

**Coker Early Learning Center
231 E. North Loop Road
San Antonio, TX 78216
210-494-5061
8:45AM-3:00PM**

2024-2025 Application for Admission

The Coker Early Learning Center admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students at the school. The CELC does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies and other school administered programs.

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

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)**

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 released to? **YES/NO** If yes, please name _____

Signature of Parent or Legal Guardian Date

Media Release Form

YES, I give Coker Early Learning Center permission to use my child's photo/video for classroom projects, Procure, Coker Early Learning Center social media, and the Coker Early Learning Center website.

NO, I do not give Coker Early Learning Center permission to use my child's photo/video for classroom projects, Procure, Coker Early Learning Center social media, and the Coker Early Learning Center website.

Child's name: _____

Parent's name: _____

Parent's signature: _____

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, 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 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)						
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

25db	Right	Left
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. Please complete the following statement:

My child had varicella disease (chickenpox) Yes or No.(Circle) If yes, 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

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

Routing Transit Number

Account Number

Checking Account _____ Savings Account _____

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.

SCHOOL YEAR ENROLLMENT 2024-2025

August 26, 2024 – May 14, 2025

Child's Name: _____ Date of Birth: _____

- Tuition is processed at the 1st of each month and posted to the Credit Card or ACH account
- Half of the first month's tuition is due on the first Monday of June, prior to the new school year

DAYS PER WEEK	TUITION PER MONTH
2 days	\$350
3 days	\$450
4 days	\$560
5 days	\$605

- Accepting children ages 12 months- 6 years as of September 1, 2024
- Select the days your child will be attending

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

- Gift of Time and Kindergarten are 5 day programs – **Tuition Per Month \$650**

GOT_____ Kindergarten _____

ENROLLMENT FEE	
\$200 for first child	\$100 additional siblings
\$25 off enrollment fee for Coker MC members	

- Enrollment fees and Supply fees are nonrefundable

DAYS PER WEEK	ANNUAL SUPPLY FEE
2 days	\$120
3 days	\$180
4 days	\$215
5 days	\$220

- Supply fee will be billed half in June and half in September

EXTENDED CARE	
BEFORE SCHOOL	Cost per day
8:15-8:45AM	\$6
AFTER SCHOOL	Cost per day
3:00-4:00PM	\$12

- Select the days your child will be attending

(AM) Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

(PM) Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

Signature of Parent or Legal Guardian	Date
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SUMMER SESSION ONE ENROLLMENT 2024 May 28-June 14

Child's Name: _____ Date of Birth: _____

- Tuition is processed the 1st day of each summer session and posted to the Credit Card or ACH account on file

DAYS PER WEEK	TUITION PER SESSION
2 days (Tuesday/Thursday)	\$262.50
3 days (Monday/Wednesday/Friday)	\$337.50
5 days (Monday-Friday)	\$453.75

- Select the days your child will be attending
- Accepting children ages 12 months through 7 years as of September 1, 2023

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

ENROLLMENT FEE
\$15 per child

- Enrollment fees are nonrefundable
- Enrollment fees are due at the time of enrollment. If a class should not make, you will be notified as soon as possible and your registration fee will be refunded.

EXTENDED CARE	
BEFORE SCHOOL	Cost per day
8:15-8:45AM	\$6
AFTER SCHOOL	Cost per day
3:00-4:00PM	\$12

- Select the days your child will be attending

(AM) Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

(PM) Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Parent or Legal Guardian	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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SUMMER SESSION TWO ENROLLMENT 2024 June 17-June 28

Child's Name: _____ Date of Birth: _____

- Tuition is processed the 1st day of each summer session and posted to the Credit Card or ACH account on file

DAYS PER WEEK	TUITION PER SESSION
2 days (Tuesday/Thursday)	\$175.00
3 days (Monday/Wednesday/Friday)	\$225.00
5 days (Monday-Friday)	\$302.50

- Select the days your child will be attending
- Accepting children ages 12 months through 7 years as of September 1, 2023

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

ENROLLMENT FEE
\$15 per child

- Enrollment fees are nonrefundable
- Enrollment fees are due at the time of enrollment. If a class should not make, you will be notified as soon as possible and your registration fee will be refunded.

EXTENDED CARE	
BEFORE SCHOOL	Cost per day
8:15-8:45AM	\$6
AFTER SCHOOL	Cost per day
3:00-4:00PM	\$12

- Select the days your child will be attending

(AM) Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

(PM) Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

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Signature of Parent or Legal Guardian	Date

SUMMER SESSION THREE ENROLLMENT 2024

July 8-July 19

Child's Name: _____ Date of Birth: _____

- Tuition is processed the 1st day of each summer session and posted to the Credit Card or ACH account on file

DAYS PER WEEK	TUITION PER SESSION
2 days (Tuesday/Thursday)	\$175.00
3 days (Monday/Wednesday/Friday)	\$225.00
5 days (Monday-Friday)	\$302.50

- Select the days your child will be attending
- Accepting children ages 12 months through 7 years as of September 1, 2023

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

ENROLLMENT FEE
\$15 per child

- Enrollment fees are nonrefundable
- Enrollment fees are due at the time of enrollment. If a class should not make, you will be notified as soon as possible and your registration fee will be refunded.

EXTENDED CARE	
BEFORE SCHOOL	Cost per day
8:15-8:45AM	\$6
AFTER SCHOOL	Cost per day
3:00-4:00PM	\$12

- Select the days your child will be attending

(AM) Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

(PM) Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

<hr style="border: none; border-top: 1px solid black;"/> Signature of Parent or Legal Guardian	<hr style="border: none; border-top: 1px solid black;"/> Date
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SUMMER SESSION FOUR ENROLLMENT 2024 July 22-August 2

Child's Name: _____ Date of Birth: _____

- Tuition is processed the 1st day of each summer session and posted to the Credit Card or ACH account on file

DAYS PER WEEK	TUITION PER SESSION
2 days (Tuesday/Thursday)	\$175.00
3 days (Monday/Wednesday/Friday)	\$225.00
5 days (Monday-Friday)	\$302.50

- Select the days your child will be attending
- Accepting children ages 12 months through 7 years as of September 1, 2023

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

ENROLLMENT FEE
\$15 per child

- Enrollment fees are nonrefundable
- Enrollment fees are due at the time of enrollment. If a class should not make, you will be notified as soon as possible and your registration fee will be refunded.

EXTENDED CARE	
BEFORE SCHOOL	Cost per day
8:15-8:45AM	\$6
AFTER SCHOOL	Cost per day
3:00-4:00PM	\$12

- Select the days your child will be attending

(AM) Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

(PM) Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

Signature of Parent or Legal Guardian	Date
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