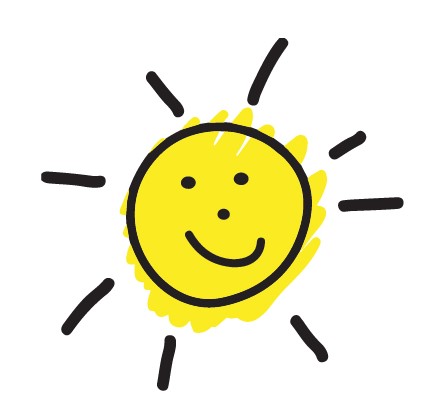
****

**Enrollment Paperwork**

**Childs Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use:**

**Allergies:**

**Medical Conditions:**

**Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILD INFORMATION**

**Child’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First Middle Last*

Child Prefers to be Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Formal Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Letter and/or Paperwork for Physician must also be provided)*

* **Please note that if a child has a medical condition that requires special care or medication at school, additional paperwork will be given to parent for completion.**

**How would you define:**

Your family’s race/ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your home language/first language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Language *(if applicable*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The role of religion in your family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your family’s culture/customs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME ROUTINES AND INFORMATION:**

1. What is your family structure? (Who lives in your hour home and what are their relation to the child?)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have pets, if so, what kind and what are their names?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Wake up time and morning routine:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Bedtime and Bedtime Routine: Does your child have a naptime comfort item? Sleep with a pacifier? Like to be patted, snuggled, etc.? Accustom to his/her own bed or shares are bed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nap/Rest Time Routine:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Meal Routine: (Tell us about breakfast, lunch, and dinner time at home)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Child’s Favorite Foods:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s **least** Favorite Foods:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Tells us about the discipline/guidance techniques you use at home:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL CHILD INFORMATION**

1. The greatest thing about my child is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. My child just learned to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. My child likes (specific topics that might be used by teachers to develop curriculum):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Changes that I foresee happening in our family that might affect my child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD DEVELOPMENTAL HISTORY**

**Child’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First Middle Last*

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prenatal and Birth History**

Length of Pregnancy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Birth Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During this pregnancy, did mother experience any medical illness, conditions, or accidents?

* Yes (If yes, please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Complications during delivery?

* Yes (If yes, please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Did baby have any difficulty feeding?

* Yes (If yes, please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Was the baby on a respirator?

* Yes (If yes, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Did baby have seizures?

* Yes (If yes, please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Did the baby have any other concerns following birth?

* Yes (If yes, please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**Illness and Injuries**

Check (X) the illness the child has had. Please indicate the child’s age at the last occurrence and whether the child was hospitalized?

|  |  |  |  |
| --- | --- | --- | --- |
| **Illness** | **Check (x)** | **Age** | **Hospitalized (Y/N/)** |
| Measles |  |  |  |
| Chicken Pox |  |  |  |
| Mumps |  |  |  |
| Strep Throat |  |  |  |
| Scarlet Fever |  |  |  |
| Tonsillitis |  |  |  |
| Ear Infections |  |  |  |
| Seizures |  |  |  |
| Meningitis |  |  |  |
| RSV |  |  |  |

Where any of these illnesses followed by a noticeable change in the child’s general behavior?

* Yes (If yes, please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Describe any surgeries your child has had:

|  |  |  |
| --- | --- | --- |
| **Surgery** | **Date** | **Hospital** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Adaptive Equipment**

Please check all adaptive equipment used by your child:

* Hearing aid
* Glasses
* Splints
* Wheelchair
* Walker
* AFO
* SMO
* Helmet
* Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapy Services**

Is your child currently receiving services from the ECI (Infant Development Program)?

* Yes
* No

Is your child currently receiving services from your local school district?

* Yes
* No

Is your child currently receiving therapy services from a private provider?

* Yes
* No

List the therapy services your child is currently receiving:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Therapy | Frequency | Therapist Name | Agency |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Social Information**

1. What are your child’s most enjoyable activities?
2. What frightens your child?
3. What do you do to comfort your child?
4. What are your child’s favorite play things?
5. List the places your child frequently visits?
6. List the significant people in your child’s life.

