



Trinity Episcopal Day School

Student Information

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____ Birth Date: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Has child been enrolled in day care/preschool before? _____ If so, where? _____

Family Information

Parent's Name: _____ Preferred phone: _____

Occupation: _____ Place of employment: _____

E-mail: _____ Religious Affiliation: _____

Parent's Name: _____ Preferred phone: _____

Occupation: _____ Place of Employment: _____

E-mail: _____ Religious Affiliation: _____

Parents: Married, Separated, or Divorced? _____

If separated or divorced, who has custody? _____

Siblings

Name: _____ Age: _____ School attending: _____

Name: _____ Age: _____ School attending: _____

Name: _____ Age: _____ School attending: _____

Medical Information/Emergency Medical Authorization

In the event I cannot be reached to make arrangements for emergency medical authorization, I authorize the Head of School or staff person in charge to take my child to:

Child's Physician: _____ Phone: _____

Physician Address: _____

Hospital preference: _____

Name of Insurance Company: _____ Phone: _____

Company Policy Number: _____ Employer's name: _____

Known Allergies (Medication, Food, Environmental): _____

If no known allergies, check here:

I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

Parent Signature: _____ **Date:** _____

Authorizations

When arriving at school, a child must be left in the care of a staff member. A child will only be released to parents or to an adult designated in writing by a parent. A staff member must be aware of a child's departure. Please list persons who have your permission to pick up your child, and who could be contacted in case of an emergency if parents are not available.

Name: _____ Address: _____

Phone: _____ Relation: _____

Name: _____ Address: _____

Phone: _____ Relation: _____

The following individual(s) may NOT remove my child from the facility:

Name: _____ Address: _____

Phone: _____ Relation: _____

Please initial all items below:

_____ **Photo Release:** I give my permission for TEDS to record pictures and voices in photographs and digital formats of school activities for classroom viewing, school website, Facebook page, classroom Shutterfly pages, advertising, and publicity.

_____ **Parent/Student Handbook:** The Parent/Student Handbook is a general guide to the philosophies, policies, and expectations of Trinity Episcopal Day School. By signing, I acknowledge I have read or will read the Handbook and understand all matters set forth in the Handbook, and I agree to abide and adhere to the School policies during my child's enrollment. I further understand and agree that any provision of the Handbook may be amended, revised, or eliminated at any time by the School, and that I will receive notification of any updates.

_____ **Immunization records:** I acknowledge it is my responsibility to provide TEDS with current immunization records. I understand my child cannot be admitted to class without this record on file in the school office.

_____ **Walks:** I give permission for my child to leave the TEDS property with staff members to walk to Creekwood Park.

_____ **Water Day:** I give permission for my child to participate in water activities at the end of the school year. This activity includes access to sprinklers and water tables. No wading pools are used.

Introductory Information

This information is for the CONFIDENTIAL use of the teachers and staff who will be working with your child.

Home

Other adults living in the home? _____

Who cares for the child when parents are away? _____

Does child have any pets? _____ Names and kinds _____

Sleeping

What time does your child usually go to bed? _____ Get up in the morning? _____ Daytime nap or rest? _____

Speech

Does your child speak plainly so that others besides those at home can understand? _____

Are there any languages other than English spoken in the home? _____

Personality

Tell us about your child. Is he/she happy, angry, afraid? Described as shy, outgoing, curious? Are there any significant issues about which you think we should know in order to better work with him/her? Death, divorce, adoption, separation anxiety, travel experiences, moves, etc.

What are some of the child's favorite outdoor/indoor activities?

What is the child's usual attitude toward being in situations which separate him/her from parents?

Miscellaneous

What means of discipline do you find most effective?

Please tell us about your child's special needs (medical, emotional, etc.) and any concerns you feel we need to know.

Are you interested in helping us? Please circle all that apply.

Parent Association Board

Classroom Parent

Substitute Teacher

Board of Directors

Do you have any special interests or talents you would be willing to share with us? Please specify:



Trinity Episcopal Day School Medical Record

Child's name: _____ has been examined by a licensed physician and is able to participate in all activities at Trinity Episcopal Day School.

Date of examination: _____ Age as of 9/1/19: _____ years _____ months

Are there any restrictions on normal physical activities indicated? Yes _____ No _____ If yes, please specify:

Texas state law requires that students have an immunization record on file prior to the start of school. Please attach a copy of your child's immunizations. If you chose not to immunize, you must obtain an affidavit from the Texas Health Department: <https://corequest.dshs.texas.gov/>

Has the child had the following diseases?

German Measles? Yes _____ No _____ Date _____ Mumps? Yes _____ No _____ Date _____

Chicken Pox? Yes _____ No _____ Date _____ Measles? Yes _____ No _____ Date _____

Does the child have an existing illness? Yes _____ No _____

If yes, please explain: _____

Are there any medications prescribed for long-term or continuous use? If yes, please explain:

Is the child subject to seizures? Yes _____ No _____

Vision and Hearing – Required for all children turning four by September 1.

