _____

Pass _____ Fail _____

Vision Screening: Date ____/____/____

Rescreen Date: ____/____/____

Pass _____ Fail _____

Pass _____ Fail _____

Physicians' 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 school program.

Physician's signature

Date

Discipline and Guidance Policy for _____

Name of Operation

- ◆ 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 age.

- ◆ 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 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) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

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

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

- parent employee/caregiver household member of child-care home