**5 HEALTH ADMISSION REQUIREMENTS**

1

* **Copy of Current Well-Child Health Assessment** (must be signed and dated by physician)

2

* **Letter and/or Explanation** of child’s diagnoses signed and dated by physician (required for all non-neurotypical students)

3

* Copy of current up to date Immunization Record

**OR**

* I am excluding my child from the immunization requirements for reason of conscience, including religious belief. I have attached an **official notarized affidavit** form developed and issued by the Depart 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 <https://www.dshs.texas.gov/immunize/school/default.shtm>
* Varicella (chickenpox) vaccine is not required if you child has had the chickenpox disease. If your child has had chickenpox, please complete the statement:

My child has varicella disease on or about (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and does not need the varicella vaccine.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

4

* **HEALTH CARE PROFESSIONAL STATEMENT:**

**I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) and find that he/she is physically able to take part in a group care program that does not provide 1 to 1 ratio care.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Health Care Professional Signature Date

**OR**

* A **signed and dated copy of a health care professionals statement** indicating that child is physically able to take part in group care program.

5

* **Physician Consent** (Signed and Dated) for school-based integrated therapy services **(Page 15)**

**FAMILY INFORMATION**

**Child’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First Middle Last*

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings (name and age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

Marital Status (circle one): Single Married Separated Divorced

**Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

Marital Status (circle one): Single Married Separated Divorced

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Date*

**CHILD EMERGENCY CONTACT INFORMATION**

**Name of Child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First MI*

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

Residence Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

***In case my child has an accident or sudden illness, please contact the following persons. \*I also authorize these persons to pick up my child at The Rise School of Corpus Christi. I understand that they will have to provide a photo ID which The Rise School staff will photocopy and keep in my child’s record.***

**Parent One**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***City Zip Code***

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Two**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City* *Zip Code*

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Emergency Contacts:***

**\*Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

**Dentist**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City Zip Code*

**Preferred Hospital**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Health Insurance**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the physician named above to treat my child as may be deemed necessary for my child’s health in an emergency.

If my child’s physician, parent(s) or emergency contacts cannot be reached, I authorize the staff of The Rise School of Corpus Christi to take any action deemed necessary in their judgment for my child’s health.

I authorize those named above to disclose medical information to the staff of The Rise School of Corpus Christi regarding my child on a *need to* *know* basis to ensure my child’s health while at The Rise School of Corpus Christi during regular school hours.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Date*

**PERMISSIONS**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION**

In case my child needs to be transported for **emergency care**, a Rise School staff member may accompany my child for supervision.

* I give permission.
* I do not give permission.

**WATER ACTIVITIES**

My child can participate in water activities.

* I give permission for:
  + - Sprinkler play
    - Splashing/wading pools
    - Water table play
* I do not give permission.

**ANIMALS AND CLASSROOMS PETS**

The Rise School encourages teachers to have a classroom pet to enrich the learning environment and provide hands on lessons about responsibility and care. Periodically throughout the year we will invite guest speakers or have special events that could include animals. We always practice supervision, safety and hygiene when interacting with animals.

* I give my permission for my child to interact with classroom pets and animals for special events.
* I do not give my permission.

**GARDEN ACTIVITIES**

My child can participate in garden activities such as: (but not limited to) planting, digging in soil, planting seeds, weeding flower beds, harvesting vegetables, and watering plants.

* I give my permission.
* I do not give my permission.

**PHOTOGRAPHS, VIDEOTAPES, SOCIAL MEDIA POSTS AND QUOTATIONS**

The Rise School can photograph, videotape and/or quote my child and/or my family for purposes of education, training, fund raising, social media and/or public awareness.

* I give permission. (I can withdraw my permission at any time, but it must be in writing.)
* I do not give permission.

**FOOD ALLERGIES AND RESTRICTIONS AND NON-FOOD ALLERGIES**

My child has the following food allergies and/or food restrictions due to medical or religious reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substitutes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please note that if a child has food allergies and requires any type of substitution or exclusion, a physician’s note is needed documenting the allergy and plan of care.

My child has the following **non-food allergies**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adaptations and/or modifications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child’s food allergies/restrictions and non-food allergies can be posted in the classroom and food preparation area.

* I give permission.
* I do not give permission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Date*

**SCHOOL-BASED INTEGRATED THERAPY SERVICES**

**Parent Consent**

I give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the following activities with therapy staff while attending The Rise School of Corpus Christi.

* Functional assessment of classroom performance
* Classroom based consultation to include intervention with the child and instruction with the school personnel

Therapies included are:

* Physical Therapy
* Occupational Therapy
* Speech/Language Therapy
* Oral Motor and Feeding Therapy
* Music Therapy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Date*

**THIS FORM MUST BE SIGNED BY PHYSICIAN**

**SCHOOL-BASED INTEGRATED THERAPY SERVICES**

***2023-2024 SCHOOL YEAR***

*\*\*Updated Yearly\*\**

**Physician Consent**

I give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the following activities with therapy staff while attending The Rise School of Corpus Christi.

