

Coker Early Learning Center
231 E. North Loop Road San Antonio, TX 78216
210-494-5061

2019-2020 Application for Admission

Office Use:
Date received: _____
Summer registration fee: _____
Fall registration fee: _____
Coker UMC Member: YES/NO

The state of Texas requires the following information to be completed in its entirety and be on file in the Coker ELC office. Each field MUST contain the information requested or a response of (NA) and signed by a parent or legal guardian. Incomplete applications will delay class placement.

PLEASE PRINT

Date of admission: _____

Child's full name _____ Male _____ Female _____

Name used if different _____

Date of birth ____/____/____ Home phone (____) _____

Child's address, City, State & Zip Code _____

Child lives with: ____ Both Parents ____ Mom ____ Dad ____ Guardian

Custody Documents on file: YES NO Date:
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Name of parent or guardian completing this form: _____

Mother's Name: _____ Cell# _____ Work # _____ Occupation _____
Address if different from child's _____
Mother's email: _____ (PLEASE PRINT CLEARLY)

Father's Name: _____ Cell# _____ Work # _____ Occupation _____
Address if different from child's _____
Father's email: _____ (PLEASE PRINT CLEARLY)

I want my child's information (name, address, phone number and parent/guardian names) to be listed on the Classroom Directory: **YES/NO**

How did you hear about Coker Early Learning Center? _____

What is the primary language spoken at home? _____

Do you have other children that are currently attending Coker ELC? **YES/NO** (name/age) _____

Has your child had any previous preschool/daycare experience? **YES/NO** If so, where _____

Has your child received any early intervention services? **YES/NO** Explain _____

Is your child currently taking any prescription medication? **YES/NO** Explain _____

Does your child have any physical limitations that we should be aware of? **YES/NO** Explain _____

Do you have any concerns about your child's behavior? **YES/NO** Explain _____

Does your child have a food allergy that has been diagnosed by their doctor? **YES/NO**
If **yes**, a Food Allergy Emergency Plan **MUST** be completed by the child's doctor and be on file in the Coker ELC office along with any prescribed medication **BEFORE** the first day of care.

Food Allergy Emergency Plan submitted to the Coker ELC Office on: _____ Rec. by _____

Does your child have allergies, existing illness, previous serious illness/injury, hospitalizations during the past 12 months and/or any **medical condition** that we should be aware of? **YES/NO**
Explain _____

Signature of Parent or Legal Guardian

Date

Dismissal Information

I designate this individual as the responsible individual for CELC **to call** in an emergency if parents or guardian cannot be reached.
 I authorize CELC **to release** my child to leave with this individual after verification of ID.

Name _____ Phone () _____

Relationship to child _____

Address, City, State & Zip Code _____

I designate this individual as the responsible individual for CELC **to call** in an emergency if parents or guardian cannot be reached.
 I authorize CELC **to release** my child to leave with this individual after verification of ID.

Name _____ Phone () _____

Relationship to child _____

Address, City, State & Zip Code _____

I designate this individual as the responsible individual for CELC **to call** in an emergency if parents or guardian cannot be reached.
 I authorize CELC **to release** my child to leave with this individual after verification of ID.

Name _____ Phone () _____

Relationship to child _____

Address, City, State & Zip Code _____

Is there anyone that your child **MAY NOT** be release to? **YES/NO** If yes, please name _____

Signature of Parent or Legal Guardian Date _____

Authorization for Emergency/Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child.

Name of Physician _____ Phone Number _____

Physician's Address City, State & Zip Code _____

Emergency Medical Care Facility _____ Phone Number _____

Address City, State & Zip Code _____

I hereby give consent to any of the Coker Early Learning Center Staff, United Methodist Church Staff, and/or volunteer staff to seek emergency medical treatment for my child named above. While understanding that all reasonable safety precautions will be observed, I understand the possibility of unforeseen hazards and the inherent possibility of risk. I voluntarily agree not to hold legally liable Coker United Methodist Church, any of its employees, volunteers, or other representatives associated with providing or arranging for emergency medical treatment for my child.