VISION	Right 20/_____	Left 20/_____	Pass _____ Fail _____
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HEARING	1000 Hz	2000 Hz	4000 Hz	Pass/Fail
Left				Pass _____ Fail _____
Right				Pass _____ Fail _____

PHYSICIAN'S SIGNATURE – Required

Physician's Signature	Date	Phone
Physician's Name	Physician's Address	Parent's Signature



Trinity Episcopal Day School Enrollment Contract 2019-2020

Student's Name: _____ **Classroom:** _____

Trinity Episcopal Day School is an independent, nonprofit preschool. Our income derives solely from tuition fees and fundraising efforts. Our budget constraints mean that every family has a responsibility to pay their tuition in full and on time. An explanation of the school's fees and refund policies follows:

APPLICATION FEE: The application fee for the school year is \$125 for returning students and \$150 for new students. The application fee is non-refundable and non-transferable. The fee is payable when an application for enrollment is made.

SUPPLY FEE: The supply fee for the school year is \$150 for a two-day class; \$195 for a three-day class; \$235 for a four-day class; \$275 for Junior Kindergarten; and \$100 for LEAPS. The supply fee is non-refundable and non-transferable. The fee is payable when an application for enrollment is made.

TUITION DEPOSIT: Upon placement in a class, a tuition deposit of one month's tuition for each student enrolled is due. The tuition deposit is non-refundable and non-transferable. Your student's class placement is secured when the tuition deposit has been received and processed.

TUITION INSTALLMENT SCHEDULES

Days/Week Payment Due:	Tuition Deposit Upon placement	Annual* 9/1	Semester* 9/1 and 1/1	8 Installments 9/1 thru 4/1
2 days/week – Young Twos	\$265	\$2,120	\$1,060	\$265
2 days/week -Twos	\$265	\$2,120	\$1,060	\$265
3 days/week-Twos	\$325	\$2,600	\$1,300	\$325
2 days/week -Threes	\$265	\$2,120	\$1,060	\$265
3 days/week -Threes	\$325	\$2,600	\$1,300	\$325
3 days/week -Pre-K	\$325	\$2,600	\$1,300	\$325
4 days/week-Pre-K	\$380	\$3,040	\$1,520	\$380
5 days/week-Jr. Kindergarten	\$575	\$4,600	\$2,300	\$575
1 day/week-LEAPS	\$150	\$1,200	\$600	\$150

***After Tuition Deposit is received.**

Please initial your installment plan preference below:

_____ Annual _____ Semester _____ 8 Installments

****To complete the student's enrollment at Trinity Episcopal Day School, all parents and/or guardians must read the Financial Policies on the back, then sign and return this form to the School Office.**

(OVER)

Financial Agreement

REGISTRATION FEES: An application fee, supply fee, and tuition deposit equaling the final month of the upcoming year are required to secure enrollment. These fees are non-refundable and non-transferable.

EXTENDED DAY PAYMENTS: Reservations are required in order for the school to maintain adequate staffing. Standing reservations are paid in advance. If you have a standing reservation, we cannot refund money for periods that are missed, even if the student is ill, as we have arranged to have staff coverage.

ENRICHMENT CLASSES FEES: Payments for Enrichment Classes are due to the school office upon registration and are non-refundable after the 1st Friday of each session.

LATE CHARGES: Tuition payments received more than five business days after the invoice due date are deemed late and will incur a late charge of \$25.00. Any payment received will first be applied to any outstanding late fees, then to the outstanding tuition balance. Late pickup is \$5.00 for every 15-minute period after your student's dismissal time and payment will be due upon your arrival.

TUITION PAYMENTS: Payment may be made by cash, check, participation in the ACH program, or by credit card via the PayPal account on the school's website.

NON-PAYMENT: If a family experiences a change in circumstances or is otherwise unable to meet their payment obligations, it is the responsibility of the family to contact the Head of School and/or the Board Treasurer to work out an acceptable arrangement. On the first of each month, the Accountant will notify the Head of School of any families delinquent from the previous month and the Head of School will review the matter. If a family remains in arrears and a satisfactory arrangement cannot be reached, the Head of School may require that the student(s) be withdrawn from the school and a payment schedule will be made until the account is paid in full. If it is necessary for Trinity Episcopal Day School to initiate a legal action to collect money owed pursuant to this agreement, and judgment is awarded to Trinity Episcopal Day School, the parent agrees to pay all reasonable attorneys' fees and costs incurred in obtaining and collecting that judgment.

WITHDRAWAL: After the beginning of the year, should unforeseen circumstances arise, a parent must provide the Head of School with 30 days prior written notice of withdrawal and shall be liable for tuition for a period of 30 days from the date the notice is given to the school. Prepaid tuition will be refunded effective after the 30-day notification period. Enrichment Program and Extended Day fees are non-refundable.

TEMPORARY ABSENCES: No refunds will be made for temporary absences due to family vacations, illness, accidents, etc. In the event of special circumstances, a parent may apply in writing to the Head of School for special consideration.

2019-2020 Enrollment and Financial Contract Accepted by:

(Printed Name of Mother/Guardian)

(Signature of Mother/Guardian)

(Date)

(Printed Name of Father/Guardian)

(Signature of Father/Guardian)

(Date)