* Functional assessment of classroom performance
* Classroom based consultation to include intervention with the child and instruction with the school personnel

Therapies included are:

* Physical Therapy
* Occupational Therapy
* Speech/Language Therapy
* Oral Motor and Feeding Therapy
* Music Therapy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Physician Signature*** *Date*

**THIS FORM MUST BE SIGNED BY PHYSICIAN**

**FAMILY PARTNERSHIP AGREEMENT**

**As a Rise School of Corpus Christi Parent, I agree to:**

* + Establish and maintain mutual respect and trust with staff and other parents.
  + Not post any negative comments on Facebook regarding staff, therapists, parents, and other children.
  + Communicate concerns with appropriate staff.
  + Ensure my child’s average daily attendance is at least 90% for my child to benefit from the Rise School’s educational program.
  + Ensure my child arrives by 8:30 am to establish routines and educational instruction.
  + Ensure my child departs by 2:30 pm or 5:20 pm to avoid late fees and allow staff time for preparation and planning.
  + Share information with staff about my child that will help staff in individualizing educational instruction.
  + Support and assist with developing an individualized instruction plan for my child.
  + Participate in parent conferences, meetings, training, and school fundraisers.
  + Volunteer time and/or resources that will benefit the overall quality of the Rise School program.
  + Network with other parents of children enrolled at the Rise School.
  + Respect other families’ right to confidentiality.
  + Not administer physical or harsh punishment to my child while on the premises of the Rise School.
  + Serve as a model for appropriate communication, dress and behavior while on the premises of the Rise School of Corpus Christi.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Rise School Staff Signature Date*

**The Rise School of Corpus Christi Staff agrees to:**

* + Provide a friendly and nurturing environment for children.
  + Establish and maintain mutual respect and trust with parents.
  + Maintain a safe and healthy learning environment for children.
  + Provide daily educational experiences that meet each child’s developmentalneeds.
  + Assess each child’s developmental progress using tools that have been tested for validity and reliability.
  + Provide qualified staff that meets staff to child ratios approximately 1:4.
  + Provide integrated therapies for children.
  + Communicate with parents on information regarding the education, health, and safety of their children through scheduled meetings and conferences, daily

contacts and notes.

* + Share community resources that benefit the children and their families.
  + Empower parents to advocate for their children.
  + Maintain the confidentiality of families.
  + Serve as a model for appropriate communication, dress and behavior.
  + Provide teaching and behavioral guidance consistent in supporting children with

appropriate social skills.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Rise School Staff Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parent/Guardian Signature Date*

**SCREENINGS AND ASSESSMENTS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, allow the Rise School of Corpus Christi to conduct developmental screenings and assessments on my child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*child’s name*

for the purpose of individualizing educational instruction and monitoring progress. These services may include:

* + - Direct face-to-face contact
    - Classroom observations
    - Child interviews

These screenings and assessments are administered by the:

* Contract Therapists and specialists
* Teachers
* School administration

***This consent is valid as long as my child is officially enrolled at the Rise School of Corpus Christi.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Pa****rent/Guardian Signature Date***

**OUTDOOR HEALTH AND SAFETY**

**Permission to Administer Sun Protection**

Children will not play outside when the wind chill factor is below 30 degrees Fahrenheit or when the heat index is above 90 degrees Fahrenheit as issued by the National Weather Service. The Lead Teacher will provide guidance as to the length of time for outdoor play when temperatures border these guidelines.

**To protect against cold, heat, sun injury, and insect-borne disease:**

* Parents must ensure that children wear in cold weather dry and warm clothing that is layered.
* Children will have the opportunity to play in the shade and during times when temperatures are lower. Parents must provide sun protective clothing, applied skin protection or both for when children are in the sun. Applied skin protection must be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher and is applied to exposed skin.
* Due to the high risk of insect-borne disease, parents must provide repellents containing DEET. Staff will apply repellent only when needed and no more than once a day.

***Please check all that apply.***

* I agree to provide my child with skin protection from the sun as specified above.
* I give the Rise School staff permission to apply skin protection to my child according to the manufacturer’s directions on the product label.
* I agree to provide insect repellent for my child as specified above.
* I give the Rise School permission to apply insect repellent to my child only when needed, only once a day and only as directed on the manufacturer’s label.
* I understand that the Rise School staff will notify me whenever skin protection and/or insect repellent is applied to my child.