Signature of Parent or Legal Guardian

Date

I acknowledge that I have received a copy and/or have access to the Coker Early Learning Center Parent Handbook on line at www.coker.org. After reading it carefully, I understand the policies, procedures, and regulations of the program including:

- | | | |
|-----------------------------------|-----------------------------|--------------------|
| ● Tuition and Fee Payments | ● Well Checks | ● Medication |
| ● Cancellations | ● Quiet/Nap Time | ● Cell Phone Use |
| ● Parent Responsibilities | ● Release of Children | ● Transportation |
| ● Lunch and Snack Time | ● Illness and Exclusion | ● Special Events |
| ● Transportation | ● Immunization Requirements | ● Emergencies |
| ● Discipline and Guidance | ● Parent Participation | ● Photographs |
| ● Serving Children | ● Ceasing Service | ● Water Activities |
| ● Minimum Standards and Licensing | | ● Special Events |

Signature of Parent or Legal Guardian

Date

Admission Requirement: I understand that this form must be completed in its entirety and returned to the Coker ELC office before my child's first day of attendance.

Health Statement – Please check only one of the options:

Child's full name: _____ **Date of Birth** ____/____/____

1. _____ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the child care program.

Health Care Professional's 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. **I will provide a health care professional's signed statement and submit it to the CELC office on or before the first day that my child is in attendance at CELC.**

Signature of Parent or Legal Guardian

Date

Admission Requirement

Child's full name: _____ Date of Birth ____/____/____

VACCINE INFORMATION Attach a copy of the record or have a Health Care Professional complete the information below.

	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Dose 4	Date/Booster	Date/Booster
Hepatitis B						
DtaP						
Polio						
MMR						
Hib						
Hepatitis A (2 doses required)						
Pneumococcal Conjugate						
Varicella (Chicken Pox)	Date of Vaccine:	Date of 2 nd Dose:	Date of Disease:			
TB Test (Dr.'s Option)						

_____ I have attached a copy of my child's up-to-date shot record.

HEARING AND VISION SCREENING is required for children 4 years. Attach a copy of the record or have a Health Care Professional complete the information below.

HEARING

	Right	Left
25db		
500 Hz		
1000Hz		
2000 Hz		
4000 Hz		

Vision Screening

Distance acuity: R: 20/____ L: 20/____

____Pass ____Fail

____Child wears glasses

____Pass ____Fail ____Wears hearing aid

Health Care Professional's Signature/Stamp

Date

VARICELLA (CHICKENPOX)

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 disease (chickenpox) on or about _____ and does not need varicella vaccine.
DATE

_____ Signature of Parent of Legal Guardian	_____ Date
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ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/public.shtm.

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.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

_____ Signature of Parent of Legal Guardian	_____ Date
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_____ PROGRAM DIRECTOR	_____ Date
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Coker Early Learning Center
Media and Photograph Release

YES, I give permission for my child's photograph to be used for projects and classroom displays.

NO, I DO NOT give permission for my child's photograph to be used for projects and classroom displays.

YES, I give permission for my child's photograph to be placed on the Coker United Methodist Church or Coker Early Learning Center website, or social media sites.

NO, I DO NOT give permission for my child's photograph to be placed on the Coker United Methodist Church or Coker Early Learning Center website, or social media sites.

YES, I give permission for my child's photograph to be taken and/or used by local news/media during special activities and events in promotion of Coker Methodist Church and/or Coker Early learning Center.

NO, I DO NOT give permission for my child's photograph to be taken and/or used by local news/media during special activities and events in promotion of Coker Methodist Church and/or Coker Early learning Center.

Child's name: _____

Parent's printed name: _____

Parent's signature: _____ Date: _____

OFFICE USE:
Age as of September 1, 2019:

ENROLLMENT for September 3, 2019 – May 22, 2020

Child's Name: _____ Date of Birth: ____/____/____

8:45 a.m.-3:00 p.m.	1 DAY A WEEK	2 DAYS A WEEK	3 DAYS A WEEK	4 DAYS A WEEK	5 DAYS A WEEK
Monthly Tuition	\$175	\$300	\$390	\$480	\$525

12-17 months old – Age on September 1, 2019

Any number and combination of days is acceptable, from 1-5 days per week. Check the days you would like your child to attend.
 ____ **Monday** ____ **Tuesday** ____ **Wednesday** ____ **Thursday** ____ **Friday**

18-23 months old – Age on September 1, 2019

Any number and combination of days is acceptable, from 1-5 days per week. Check the days you would like your child to attend.
 ____ **Monday** ____ **Tuesday** ____ **Wednesday** ____ **Thursday** ____ **Friday**

24-29 months old – Age on September 1, 2019

A minimum of two days is required; with the option to select any combination of two or more days per week.
 Check the days you would like your child to attend.
 ____ **Monday** ____ **Tuesday** ____ **Wednesday** ____ **Thursday** ____ **Friday**

