



ST. ALBAN'S EPISCOPAL DAY SCHOOL
APPLICATION FOR ADMISSION
Head of School-Mary Katherine Duffy
Before & After School Director-Tracy Lamon

Date of Admission _____ Grade _____ Date of Withdrawal _____

How did you hear about our school? [] Former Parent [] Current Parent (Name _____)
[] Website [] Other _____

Are you a church member _____ if not, place of worship _____

Student's First Name _____ (Nickname) _____ middle _____ Last _____

Date of Birth _____ Gender _____ Language Spoken at Home _____

Student's Address _____ Home # _____

City/State _____ Zip _____

Previous Schools _____ Public School Zone _____

Alumni _____ Class of _____

Siblings (ages) _____

Ethnicity: [] Anglo/Caucasian (other than Hispanics) [] Anglo/Caucasian (Hispanics)
[] African American [] Asian [] Middle Eastern [] Native American [] Other

PARENTS: Marital Status? _____ if divorced, who has custody _____

Parents' Mailing Saluation: Mr. & Mrs. _____

Father's First & Last Name _____ Cell # _____

Address (if different) _____ Email _____

Father's Employment _____ Position _____

Employment Address: _____

Father's Wk Phone # _____ Father's Wk Email _____

Mother's Full Name _____ Cell # _____

Address (if different) _____ Email _____

Mother's Employment _____ Position _____

Employment Address: _____

Mother's Work Phone # _____ Mother's Work Email _____

The following grandparent information is needed for Grandparents' Day and for other mailings.

Check here if this information is for the office use only (NO MAILINGS, ETC.)

	PATERNAL GRANDPARENTS (father) (Father's Name & Mother's Name)	MATERNAL GRANDPARENTS (mother) (Father's name & Mother's Name)
Name		
Mailing Address		
City, State, Zip		
Home Phone		
Email Address		

PERSON TO CALL IN CASE OF EMERGENCY (OTHER THAN PARENTS):

Name _____ Relationship to Child _____

Physical Address _____

City/State _____ Zip _____

Home Phone # _____ Work Phone# _____ Cell # _____

Attached is the list of persons designated by the parent/s to release this child from St. Alban's Day School. Children will only be released to these persons after verification of ID.

Check All That Apply:

TRANSPORTATION: I hereby give do not give consent for my child to be transported and supervised by the operations employees: for emergency care on field trips

FIELD TRIPS: I hereby give do not give consent for my child to participate in field trips.

Parent's Comments: _____

WATER ACTIVITIES: I hereby give do not give consent for my child to participate in water activities:
 sprinkler play splashing/wading pools swimming pools water table play

RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the facilities operational policies including those for discipline and guidance.

I understand that lunch will not be served to my child while in care. All meals will be provided by the parents.

My child is normally in before/after school care on the following days and times:

Drop In Only

Mondays Before the Bell (7-7:50) After the Bell from 3:30 p.m. to 5:30 p.m.

Tuesdays Before the Bell (7-7:50) After the Bell from 3:30 p.m. to 5:30 p.m.

Wednesdays Before the Bell (7-7:50) After the Bell from 3:30 p.m. to 5:30 p.m.

Thursdays Before the Bell (7-7:50) After the Bell from 3:30 p.m. to 5:30 p.m.

Fridays Before the Bell (7-7:50) After the Bell from 3:30 p.m. to 5:30 p.m.

Parent Signature _____ Date _____

Medical Information for (student) _____

*NOTE: PLEASE DO NOT LEAVE ANY BLANKS, NOTE IF "NOT APPLICABLE" OR "NONE".

List any special problems your child has. (i.e. allergies, illness, etc.) or any injuries during the past 12 months

(put "none" if applicable) _____

Does your child take any medication daily or any medication prescribed for long-term continuous use?

(put "none" if applicable) _____ (name of medication) _____

Is there any other information which staff should be aware of? (put "none" if applicable)

I give my consent for the school personnel to administer the following medication as needed:
(A generic brand may be substituted)

Please check Y/N

	Yes	No
Tylenol		
Ibuprofen/Motrin (200mg)		
Children's Pepto		
Children's Tums		

In the event that parent(s) cannot be reached for emergency medical attention, I authorize the Head of School or person in charge to take my child to:

Hospital: (check one)

_____ Valley Baptist Medical Center (phone 389-1100) 2101 Pease Street, Harlingen, Texas.

_____ Harlingen Medical Center (phone 365-1000) 5501 S. Exp. 77, Harlingen, Texas.

_____ Other: _____

Child's Physician: _____ Telephone _____

Address _____

City, State, Zip _____

I GIVE CONSENT TO SECURE ANY AND ALL NECESSARY MEDICAL CARE FOR MY CHILD.