**OR**

* I (PARENT) assume responsibility for applying skin protection and insect repellent to my child as needed **before arrival** or upon arrival at the school. (Teachers will NOT apply)
* **The sunscreen I have provided for my child can be shared with other children at the Rise School. Sunscreen provided by other parents can be applied to my child.**

Other considerations and comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Parent/Legal Guardian Date*

**HOLIDAYS**

Due to the NAEYC criteria on teaching diversity, The Rise School likes to

celebrate holidays that are relevant to our students. Below is a list of

popular holidays. Please put a checkmark by those in which you want

your child participating. The Rise School might or might not celebrate

the holiday; however, we will be respectful to you and your child.

January:

* Martin L. King Day
* Chinese New Year

February:

* Ground Hog Day
* Valentine’s Day
* President’s Day

March:

* St. Patrick’s Day

April:

* Easter

May:

* Cinco de Mayo
* Mother’s Day
* Memorial Day

June:

* Flag Day
* Father’s Day

July:

* Independence Day

October:

* Columbus Day
* Halloween

November:

* Thanksgiving

December:

* Christmas
* Kwanza
* Hanukkah

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Date*

**RECEIPT OF FAMILY HANDBOOK**

**\*\* Parent handbooks is online, and 2023-2024 handbook will be passed out at the beginning of school.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received the *Family Handbook* regarding the policies and procedures of the Rise School of Corpus Christi. I must read the handbook in order to understand these policies and procedures, since I must abide by them. Failure to abide by them may result in termination of services without a refund.

The policies and procedures in the *Family Handbook* are subject to change. I will be notified in writing of any changes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Printed Name of Child*

A yearly Rise Family Directory will be created this for the benefit and use of our school families. Included will be your student’s name, address, parents cell phone number(s), parents name(s), and email. Neither this nor any other personal information related to students or parents is to be shared with individuals or parties outside of Rise.

**Please indicate your desire regarding inclusion in the family directory:**

**□ Yes, please include information regarding my child and our family in the family directory.**

**□ Yes, please include above information, BUT NOT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ No, I would rather not be included in the family directory.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Date*

**TUITION AGREEMENT**

**TUITION**

Tuition for The Rise School of Corpus Christi is $735 monthly which equals $8820. for one program year which runs from August through July. Tuition is based on the cost per child for the school year; therefore, i**t is not reduced for absences, school breaks, schedule adjustments, or family vacations.** Tuition includes the integrated related therapies: music, physical, occupational, and speech.

***Parents pay tuition in 12 equal installments and is due on the 1st of each month. A late fee of $25 will be assessed on the 5th day of non-payment; thereafter, $5 will be assessed daily until tuition is paid in full. If tuition is not paid in full by the 10th of the month, the Executive Director will notify you in writing of your child’s possible exclusion from care.***

***Unless enrolled in Rise Extended Care, your child may not be dropped off before 8:00 a.m. or picked up after 2:30 p.m. You will be charged a fee of $25 for the first 5 minutes and $1 per minute thereafter for late pick-ups after 2:30 p.m. and after 5:20 p.m. (if your child is enrolled in Rise Extended Care).***

***You will be charged a $25 fee for each returned check.***

**TUITION ASSISTANCE**

Rise is **committed to making a difference in our community.** It is our mission to provide programs that are accessible and affordable to as many families as possible.

Applications for tuition assistance must be submitted by the deadline to our Smart Aid Partner. ***Access Application at: https://smartaidforparents.com Smart School ID#: 14649***

* The Financial Assistance Committee confidentially reviews each application.
* The completed applications and recommendations are submitted to the Executive Director.
* If financial assistance is awarded, you will receive an official letter with the determined award.
* Families must reapply annually.
* Financial assistance awards are made without regard to race, creed, color, family composition, gender, age, religion, national origin, citizenship, sexual orientation, and physical or mental handicap.
* **Financial assistance awards are subject to availability of funds.**

***Tuition assistance is reviewed annually; however, it can also be reviewed at any time*.**

**TEXAS WORKFORCE COMMISSION**

If you think you might be eligible for child care subsidies through the Texas Workforce Commission, please apply. If you do receive Texas Workforce child care subsidies, you are responsible for updating information on your eligibility and documenting attendance with a daily card swipe. ***If the Texas Workforce Commission refuses to pay for undocumented attendance, you will be billed for the contracted daily rates.***

**WITHDRAWAL OR DISMISSAL**

If The Rise School cannot accommodate your child’s and/or family’s needs, the Executive Director will notify you in writing that your child will be excluded from care within 30 days. ***The*** ***Rise School requires a two-week notice when withdrawing your child.***

***ALL INFORMATION IS KEPT CONFIDENTIAL!***

I understand the terms and conditions of this tuition agreement and will abide by them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Date*

**EXTENDED CARE PROGRAM**

The Rise School of Corpus Christi offers extended care to children enrolled at The Rise School. Extended care is available from 7:45 a.m. to 8:00 a.m. and 2:30 p.m. to 5:20 p.m., Monday through Friday, and follows The Rise School calendar. Tuition for extended care is $200 monthly regardless of the number of operational days, days and/or times utilized.

