

**Coker Early Learning Center  
14630 Wurzbach Parkway  
San Antonio, TX 78216  
210-494-5061  
8:45AM-3:00PM**

**2026-2027 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
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## 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. I give consent for my child to be transported for emergency medical care.

\_\_\_\_\_  
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 online 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)						
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. 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](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
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<b>PROGRAM DIRECTOR</b>	Date
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# Coker Early Learning Center

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## ELECTRONIC FUNDS TRANSFER AUTHORIZATION - **\*\*PREFERRED METHOD OF PAYMENT\*\***

**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 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**

To help cover bank and **credit card processing fees, a \$25 fee will be added** to all credit card tuition payments. If you would like to avoid this fee, we gladly accept cash, check, or ACH payments.

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 accept MasterCard, Visa and Discover Cards. \*\*will incur a \$25 monthly fee\*\***

---

**Child's Name**

---

Cardholder Name

Phone #

---

Cardholder Address

City

State

Zip Code

---

Account Number

Expiration Date

Sec Code

---

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.

# SCHOOL YEAR ENROLLMENT 2026-2027

August 24, 2026 – May 12, 2027

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

- Tuition is processed at the 1<sup>st</sup> 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
  - The first half of tuition is nonrefundable for GOT and Kindergarten after June 1<sup>st</sup>
  - ACH preferred. A \$25 fee will be added when paying by credit card.

DAYS PER WEEK	TUITION PER MONTH- ACH/Cash/Check	TUITION PER MONTH- Credit Card
2 days (for 12-35 months only)	\$405	\$430
3 days	\$520	\$545
4 days	\$645	\$670
5 days	\$695	\$720

- Accepting children ages 12 months- 6 years as of September 1, 2026
- 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 \$695/ Credit Card- \$720**  
 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
- After August 1<sup>st</sup>, the second half of tuition will be billed and is nonrefundable for GOT and Kindergarten

DAYS PER WEEK	ANNUAL SUPPLY FEE
2 days	\$150
3 days	\$210
4 days	\$245
5 days	\$250
GOT/Kinder	\$300

- 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 2026

## May 26-June 5

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

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

DAYS PER WEEK	TUITION PER SESSION ACH/Cash/Check	TUITION PER SESSION Credit Card
2 days (for 12-35 months only)	\$202.50	\$227.50
3 days	\$260	\$285
5 days	\$347.50	\$372.50

- Select the days your child will be attending
- Accepting children ages 12 months through 7 years as of September 1, 2025

Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday\_\_\_\_

ENROLLMENT FEE
\$25 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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# SUMMER SESSION TWO ENROLLMENT 2026

## June 8-June 26

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

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

DAYS PER WEEK	TUITION PER SESSION ACH/Cash/Check	TUITION PER SESSION Credit Card
2 days (for 12-35 months only)	\$303.75	\$328.75
3 days	\$390	\$415
5 days	\$521.25	\$546.25

- Select the days your child will be attending
- Accepting children ages 12 months through 7 years as of September 1, 2025

Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday\_\_\_\_

ENROLLMENT FEE
\$25 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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# SUMMER SESSION THREE ENROLLMENT 2026

## July 6-July 17

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

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

DAYS PER WEEK	TUITION PER SESSION ACH/Cash/Check	TUITION PER SESSION Credit Card
2 days (for 12-35 months only)	\$202.50	\$227.50
3 days	\$260	\$285
5 days	\$347.50	\$372.50

- Select the days your child will be attending
- Accepting children ages 12 months through 7 years as of September 1, 2025

Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday\_\_\_\_

ENROLLMENT FEE
\$25 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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# SUMMER SESSION FOUR ENROLLMENT 2026

## July 20 – July 31

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

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

<b><u>DAYS PER WEEK</u></b>	<b><u>TUITION PER SESSION</u></b>	<b><u>TUITION PER SESSION</u></b>
	<b><u>ACH/Cash/Check</u></b>	<b><u>Credit Card</u></b>
2 days (for 12-35 months only)	\$202.50	\$227.50
3 days	\$260	\$285
5 days	\$347.50	\$372.50

- Select the days your child will be attending
- Accepting children ages 12 months through 7 years as of September 1, 2025

Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_

<b><u>ENROLLMENT FEE</u></b>
\$25 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.

<b><u>EXTENDED CARE</u></b>	
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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## Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

**Directions:** Parents will review these rights upon enrolling their child.

### Rights of Parent or Guardian

**A parent or guardian of a child at a child care facility has the right to:**

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
  - (A) staff training records; and
  - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
  - (A) video recordings of the alleged incident are available;
  - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
  - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>