30-35 months old – Age on September 1, 2019

A minimum of two days is required; with the option to select any combination of two or more days per week.
 Check the days you would like your child to attend.
 ____ **Monday** ____ **Tuesday** ____ **Wednesday** ____ **Thursday** ____ **Friday**

EXTENDED DAY OFFERINGS

Before School Care	PREBILLED for 1-5 DAYS A WEEK
Billed Monthly	8:15-8:45 - \$5.00 per day

Any number and combination of days is acceptable. Check the days you would like your child to attend.
Pre billed: __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

After School Care	PREBILLED for 1-5 DAYS A WEEK
Billed Monthly	3:00-4:00 - \$10.00 per day

Any number and combination of days is acceptable. Check the days you would like your child to attend.
Pre billed: __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

ENROLLMENT FEE: \$200 for first child; \$100 for each additional sibling is due at time of enrollment. \$25 off Enrollment Fee total for members of Coker United Methodist Church. **Enrollment Fee is nonrefundable without exception.**

TUITION: Tuition is processed the 1st of each month and is posted to the Credit Card or ACH account on file.

_____ SIGNATURE of PARENT or LEGAL GUARDIAN	_____ DATE
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OFFICE USE:
Age as of September 1, 2019: _____

ENROLLMENT for September 3, 2019 – May 22, 2020

Child's Name: _____

Date of Birth: ____/____/____

8:45 a.m.-3:00 p.m.	2 DAYS	3 DAYS	4 DAYS	5 DAYS
Monthly Tuition	\$300	\$390	\$480	\$525

3 years-old

Select a schedule. Tuesday/Thursday Monday/Wed/Friday Monday thru Friday

Option to add days. Monday Tuesday Wednesday Thursday Friday

4 years-old

Select a schedule. Tuesday/Thursday Monday/Wed/Friday Monday thru Friday

Option to add days. Monday Tuesday Wednesday Thursday Friday

Pre-Kindergarten – Gift of Time 5 years-old – Age on September 1, 2019
A specially designed class that prepares children for Kindergarten who turn five in late spring or summer.

Pre-Kindergarten	5 Full Days	Annual Supply Fee
Monthly Tuition	\$525	\$75

Monday – Friday 8:45 a.m. – 3:00 p.m.

Kindergarten 5 years-old – Age on September 1, 2019
A specially designed class that prepares children for First Grade.

Kindergarten	5 Full Days	Annual Supply Fee
Monthly Tuition	\$525	\$75

Monday – Friday 8:45 a.m. – 3:00 p.m.

EXTENDED DAY OFFERINGS

Before School Care	PREBILLED for 1-5 DAYS A WEEK
Billed Monthly	8:15-8:45 - \$5.00 per day

Any number and combination of days is acceptable. Check the days you would like your child to attend.

Pre billed: Monday Tuesday Wednesday Thursday Friday

After School Care	PREBILLED for 1-5 DAYS A WEEK
Billed Monthly	3:00-4:00 - \$10.00 per day

Any number and combination of days is acceptable. Check the days you would like your child to attend.

Pre billed: Monday Tuesday Wednesday Thursday Friday

ENROLLMENT FEE: \$200 for first child; \$100 for each additional sibling is due at time of enrollment. \$25 off Enrollment Fee total for members of Coker United Methodist Church. Enrollment Fee is nonrefundable without exception.

TUITION: Tuition is processed the 1st of each month and is posted to the Credit Card or ACH account on file.

SIGNATURE of PARENT or LEGAL GUARDIAN	DATE
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OFFICE USE:

Age as of September 1, 2018:

SUMMER 2019 • 8:45 A.M. - 3:00 P.M.

Accepting ages 12 mos. to 5 years old as of September 1, 2018

CHILD'S NAME: _____ DATE OF BIRTH: __/__/__

TUITION per 2 WEEK SESSION	2 DAYS A WEEK	3 DAYS A WEEK	5 DAYS A WEEK
June/July/August	\$150	\$195	\$262.50

EXTENDED DAY OFFERINGS	Before School Care	1-5 DAYS A WEEK: Pre-billed
	Billed Each Session	8:15-8:45 - \$5.00 per day
	After School Care	1-5 DAYS A WEEK: Pre-billed
	Billed Each Session	3:00-4:00 - \$10.00 per day

June 3-14 • Under The Deep Blue Sea!