You must pick up your child by 5:20 p.m. If you pick up your child after 5:20 p.m., you will be charged **a late fee of $25 for the first 5 minutes and $1 per minute thereafter**. If you are late often, your child will be excluded from extended care. If you plan to terminate extended care for your child, you must give one month’s notice.

Extended care does not follow the same curriculum criteria as The Rise School. Staff to child ratios will be maintained in accordance with the “Texas Minimum Standards for Child Care Centers”. Efforts will be made to maintain a 1:5 ratio, and staff will consist of Instructional Assistants and/or support staff. Children receive an afternoon snack. Indoor and outdoor play activities are primarily initiated by the child. You must ensure that your child has enough diapers/pull-ups and an extra change of clothing. Children who are sick or appear to be sick are not permitted to participate in extended care. You will be called to pick up your child.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the policies and procedures of the extended care program, and I agree to abide by them. If I do not abide by them, my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be excluded from extended care; and I will not receive a refund. I will be notified in writing of any changes to the extended care program.

* I would like to enroll my child in FULL-TIME (everyday M-F) extended care for the 2022-2023 school year. **Extended Care 5 days:** $200 Monthly in addition to the tuition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature Da*

I acknowledge receipt of the facility’s operational policies including those for discipline and guidance.

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

I understand that morning snack and afternoon snack will be provided but parents are required to provide lunch daily.

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

**Required Documentation for Children with Special Needs**

*According to Child Care Minimum Standards code §746.605*

A statement of the child's special care needs provided by a health-care professional, or a qualified professional affiliated with the local school district or early childhood intervention program, which must include:

(A) Any limitations or restrictions on the child’s activities

(B)Special care the child requires, including:

(i) Any reasonable accommodations or modifications

(ii)Any adaptive equipment provided for the child, including instructions for how to use the equipment

(iii) Symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care

(C)Any medications prescribed for continuous, long-term use

**Food Allergy Emergency Plan**

*This plan must be signed and dated by your child's Health Care Professional*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete one form FOR EACH known Food Allergy

**Food child is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Possible Symptoms if exposed to this food:**

**Specific steps to take if the child has an allergic reaction to this food:**

*By signing below, the parent or guardian of this child gives Early Care and Education permission to post the child's food allergy in the food serving and food preparation areas.*

Dr Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For licensed center use:*

Food Allergy Emergency Plan has been posted in the classroom and food service area

Food Allergy Emergency Plan has been posted in the food preparation area

Food Allergy Emergency Plan has been included in your emergency evacuation binder

Food Allergy Emergency Plan has been included in your field trip and transportation binder

**Physician’s Statement**

*I have examined the above child within the past year and find that he/she is able to take part in the preschool program.* Health Care Professional Name Address City State Zip Signature Date

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

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age  Vaccine | Birth | 1 mos | 2 mos | 4 mos | 6 mos | 12 mos | 15 mos | 18 mos | 19=23 mo | 2=3 yrs | 4=6 yrs |
| Hepatitis B |  |  |  |  |  |  |  |  |  |  |  |
| Rotavirus |  |  |  |  |  |  |  |  |  |  |  |
| Diphtheria,  Tetanus, Pertussis |  |  |  |  |  |  |  |  |  |  |  |
| Haemophilus  Influenzae type B |  |  |  |  |  |  |  |  |  |  |  |
| Pneumococccal |  |  |  |  |  |  |  |  |  |  |  |
| Inactivated  Poliovirus |  |  |  |  |  |  |  |  |  |  |  |
| Influenza |  |  |  |  |  |  |  |  |  |  |  |
| Measles, Mumps,  Rubella |  |  |  |  |  |  |  |  |  |  |  |
| Varicella |  |  |  |  |  |  |  |  |  |  |  |
| Hepatitis A |  |  |  |  |  |  |  |  |  |  |  |
| Meningocccal |  |  |  |  |  |  |  |  |  |  |  |
| TB Test (if required) *please circle* Positive Negative Date | | | | | | | | | | | |
| Signature or Stamp of a physician or public health personnel verifying immunization information above.  Signature Date  Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If you child has had chickenpox,  please complete the statement: My child had varicella (chickenpox) on or about (date)  and does not need varicella vaccine.  Parent Signature Date | | | | | | | | | | | |

*Complete ONLY if Applicable*

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. 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.

Parent Signature Date