

**ST. MAXIMILIAN KOLBE - KOLBE KIDS' EARLY CHILDHOOD PROGRAM
REGISTRATION AND TUITION AGREEMENT 2021-2022**

FOR OFFICE USE ONLY

Date Registered _____

Annual Schedule _____	Room # and Days Enrolled _____
Registration and Supply Fee _____	Amount Paid _____ Amount Owed _____
Check # _____	Receipt # _____

Child's Last Name	First	Middle
Name child goes by	Date of Birth	Male / Female
Home Phone #		
Child's Street Address	City	State
		Zip Code

Mother's First and Last Name _____ Contact # _____
 Father's First and Last Name _____ Contact # _____
 Contact Email(s): _____

2021-2022 Annual Registration Fees:

2 days: \$225.00
 3 days: \$250.00
 4 days: \$270.00

Withdrawals prior to June 30 will receive a refund of \$75.00
Any changes you make to your child's classroom and/or schedule after signing your contract may result in a \$50.00 service fee.

<u>SCHOOL HOURS MON-THURS: 9:00am - 1:30pm</u>		
<i>Tuition is a yearly commitment that can be paid in the following choices:</i>		
<u>Toddler</u>	<u>Preschool</u>	<u>Pre-k</u>
(18 mos. - 35 mos. as if Sept. 1)	(36 mos. - 47 mos. as of Sept. 1)	(48 months as of Sept. 1)
____ MON/WED 9 X \$205.00	____ T/W/TH 9 X \$300.00	____ MON-THURS 9 X \$375.00
____ TUES/THUR 9 X \$205.00	____ MON-THURS 9 x \$350.00	
____ MON-THUR 9 X \$410.00		
Classes are filled first come, first served. We do our best to offer the above choices, but enrollment may cause changes.		

Continued on back

TUITION OPTIONS:

_____ I elect to pay my tuition in nine equal payments of \$ _____ Each payment is due by the first day of class for each month from September-May.

_____ I elect to pay the tuition in full by the first day of class and receive a 3% discount, with the understanding that this is a non-refundable option.

As an additional consideration you may choose **one of the following options if applicable:**

_____ \$20.00 discount for two or more children attending in the same year.

_____ \$10.00 discount for St. Maximilian Kolbe Catholic Community registered parishioners who have contributed to the church for at least one year, based upon the Church's approval.

Please initial your acknowledgment of the following:

_____ Families are not excused from paying tuition for absences due to illness or extended leave. If you go on extended leave, we offer two choices that will keep your child enrolled in school. You will need to notify the school office at least two weeks prior to departure.

Choice 1: You can pay the entire tuition for the time missed before you leave.

Choice 2: You can pay a holding fee of \$150.00 before your departure. Upon your return, you will be required to pay any tuition owed for the time period you were gone, minus the \$150.00 paid prior to leaving, before your child can return to class.

_____ Kolbe Kids' has a mandatory partial fundraising fee of \$60.00 per family per year.

This charge will be due on November 1. As a reminder, the fundraiser bridges the gap between tuition and operation costs.

_____ There is a \$25.00 charge on returned checks. After two returned checks, the remaining tuition, fees, or other monies will be accepted through cash, cashier's check, or money orders only.

_____ An account that is not paid by the 10th of the month will result in a late fee of \$20.00. Both the late monthly installment and the late fee must be paid by the last school day of the month or your child will be unable to attend school until the tuition is paid up to date.

_____ Kolbe Kids' has a \$50.00 administrative drop fee for non completion of your agreed agreed yearly contract.

_____ I authorize Kolbe Kids' Early Childhood Program to release paperwork regarding my child to those I have designated as the emergency contact and those who are specified as pick-up people.

