



Welcome to Grace Episcopal School!

Attached is our 5 page application.
Checklist to complete is below:

1. Application for Enrollment
2. Parent Understanding Policies
3. Child Pick-Up Authorization
4. Emergency Contact List
5. Health Form

Grace Episcopal School
Email: graceschoolcuero@gmail.com
361-524-5009

Grace Episcopal School

Application for Enrollment

For Office Use Only:

Admission Date: _____

Withdrawal Date: _____

Grace Episcopal School
102 E Live Oak Street
Cuero, TX 77954
Phone: 361-524-5009
graceschoolcuero@gmail.com

5 Day (Monday thru Friday) 7:30 a.m. - 5:30 p.m.
Year Around School

Child's Information

Child's Full Name _____

Birth date ____/____/____ Age: _____ Nickname _____

Address _____ Zip Code _____

City _____ Home Phone _____

Previously Attended Preschools: _____

How did you hear about Grace Episcopal School? _____

Is your child bilingual? Yes/No. If yes, language spoken at home: _____

Parent/Guardian Information

Parent's Name _____ Parent's Name _____

Best Phone _____ Best Phone _____

E-mail _____ E-mail _____

Siblings

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Registration & Tuition

All Registration fees are non-refundable. Registration fee is due when you enroll your student. Tuition is due each month; a late fee will be incurred at the 5th of the month if payment has not been received. Tuition may be paid in person by check or via Venmo @ Grace_School_Cuero. A tuition bill will be sent to the email address on file.

Application fee per child: \$75

Enrollment fee per child: \$150 enrollment fee

Tuition per child per month: \$575

Please check one of the following:

- ☐ My child will attend August - May
☐ My child will attend August - May plus summer camp/program (June & July)
☐ My child will attend the summer camp/program only (June & July)

Parent Signature _____ **Date** _____

A registration fee of \$75.00 must accompany this application. This registration fee is non-refundable upon acceptance. Please return application and registration fee in person, mail or online.

Grace Episcopal School

Parent Understanding Policies

☐ I have received a copy of the Grace Episcopal School Family Handbook. I have read and understand the policies and guidelines as, described in the Handbook and agree to abide by them.

☐ DAILY SIGN-IN AND SIGN-OUT; Children must be signed in and out every day. Parents are required to enter the school to drop off and pick up children and must escort children to and from the designated classroom and staff member each day. In the event a child will not be in attendance, parents should notify the school 9 am.

☐ I understand that monthly payments are due by the 1st of each month for the upcoming month that my child is enrolled. A late fee of \$25 will be assessed if payment is not received by the 5th of the month.

☐ I understand I am paying for my child's position, not my child's attendance. This means I must pay tuition even if my child is sick, on vacation or a school break/holiday. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences, i.e. sickness.

☐ I understand the late pick-up fee is \$10.00 after 5:30pm plus \$1.00 for every additional minute.

☐ I understand that my child must be picked up as soon as possible if sick and may not return to school until he/she has been fever free for a minimum of 24 hours without fever reducing medication.

☐ Grace Episcopal will provide a calendar at the start of the year in August.

☐ Each child will be expected to provide a healthy lunch every day. Snacks are provided by the school.

☐ WITHDRAWAL FROM PROGRAM; I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Application at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition and fees), I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (tuition, fees, registration) are non-refundable.

By signing below, you agree to adhere to all the policies and procedures listed above as well as in the Family Handbook. Failure to abide by these policies could result in termination of school services.

Check ONE of the following choices:

☐ I/WE GRANT permission for this student's photo/image and to be published on the church and/or school's public website.

☐ I/WE DO NOT GRANT permission for photo/image that includes this student to be published on the church and/or school's public website.

Water Activities:

I give consent for my child to participate in the following water activities (check all that apply).

☐ Water Table Play ☐ Sprinkler Play ☐ Splashing and Wading Pools ☐ Swimming Pools ☐ Aquatic Playground

Is your child able to swim without assistance?

☐ Yes ☐ No

Does your child have any physical, health behavioral or other condition that would put them at risk while swimming?

☐ Yes ☐ No

Do you want your child to wear a life jacket while in or near a swimming pool?

☐ Yes ☐ No

*This section is in compliance with Daycare Licensing Standards. At GES, children will not engage in swimming pool activities.

