

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

**2020-2021 Application for Admission**

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

**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

<b>Custody Documents on file:    YES    NO    Date:</b>
---------------------------------------------------------

Name of parent or guardian completing this form: \_\_\_\_\_

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

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

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 \_\_\_\_\_

It is expected that children entering a **three year old preschool class will be potty trained.**

The Coker Early Learning Center definition of "potty trained" is:

- The child is able to inform the teacher of their need to use the potty, so the teacher can take him/her to the restroom
- The child can independently take clothing on and off
- The child can independently get on and off the toilet and wipe his/her own bottom and wash their own hands

\_\_\_\_\_  
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
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## 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](http://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 <sup>nd</sup> 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

**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](http://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

<b>PROGRAM DIRECTOR</b>	Date

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



## 2020-2021 ENROLLMENT (August 31, 2020 – May 19, 2021)

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, 2020

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, 2020

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, 2020

**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, 2020

**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**

**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 1<sup>st</sup> of each month and is posted to the Credit Card or ACH account on file.

Annual Supply Fee	1 Day	2 Days	3 Days	4 Days	5 Days
	\$45.00	\$90.00	\$120.00	\$140.00	\$150.00

**SUPPLY FEE: Will be billed in June with the first half of September tuition**

SIGNATURE of PARENT or LEGAL GUARDIAN	DATE

**2020-2021 ENROLLMENT (August 31, 2020 – May 19, 2021)**

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 - Age on September 1, 2020**

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

Option to add days.  Monday  Tuesday  Wednesday  Thursday  Friday

**4 years-old - Age on September 1, 2020**

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, 2020**

A specially designed class that prepares children for Kindergarten who turn five in late spring or summer.

**Monday – Friday 8:45 a.m. – 3:00 p.m.**

**Kindergarten 5 years-old – Age on September 1, 2020**

A specially designed class that prepares children for First Grade.

**Monday – Friday 8:45 a.m. – 3:00 p.m.**

**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 1<sup>st</sup> of each month and is posted to the Credit Card or ACH account on file.

Annual Supply Fee	1 Day	2 Days	3 Days	4 Days	5 Days
	\$45.00	\$90.00	\$120.00	\$140.00	\$150.00

**SUPPLY FEE: Will be billed in June with the first half of September tuition**

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE of PARENT or LEGAL GUARDIAN	DATE
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## **EXTENDED DAY OFFERINGS 2020-2021**

<b>Before School Care</b>	<b>PREBILLED for 1-5 DAYS A WEEK</b>
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**

<b>After School Care</b>	<b>PREBILLED for 1-5 DAYS A WEEK</b>
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**

	
SIGNATURE of PARENT or LEGAL GUARDIAN	DATE

**SUMMER** 2020 • 8:45 A.M. - 3:00 P.M. Child's age as of September 1, 2019: \_\_\_\_\_

Accepting ages 12 mos. to 5 years old as of **September 1, 2019**

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	\$150	\$195	\$262.50

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

**SESSION 1 - June 1-12 • Fun 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. Pre-billed: \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri.

3:00-4:00p.m. Pre-billed: \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri.

**SESSION 2 - June 15-26 • Wild Animal Safari!**  
**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. Pre-billed: \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri.

3:00-4:00p.m. Pre-billed: \_\_\_ 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 1<sup>st</sup> day of each Summer Session and is posted to the Credit Card or ACH account on file.

SIGNATURE of PARENT or LEGAL GUARDIAN	DATE
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**SUMMER** 2020 • 8:45 A.M. - 3:00 P.M. Child's age as of September 1, 2019: \_\_\_\_\_

Accepting ages 12 mos. to 5 years old as of **September 1, 2019**

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	\$150	\$195	\$262.50

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

**SESSION 3 - July 6-17 • Beach Bound!**  
**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. Pre-billed:** \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri.

**3:00-4:00p.m. Pre-billed:** \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri.

**SESSION 4 - July 20-31 • Off To The Zoo!**  
**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. Pre-billed:** \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri.

**3:00-4:00p.m. Pre-billed:** \_\_\_ 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 1<sup>st</sup> day of each Summer Session and is posted to the Credit Card or ACH account on file.

SIGNATURE of PARENT or LEGAL GUARDIAN	DATE
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**SUMMER** 2020 • 8:45 A.M. - 3:00 P.M. Child's age as of September 1, 2019: \_\_\_\_\_

Accepting ages 12 mos. to 5 years old as of **September 1, 2019**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

TUITION per 2 WEEK SESSION	2 DAYS A WEEK	3 DAYS A WEEK	5 DAYS A WEEK
August	\$75	\$97.50	\$131.25

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

**SESSION 5 - August 3-7 • Crazy, Kolorful & Kooky!**

**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. Pre-billed:** \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri.

**3:00-4:00p.m. Pre-billed:** \_\_\_ 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 1<sup>st</sup> day of each Summer Session and is posted to the Credit Card or ACH account on file.

_____ SIGNATURE of PARENT of LEGAL GUARDIAN	_____ DATE
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# Coker Early Learning Center

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## ELECTRONIC FUNDS TRANSFER 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 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 1<sup>st</sup> day of each month. Payments that are not processed as on-time payments may be charged a late fee.

# Coker Early Learning Center

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## 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 1<sup>st</sup> day of each month. Payments that are not processed as on-time payments may be charged a late fee.