Non-Refundable Registration Fee: \$15

Select a schedule: ___ Tuesday/Thursday ___ Monday/Wed/Friday ___ Monday thru Friday

Extended Day Offerings

Check the days you would like your child to attend.

8:15-8:45 a.m. Prebilled: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

3:00-4:00p.m. Prebilled: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

June 17-28 • Vacation Bible School/Put Me In The Zoo

Non-Refundable Registration Fee: \$15

Children 4 to 5 years old, as of September 1, 2018, will participate in the VBS program activities June 24-27.

Select a schedule: ___ Tuesday/Thursday ___ Monday/Wed/Friday ___ Monday thru Friday

Extended Day Offerings

Check the days you would like your child to attend.

8:15-8:45 a.m. Prebilled: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

3:00-4:00p.m. Prebilled: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

NON-REFUNDABLE ENROLLMENT FEE per child, per session is due at time of enrollment. If a class should not make, you will be notified as soon as possible and your registration fee will be refunded.

TUITION is processed the 1st day of each Summer Session and is posted to the Credit Card or ACH account on file.

SIGNATURE of PARENT or LEGAL GUARDIAN	DATE

OFFICE USE:

Age as of September 1, 2018:

SUMMER 2019 • 8:45 A.M. - 3:00 P.M.

Accepting ages 12 mos. to 5 years old as of September 1, 2018

CHILD'S NAME: _____ DATE OF BIRTH: ___/___/___

TUITION per 2 WEEK SESSION	2 DAYS A WEEK	3 DAYS A WEEK	5 DAYS A WEEK
June/July/August	\$150	\$195	\$262.50

EXTENDED DAY OFFERING	Before School Care	1-5 DAYS A WEEK: Pre-billed
	Billed Each Session	8:15-8:45 - \$5.00 per day
	After School Care	1-5 DAYS A WEEK: Pre-billed
	Billed Each Session	3:00-4:00 - \$10.00 per day

July 8-19 • Colors All Around!

Non-Refundable Registration Fee: \$15

Select a schedule: ___ Tuesday/Thursday ___ Monday/Wed/Friday ___ Monday thru Friday

Extended Day Offerings

Check the days you would like your child to attend.

8:15-8:45 a.m. Prebilled: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

3:00-4:00p.m. Prebilled: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

July 29 – August 2, August 5-9 • Down On The Farm!

Non-Refundable Registration Fee: \$15

Select a schedule: ___ Tuesday/Thursday ___ Monday/Wed/Friday ___ Monday thru Friday

Extended Day Offerings

Check the days you would like your child to attend.

8:15-8:45 a.m. Prebilled: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

3:00-4:00p.m. Prebilled: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

NON-REFUNDABLE ENROLLMENT FEE per child, per session is due at time of enrollment. If a class should not make, you will be notified as soon as possible and your registration fee will be refunded.

TUITION is processed the 1st day of each Summer Session and is posted to the Credit Card or ACH account on file.

SIGNATURE of PARENT or LEGAL GUARDIAN

DATE

Coker Early Learning Center

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Please provide the required information for Coker Early Learning Center to process fees and monthly tuition.

I (we) herby authorize Coker Early Learning Center to initiate recurring debit entries to the Checking or Savings Account indicated below:

Child's Name

Your Name

Phone #

Address

City

State

Zip Code

Bank or Credit Union Name

Bank or Credit Union Address

City

State

Zip Code

Checking or Savings

Routing Transit Number

Account Number

Signature

Date

PLEASE ATTACH A VOIDED CHECK

To properly affect the cancellation, interruption or change to this agreement, Coker Early Learning Center must receive written notice 10 days prior to payment processing on the 1st day of each month. Payments that are not processed as on-time payments may be charged a late fee.

Coker Early Learning Center

CREDIT CARD AUTHORIZATION

Please provide the required information for Coker Early Learning Center to process fees and monthly tuition.

I (we) hereby authorize Coker Early Learning Center to initiate recurring credit card charges to the Credit Card Account indicated below:

We gladly accept MasterCard, Visa and Discover Cards.

Child's Name

Cardholder Name

Phone #

Cardholder Address

City

State

Zip Code

Account Number

Expiration Date

Signature

Date

To properly affect the cancellation, interruption or change to this agreement, Coker Early Learning Center must receive written notice 10 days prior to payment processing on the 1st day of each month. Payments that are not processed as on-time payments may be charged a late fee.