Parent's Signature _____

ST. ALBAN'S EPISCOPAL DAY SCHOOL
BEFORE & AFTER SCHOOL CARE AGREEMENT

***MUST BE COMPLETED FOR ALL STUDENTS ATTENDING ST. ALBAN'S DAY SCHOOL**

Student's Name _____ Age _____

Before & After School fees are due and payable in advance. Monthly fees are due on the first day of each month and delinquent after the tenth day of the month. There is no refund or credit given for absences. A \$30.00 processing fee will be charge for all checks returned by the bank.

If the child has not been picked up after their regular schedule time, a late charge of \$3.00 will be charged for every 15 minutes or part thereof past the regular pick up time.

Changes must be made in writing to the school office, and all fees for the original scheduled days/hours are due until such notification is given.

St. Alban's is not responsible for lost or damaged toys, clothes or other personal property.

St. Alban's School Board shall have the right to dismiss any student for unsatisfactory achievement or conduct while attending Before and/or After School Care. Nonpayment of charges herein provided for shall also be grounds for dismissal.

My child attends St. Alban's Episcopal Day School and his/her immunization record is on file at the school and all immunizations are current.

My child may be released to any of the persons listed on the "Authorization to Release & Transport" form.

I further agree to release, hold harmless, and indemnify St. Alban's, its agents and employees, from any and all claims, damages, or other liabilities for injuries to or damage by his/her child which are not the result of gross negligence by St. Alban's Episcopal Day School, Inc., its agents, or employees.

I have read and received a copy of the St. Alban's Day School, Before & After School Care, Discipline & Guidance Policy.

Parent's Signature _____ Date _____

(Parent's Copy)

St. Alban's Episcopal Day School Before & After School Care Discipline and Guidance Policy

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 the hand or an 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
9. Requiring a child to remain silent or inactive for inappropriate long periods of time for the child's age.

Student's Picture Release Form

Dear Parents,

Please check one of the following and sign at bottom. We realize that anyone with access to the web will be able to view our website. By signing "YES" below you give permission for your child's photo to be published on our school website, however, if you are not comfortable with this, we will honor your request.. School website: www.MindsSharpenedDaily.com

_____ YES, my child may have his/her picture displayed in any & all media.
(Yearbook, Video, Newspaper, Website, Brochures, Television, etc.)

_____ My child has permission to take his/her school picture, class picture and
be included in the school yearbook only.

_____ NONE (No photos may be taken or displayed of my child).

Child's Name _____

Parent's Signature _____

Comments: _____

St. Alban's Episcopal Day School

Acceptable Use Policy for Internet Access (Grades 1-6)

As the parent/guardian of the minor student, _____
I grant permission for my son/daughter to access the computer services such as e-mail and the internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of internet use, setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media.

Parent Signature _____

Students using the Internet at St. Alban's Episcopal Day School, Inc. are expected to use the same good behavior and judgment that is expected of them while in school. Access is a privilege, not a right. Students are expected to use the network to conduct research and to communicate with others; any other use of the internet will NOT be allowed. Students are responsible for their behavior and communications.

All students using the internet at St. Alban's Episcopal Day School, Inc. must have this form signed and on file before using the school's internet connection. Students using the internet will also have their parent's written permission on file as well.

Acceptable uses for the internet at St. Alban's Episcopal Day School, Inc. will include, but are not limited to, the following:

1. accessing a variety of educationally related materials,
2. sending or receiving e-mail that is educationally related,
3. accessing educationally related databases,
4. establishing a web page for St. Alban's Episcopal Day School

The following WILL NOT be permitted by students or staff with St. Alban's access to the internet:

1. sending or displaying offensive messages or pictures,
2. using obscene language,
3. harassing, insulting or attacking others,
4. damaging computers, computer systems, or computer networks,
5. violating copyright laws,
6. using another person's password,
7. trespassing in another's folders, work, or files,
8. intentionally wasting limited resources, including time,
9. employing the network for commercial purposes.

Students violating this policy will not only lose access rights, BUT may face disciplinary as well as legal action.

STUDENTS IN GRADES 4TH, 5TH, 6TH. MUST ALSO SIGN AFTER THEY HAVE READ THIS POLICY WITH HIS/HER PARENT.

I hereby agree to comply with this policy for internet access and communicate over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student's Signature _____ Teacher _____