Parent/Guardian: _____ Date: _____

Grace Episcopal School Child Pick-Up Authorization

Personal Information

Today's Date: ____/____/____

Child's Name _____

Age: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone(s): _____

Work Phone(s): _____ Preferred Phone: Home/Cell/Work

Authorized Pick-Up

Please list the persons authorized to pick up your child, including yourself. Each authorized person must be at least 18 years of age. The aforementioned child will not be allowed to leave the school with anyone not listed below. Authorized persons may receive the child in person and will be required to show identification to school staff. Children will not be handed over to persons who do not present an acceptable ID upon request. If the pickup person is not on your authorized list, we will require a written note be sent in before the end of the school day with your signature authorizing the non-listed person to pick up. We cannot accept phone call pick-up changes if it is someone not on your authorized list. You will be notified immediately if someone on your list comes to pick up your child and we have not received a written note with your authorization (text/email is also permissible).

I authorize the following responsible person to pick up my child from Grace Episcopal School.

<u>Authorized Person</u>	<u>Phone Number</u>	<u>Relationship to Child & Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Name: _____ I authorize the person listed above to pick up my child, _____, from Grace Episcopal School. By signing below, I verify that I have read and agree to the authorization form and authorize Grace Episcopal School to release my child to the above listed persons.

Signature: _____

Grace Episcopal School
102 E. Live Oak Street
Cuero, TX 77954
Phone: 361-524-5009
graceschoolcuero@gmail.com

Emergency Contact Information:

Student First Name: _____
Student Last Name: _____
Date of Birth: _____

Home Address: _____

Please enter Father/Mother/Guardian contact information first. Then please list the names and phone numbers of three people who may be called in an emergency and may pick up my child (if needed), if father/mother cannot be reached. Please be sure to have these people listed on the authorized child pick-up form.

Emergency Phone Contacts:

Emergency Contact Relationship: _____
First Name: _____
Last Name: _____
Emergency Contact Phone Number: _____
Address: _____

Emergency Contact Relationship: _____
First Name: _____
Last Name: _____
Emergency Contact Phone Number: _____
Address: _____

Emergency Contact Relationship: _____
First Name: _____
Last Name: _____
Emergency Contact Phone Number: _____
Address: _____

Emergency Contact Relationship: _____
First Name: _____
Last Name: _____
Emergency Contact Phone Number: _____
Address: _____

Emergency Contact Relationship: _____
First Name: _____
Last Name: _____
Emergency Contact Phone Number: _____
Address: _____

Authorization for Emergency Medical Attention

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

Name of Physician/Pediatrician: _____ Address: _____ Phone: _____

Name of Emergency Care Facility: _____ Address: _____ Phone: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature: _____ Date: _____

Health Form

Grace Episcopal School
102 E Live Oak
Cuero, TX 77954

Child's Name: _____ Child's DOB: _____
Parent Name: _____ Address: _____

Immunization Record

The immunization record is due in the school office by the first week of August. The Texas Department of Health mandates this record and visits the school to inspect student health records for this purpose.

	DPT	OPV	Hepatitis B	MMR	HIB	Varicella (Chickenpox)	Pneumococcal (Prevnar)	Hepatitis A
1st Dose								
2nd Dose								
3rd Dose								
4th Dose								
5th Dose Kinder entrance								

Note: Month, day and year of each immunization is required.

Has your child been diagnosed with any food allergies? If yes, please list the name of the food and reaction below:

If yes, please list the name of the food and reaction below:

Please list all medications that are used for treating the allergic reaction. Please list physician's orders with the medication regimen to be used on school grounds.

Food Allergy Emergency Plan Submitted Date: _____

I certify this child has been examined by me and is physically able to take part in the program at Grace Episcopal School.

Physician Signature/Stamp Only _____

Date: _____

Health Form Continued.

Child's Special Care Needs (Check all that apply)

- ☐ Environmental Allergies
- ☐ Food Intolerances
- ☐ Existing Illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations (past 12 months)
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment (include instructions below)
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use
- ☐ Other: _____

Explain any needs selected above:

Child day care operations are public accommodations under the American 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 ADA Information Line at (800) 514-0301(voice) or (800) 514-0383 (TTY).

Signature - Parent or Legal Guardian

Date Signed