



KIDS OF THE KINGDOM EPISCOPAL SCHOOL
Nurturing, loving and caring for God's children

2020-2021 REGISTRATION FORM

Head of School: Lesli Budzinski Rector: Rev. Jason Roberts

STUDENT INFORMATION

Child's Name: First: _____ Last: _____

Preferred Name: _____ Male: _____ Female: _____

Birthdate: _____ Age as of September 1, 2020: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Guardian's Name: _____ Cell Phone: _____

Child's Home Address: (Street) _____

City _____ State _____ Zip Code _____

Primary email address for Billing: _____

Religion: _____ Place of Worship: _____

We are active members (baptized, communicant in good standing for one year) of The Episcopal Church of the Holy Spirit: _____ (Please check)

FULL-TIME CLASSES: August 10, 2020 – August 6, 2021

| Class | Registration Fee | Tuition |
|--|------------------|------------|
| Infants/Toddler (1) (Starting at 6 Weeks) | \$80 | \$235/week |
| Toddler (2) | \$80 | \$225/week |
| 2 year & Bridge | \$80 | \$215/week |
| 3 year | \$140 | \$210/week |
| 4 year | \$150 | \$210/week |
| Before/After School Care (Wanke & Steubing) | \$100 | \$80/week |

PART-TIME CLASSES: August 24, 2020 – May 28, 2021

| Class | Registration Fee | Tuition |
|---------------------------|------------------|-------------|
| Part-time PK3 (T/Th 9-2) | \$110 | \$285/month |
| Part-time PK4 (M/W/F 9-2) | \$130 | \$350/month |

Please Note:

Registration fees are payable upon registration and are **non-refundable!**

There is a 10 % discount on tuition for Holy Spirit members. Non-member families with more than one child will receive a 10% discount on the oldest child enrolled in the program.

Parent or Legal Guardian's Signature: _____

OFFICE USE ONLY:

Registration Fee: \$ _____ Check/Money Order #: _____ Debit Smart Care Acct: _____

Registration Date: _____ Start Date: _____ Date of Withdrawal: _____

New Student: all forms given to parent at reg. ___ Forms still needed _____

Items received: Tote Bag ___ Spirit Shirt (PK 3-4 yr) ___ Pillow Case (FT) ___

Staff: _____



Kids of the Kingdom Episcopal School Authorization Form



Child's Name: First: _____ Last: _____ Birthday _____

Parent 1 / Guardian Information

(THIS SHOULD BE THE PERSON WE SHOULD CONTACT FIRST)

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip _____

Phone number while child is in care: _____ (cell)

Other Phone: _____ E-mail: _____

Employer: _____ Title: _____

Parent 2/ Guardian Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip _____

Phone number while child is in care: _____ (cell)

Other Phone: _____ E-mail: _____

Employer: _____ Title: _____

Household Arrangement:

Child lives with (check all that apply):

Both parents Father Mother Legal Guardian Stepfather Stepmother
 Both Foster parents Foster Father Foster Mother

Check if appropriate:

Parents married Single Parent Parents separated Parents divorced
 Mother deceased Father deceased Mother remarried Father remarried

If parents are divorced or separated, should both parents receive correspondence?

yes no

If yes, Name of Parent: _____ E-mail Address: _____

I have read the KOKES Parent Handbook and agree to abide by the KOKES policies while my child is enrolled in the school.

Signature of Parent or Legal Guardian: _____ Date: _____

Kids of the Kingdom Episcopal School

Authorization Form

Emergency Medical Attention/Authorization for Release

In case of emergency if parents/guardian cannot be reached please contact:

Name: _____ Phone: _____

Address: _____ City _____ Zip: _____ Relationship: _____

If the parents/guardian or emergency contact cannot be reached to make arrangements for emergency medical care, **I give consent for KOKES to secure any and all necessary emergency care for my child.**

Signature of Parent or Legal Guardian: _____

Emergency Medical Care Facility:

Methodist Children's Hospital 7700 Floyd Curl Dr. San Antonio, TX 78229 Phone: 210-575-7000

