



**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**

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

**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



## 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: \_\_\_\_\_

**MORE INFORMATION NEEDED ON THE BACK OF THIS FORM**

# 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: \_\_\_\_\_

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