

Presbyterian Day School

412 N. 9th Street

Orange, Texas 77630

(409) 883-4116

Application for Admission For the Academic Year 2019-2020 Presbyterian Day School Mother's Day Out

Child's Name _____

Specify Class _____

Date of Admission _____

Mother's Day Out	Fees
MDO Non-Refundable Registration Fee.....	2 day \$50.00
.....	3 day \$75.00
.....	5 day \$100.00
Two Day Class (TTH).....	\$17/per Day
Three Day Class (MWF).....	\$17/per Day
Five Day Class (M-F)	\$17/per Day

Age Requirements: 18 Months to 3 Years of Age

Child's Information

Full Name of Applicant (please underline or add the name your child is to be called.)

Child's Date of Birth _____

Hand Preference of Child: Right Left

Schools previously attended by applicant with dates _____

Name and Ages of Siblings _____

List any Allergies _____

Special Needs -List any restrictions that should be placed upon the applicant's physical activity. _____

Parent/Guardian Information

Name of Guardian/Parents _____

Home Address _____

Email Address _____

Home Telephone Number _____

Occupation _____

Work Address _____

Work Telephone Number _____

Cell Telephone Number _____

Religious Preference of Guardian/Parent _____

Does your family have a church home? _____

Designated Contacts And Release Info

Please list below the name and telephone numbers of contacts when you cannot be reached.

Name _____ Relationship to Child _____

Home _____ Work _____ Cell _____

Is this person able to pick up your child YES _____ NO _____

Name _____ Relationship to Child _____

Home _____ Work _____ Cell _____

Is this person able to pick up your child YES _____ NO _____

Name _____ Relationship to Child _____

Home _____ Work _____ Cell _____

Is this person able to pick up your child YES _____ NO _____

Name _____ Relationship to child _____

Home _____ Work _____ Cell _____

Is this person able to pick up your child YES _____ NO _____

Designated Contacts And Release Info (Continued...)

Name _____ Relationship to child _____

Home _____ Work _____ Cell _____

Is this person able to pick up your child YES _____ NO _____

Name _____ Relationship to child _____

Home _____ Work _____ Cell _____

Is this person able to pick up your child YES _____ NO _____

School Age Statement

My child's immunization record is current and on file at the school.

Parent Signature _____ Date _____

Dear Parents,

We have a Facebook Page set up for announcements, events and photographs. Please sign the following release to either allow or deny permission to use pictures of you, your family or your child (ren) on our Facebook Page.

Brigitte Daniel,

Director

PERMISSION TO USE PHOTOGRAPH

I grant to Presbyterian Day School, the right to take photographs of me and my family in connection with school activities. I authorize Presbyterian Day School, it's assigns and transferees to copyright, us and publish the same in print and/or electronically on Facebook and Social Media.

I agree that Presbyterian Day School may use such photographs of me with or without my name for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and Web content.

I have read and understand the above:

Signature: _____

Date: _____

No, I do not give permission for any photographs of myself, my family or my child to be publicized on Facebook or Social Media.

Signature: _____

Date: _____

DISCIPLINE AND GUIDANCE POLICY FOR PRESBYTERIAN DAY SCHOOL

**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 ages.

** 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 an 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 & 747, Subchapter L, Discipline and Guidance

Signature verifies I have received a copy of this Policy: Name _____

Relation to Child: _____

*******MUST BE ON FILE FOR CHILD TO START MDO*******

Physician Information and Emergency Medical Authorization

If I cannot be reached to make plans for emergency medical care for my child at the time of an illness or accident, I give permission to Presbyterian Day School permission to seek medical care.

Name of Doctor _____

Address of Doctor _____

Doctor's Phone Number _____

Name of Hospital _____

Address of Hospital _____

Hospital Phone Number _____

Parent Signature _____

Preschool Health Statement

The following must be presented when you child is admitted or within one week of admission. Check to indicate the option you select.

Parent Statement: My child will be examined by a physician or health clinic and will submit a statement to the school. My child has an appointment for a physical examination on _____ date, _____.

Child's Name _____

_____ Doctor's Statement: I have examined the above named child and find that they are physically able to take part in this program.

Doctor's Signature _____