



Holy Trinity Preschool
2024- 2025
Registration

For questions inquiring about registration,
please email waitlist@holytrinity.org.

Holy Trinity Preschool Registration

Today's Date: _____

Child's Name: _____ Sex: Male Female

Child's Date of Birth: _____ Age as of September 1, 2024: _____

Child Lives With? Both Parents Mom Dad Guardian

Custody Documents on File? Yes No

Holy Trinity Preschool Admission

Operation's Name: Holy Trinity Preschool **Director's Name:** Berenice Dominguez, Brenda Avelar

Date of Admission: _____ **Date of Withdrawal:** _____

I would like to enroll my child for the following days
(Please fill in circle):

Days wanted:

- Monday/Wednesday/ Friday
- Tuesday/ Thursday
- Monday-Friday

Extended Care:

- Monday/Wednesday/ Friday
- Tuesday/ Thursday
- Monday-Friday

To be filled out by school office:

Enrolled in:

- Monday/Wednesday/ Friday
- Tuesday/ Thursday
- Monday-Friday

Extended Care:

- Monday/Wednesday/ Friday
- Tuesday/ Thursday
- Monday-Friday

Parent Demographic Information

Mother/Guardian's Full Name: _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Cell Number: _____ **Occupation:** _____ **Work Number:** _____

Father/ Guardian's Full Name: _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Cell Number: _____ **Occupation:** _____ **Work Number:** _____

Are you a current member of Holy Trinity Episcopal Church? Yes No

Please list **TWO emergency contacts** other than the child's guardian. These contacts will be used **during an emergency** if the parent's cannot be reached. Contacts must be within a 60-mile radius of Midland.

Emergency Contact #1: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Cell: _____

Emergency Contact #2: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Cell: _____

I authorize the childcare operation **to release** my child to leave the childcare operation **ONLY** with the following persons only after verification of ID:

Name: _____ Relationship: _____ Cell: _____

Name: _____ Relationship: _____ Cell: _____

Name: _____ Relationship: _____ Cell: _____

Consent Information

Transportation:

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care

Water Activities:

I give my child consent to participate in the following water activities:

Water Table Play Sprinkler Play

Meals:

I understand that the following snacks will be provided by the school for my child while in care:
early morning snack, midmorning snack, and afternoon snack.

I understand that I must provide a daily lunch and water cup that seals properly for my child.

Parent/ Guardian Signature: _____ Date: _____

Receipt of Written Operational Policies

I acknowledge receipt of the facilities operational policies, including those for:

- Discipline and guidance policy
- Safe sleep
- Illness and exclusion criteria
- Suspension and expulsion
- Procedure for parents to discuss concerns with the directors
- Procedure for dispensing medication
- Emergency plans
- Procedure for parents to participate in operation activities
- Immunization requirements for children
- Procedure for conducting health checks
- Procedure for release of children
- Meals and food services
- Procedure to visit the center without securing prior approval
- Procedures for parent to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL Website
- Child Supplies for Classroom

Receipt of Parent's Rights

I acknowledge I have received a written copy of my rights as a parent/guardian of a child enrolled at HTP.

Parent/ Guardian Signature: _____ Date: _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician & Emergency Care Facility:	Address:	Phone Number:

I, _____, give consent for the facility to secure all necessary emergency medical care for my child.
(Name)

Parent/Guardian Signature

Date

Child's Special Care Needs (please check all that apply):

- Environmental Allergies
- Food Intolerances
- Existing Illness
- Previous Serious illness
- Injuries and hospitalizations (past 12 mo)
- Other
- Limitations or restrictions on activities
- Reasonable accommodations/modifications
- Adaptive equipment (include instructions)
- Symptoms or indications of complications
- Medications prescribed for long- term use

Please explain any needs selected below:

Does your child have diagnosed food allergies? Yes No

Food Allergy Emergency Plan Submitted Date: _____

Child Day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>.

If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Parent/Guardian Signature: _____ Date: _____

Admission Requirement

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare operation or within one week of admission.

Check only one option:

- Health Care Professional's Statement: I have examined the above-named child within the past year and find that he or she is able to take part in the day care program.

Signature of Healthcare Professional

Date

- A signed and dated copy of a health care professional's statement is attached.

- 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.

Parent/Guardian Signature: _____ Date: _____

Requirement for Exclusion

I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

Parent/Guardian Signature: _____ Date: _____

I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Parent/Guardian Signature: _____ Date: _____

Required Medical Paperwork

If my child is four or over, I have provided **vision** exam results.

Parent/Guardian Signature: _____ Date: _____

If my child is four or over, I have provided **hearing** exam results.

Parent/Guardian Signature: _____ Date: _____

I have attached my child's most up to date **vaccine records** stamped by the physician or public health personnel verifying the immunizations.

Parent/Guardian Signature: _____ Date: _____

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had varicella disease (chickenpox) on or about _____ and does not need
varicella vaccine. (date)

Parent/Guardian Signature: _____ Date: _____

TB Test (if required)

Positive Negative Date: _____

Holy Trinity Photo Release

I hereby give permission, for The Episcopal Church of the Holy Trinity to use photographic images of my child _____ (child's name) taken at any events or activities which include but are not limited to Holy Trinity Preschool (HTP), any additional off- campus HTP related events, Holy Trinity programs and events (Sunday School, Youth Activities, special programs and event, etc.)

I understand that the sole purpose of use will be in representing the activities of Holy Trinity in any of their publications and promotional materials such as:

- Use in classrooms, bulletin boards, and posters on church property.
- Electronic presentations (power point slideshows)
- Printed materials (newsletters, brochures, etc.)
- Holy Trinity website
- Holy Trinity Facebook page

Names of individuals will not be included in any of the publications. Photographic images will be protected as church property and not shared with anyone for any purpose outside of this Parish.

Name of Parent: _____

Signature of Parent: _____ Date: _____

Additional Information Regarding Immunizations

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

Gang free Zone

Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Name of Parent Completing Form: _____

Signature of Parent Completing Form: _____ Date: _____

Center Designee: _____ Date: _____