Name of Physician: _____

Address: _____ Phone: _____

Child's special care needs: List any special issues that your child may have, such as food, seasonal allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term use, disabilities, special needs and any other information which caregivers should be aware of: **(PLEASE INDICATE IF ALLERGY IS MILD, MODERATE OR SEVERE AND CURRENT TREATMENT PLAN. SUBMIT FOOD ALLERGY EMERGENCY PLAN FOR FOOD ALLERGIES AND ASTHMA ACTION PLANS TO THE OFFICE)**

NO ALLERGIES: _____ Parent Initials: _____ Date: _____

Authorization for the Release:

Children will only be released to a parent or person designated by the parent/guardian after verification of picture ID. I hereby authorize Kids of the Kingdom Episcopal School to allow my child to leave KOKES ONLY with the following persons: **(THE PARENT/GUARDIAN DO NOT NEED TO BE LISTED)**

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

None: _____ Parent Initials: _____ Date: _____

Please check yes or no:

I understand that children in the full-time program will be served breakfast (8:00 am), lunch and pm snack. Children in the Part-time program will receive lunch. School age children will receive breakfast (if they are registered for before school care) and an afternoon snack. Yes ___ No ___

I give permission for my child to participate in splashing/wading pools and water play tables.

Yes ___ No ___

I give permission for KOKES to post pictures of my child in marketing materials such as Face Book, Brochures, Website or other KOKES publications. Yes ___ No ___

Signature (Parent or Legal Guardian): _____ Date: _____

**KIDS OF THE KINGDOM
EPISCOPAL SCHOOL**

11093 Bandera Rd. San Antonio, TX 78250

Office: 210-688-9171

CHILD'S HEALTH STATEMENT

Child's Name _____ Sex _____ Birthdate _____

PLEASE BE ADVISED: Doctor's Statement must be signed and a current copy of your child's shot record on file, before your child may begin the program. All immunizations must be kept up to date or your child will be excluded from attendance.

DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

Physician's Signature

Date

***Hearing & Vision Screenings are required for children enrolled in the 4 year old classes. (enter results on the next page)**

PARENT/GUARDIAN: Please write **yes** or **no** to all special problems or needs listed below. If your answer is yes, please explain in detail.

| CONDITION | WRITE YES OR NO | IF YES EXPLAIN IN DETAIL |
|--|-----------------|--------------------------|
| FOOD ALLERGIES | | |
| ASTHMA | | |
| ALLERGIES | | |
| EXISTING ILLNESS | | |
| PREVIOUS SERIOUS ILLNESS | | |
| INJURIES & HOSPITALIZATIONS DURING THE PAST 12 MONTHS | | |
| ANY MEDICATION PRESCRIBED FOR LONG-TERM CONTINUOUS USE | | |
| DISABILITIES/SPECIAL NEEDS | | |
| ANY OTHER INFORMATION WHICH STAFF SHOULD BE AWARE OF | | |

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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).

Signature – Parent or Legal Guardian

Date

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***Hearing & Vision Screenings are required for children enrolled in the 4 year old classes.**

Child's Name _____ Sex _____ Birthdate _____

Visual acuity and hearing sensitivity screening are required only for children enrolled in the 4 year old classes. Rescreening is only required if an abnormality was noted on the first screening. Speech screening is optional (not required).

SPECIAL SENSES SCREENING RECORD

HEARING SCREENING:

1ST

2ND

| at 25dB | R | L | |
|---------|---|---|---|
| 500 Hz | | | Pass _____ Fail-Rescreen _____ Date _____ |
| 1000Hz | | | |
| 2000 Hz | | | |
| 4000 Hz | | | |

| at 25dB | R | L | |
|---------|---|---|--|
| 500 Hz | | | Pass _____ Fail-Refer _____ Date _____ |
| 1000Hz | | | |
| 2000 Hz | | | |
| 4000 Hz | | | |

Signature

Signature

VISION SCREENING:

1ST

2ND

DISTANCE ACUITY: R-20/_____ L-20/_____
PASS _____

DISTANCE ACUITY: R-20/_____ L-20/_____
PASS _____

FAIL-RESCREEN _____
DATE _____

FAIL-REFER _____
DATE _____

Signature

Signature

SPEECH SCREENING (OPTIONAL):

NAME OF TEST: _____
 PASS FAIL

DATE

SIGNATURE

Child's Name: _____

Discipline and Guidance Policy for Kids of the Kingdom Episcopal School

◆ Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

parent employee/caregiver household member of child-care home