Are you a parishioner of St. Maximilian Kolbe Catholic Community? Y N

If no, would you like information about our parish? Y N

Parent Signature

Date

**KOLBE KIDS' EARLY CHILDHOOD PROGRAM
ADMISSION FORM 2021-2022**

This section to be completed by Office Staff:

Director: Eileen Mace

Date of Admission: _____	Annual Schedule: _____
Date of Withdrawal: _____	

CHILD'S		
NAME:		
Last	First	Middle
Name child goes by: _____		Birthdate: _____
Address		City, State, Zip Code
Subdivision: _____		

Child lives with: Both parents _____ Mother _____ Father _____
 Other _____ (Please specify) _____

Please list siblings names/ages: _____

MOTHER/GUARDIAN NAME _____	
Address (if different from child's) _____	
Employer: _____	Phone #: _____
E-mail _____	St. Maximilian Parishioner? _____

FATHER/GUARDIAN NAME _____	
Address (if different from child's) _____	
Employer: _____	Phone #: _____
E-mail: _____	St. Maximilian Parishioner? _____

EMERGENCY CONTACT PERSON(S): (Additional persons other than the parent(s) to contact <u><i>in an emergency situation with authorization to pick up</i></u> when parent cannot be reached)	
Name: _____	Relationship to child: _____
Complete Address: _____	
Best Contact Ph. #: _____	Alt. Ph. # _____
Name: _____	Relationship to child: _____
Complete Address: _____	
Best Contact Ph. #: _____	Alt. Ph. # _____

PERSONS TO WHOM THE CHILD MAY BE RELEASED with notification from the parent.

Name: _____ Relationship to child: _____

Complete Address: _____

Best Contact Ph. #: _____ Alt. Ph. # _____

Name: _____ Relationship to child: _____

Complete Address: _____

Best Contact Ph. #: _____ Alt. Ph. # _____

Name: _____ Relationship to child: _____

Complete Address: _____

Best Contact Ph. #: _____ Alt. Ph. # _____

Previous preschool or daycare attended: _____

Primary language spoken in home: _____

Allergies (Food / Medications / Insects / Environmental / Other):

Is doctor note attached confirming allergies? Yes _____ No _____

Has child been prescribed an EPI-PEN and/or Benadryl for allergies?
Yes _____ No _____

If yes, a Plan of Action Plan and child's medication is required from your doctor before admittance to class. Benadryl should be in a new unopened bottle with child's name and dosage amount written on it. EPI-PEN needs to be in the original container and box with child's name and prescription on it.

Are there any special needs that your child requires? Yes _____ No _____

I understand the above information is for the confidential use by staff that will be working with my child.

Parent/Guardian Signature

Date

ST. MAXIMILIAN KOLBE - KOLBE KIDS' EARLY CHILDHOOD PROGRAM
STUDENT INFORMATION SHEET

Child's Full Name: _____

Primary language spoken at home: _____

Parents' work schedule: Mom _____ Dad _____

Are there any other caregivers for your child? Y N Name(s) and comments: _____

Does your child drink from a cup? Y N with / without lid (please circle)

Does your child use a fork and/or spoon? Y N Please specify _____

Is your child fully potty trained? Y N

Toilet habits: (diapers, potty training, toddler toilet, adult toilet, etc.) Comments: _____

Are there any bowel or bladder problems? Y N Comments: _____

Sleep schedule: Wake-up _____ Bedtime _____

Nap time(s) _____

Sleep routine: (cuddle item, pacifier, stomach, back, etc.) _____

Child's favorite things: (toys, blanket, TV shows, characters, food, etc.) _____

Areas of interest for your child: (reading, art, singing, praying, playing, etc.) _____

Child's dislikes/fears: _____

Is your child ____ Active, ____ Sedate, ____ Quiet, ____ Aggressive

Does your child play well with others? Y N Comments: _____

What form of control/discipline is your child accustomed to? _____

Does your family have any pets? Y N Types and Names: _____

Our family attends church at: _____

Tell us about your child in your own words: _____

STUDENT INFORMATION SHEET; Continued

Please add any additional information (if needed) about your child: _____

Parent Signature

Date

**ST. MAXIMILIAN KOLBE - KOLBE KIDS' EARLY CHILDHOOD PROGRAM
DISCIPLINE AND GUIDANCE POLICY**

Child's Full Name: _____ DOB _____

Discipline must be:

- individualized and consistent for each child;
- appropriate to the child's level of understanding;
- 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:

- using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- reminding a child of behavior expectations daily by using clear, positive statements;
- redirecting behavior using positive statements; and using brief supervised separation or time away 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:

- corporal punishment or threats of corporal punishment;
- punishment associated with food, naps, or toilet training;
- pinching, shaking, or biting a child;
- hitting a child with a hand or instrument;
- putting anything in or on a child's mouth;
- humiliating, ridiculing, rejecting, or yelling at a child;
- subjecting a child to harsh, abusive, or profane language;
- placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

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

My signature verifies that I have read and received a copy of this discipline a guidance form and agree to adhere to each statement for any child who is on St. Maximilian Kolbe Catholic Community property. I acknowledge that I am to ensure that any person who is listed on my child's enrollment form will adhere to these same guidelines.

Parent/Guardian Signature

Date

Check one: _____ Parent _____ Employee/Caregiver

**ST. MAXIMILIAN KOLBE - KOLBE KIDS' EARLY CHILDHOOD PROGRAM
COVID-19 CONSENT FORM**

FATHER/GUARDIAN:

The Virus that causes COVID-19 can infect people of all ages. Persons of ALL AGES can be infected with COVID-19 and some will develop a severe illness.

Even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others, including those who may be far more vulnerable.

While precautions will be taken some of the protective measures that we can expect from adults are, for a variety of reasons, simply not possible with toddlers and small children.

COVID-19 is easily spread from person to person by coughing, sneezing, speaking, and even breathing. A group of young children or toddlers is likely to engage in interactive play and sharing of toys.

Parents and Guardians should monitor the health of their child and NOT send their child to the program if they are displaying any symptom of COVID-19.

Child's Name: _____ DOB _____

Father or Guardian's Name (print): _____

Home Address: _____

Home Phone#: _____ Business #: _____ Cell #: _____

I, _____, grant permission for my child, _____, to participate in the St. Maximilian Kolbe; Kolbe Kids' Early Childhood Program. This activity will take place under the guidance and direction of St. Maximilian Kolbe Catholic Community employees and/or volunteers.

As a parent and/or legal guardian of the child I acknowledge that I am aware of the COVID-19 virus and I acknowledge that my child may be exposed while attending Kolbe Kids' Early Childhood Program. I agree I will not take my child to the Program if my child displays any symptoms of COVID-19 or has been exposed to anyone with COVID-19. I will notify the Program immediately if my child is exposed or develops symptoms. I agree to comply with rules and directives of the Program.

IN CONSIDERATION OF MY CHILD BEING ABLE TO ATTEND THE PROGRAM I AGREE ON BEHALF OF MYSELF, MY CHILD NAMED HEREIN, OR OUR HEIRS, SUCCESSORS, AND ASSIGNS, TO HOLD HARMLESS, RELEASE AND DEFEND THE ARCHDIOCESES OF GALVESTON-HOUSTON AND THE PARISH NAMED ABOVE AND THEIR EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, OR REPRESENTATIVES FROM ANY CLAIMS, DAMAGES, OR LIABILITIES ARISING FROM OR IN CONNECTION WITH MY CHILD'S ATTENDANCE AT THE PROGRAM INCLUDING ANY ILLNESS OR INJURY OR COSTS OF MEDICAL TREATMENT.

Signature

Date

**ST. MAXIMILIAN KOLBE - KOLBE KIDS' EARLY CHILDHOOD PROGRAM
COVID-19 CONSENT FORM**

MOTHER/GUARDIAN:

The Virus that causes COVID-19 can infect people of all ages. Persons of ALL AGES can be infected with COVID-19 and some will develop a severe illness.

Even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others, including those who may be far more vulnerable.

While precautions will be taken some of the protective measures that we can expect from adults are, for a variety of reasons, simply not possible with toddlers and small children.

COVID-19 is easily spread from person to person by coughing, sneezing, speaking, and even breathing. A group of young children or toddlers is likely to engage in interactive play and sharing of toys.

Parents and Guardians should monitor the health of their child and NOT send their child to the program if they are displaying any symptom of COVID-19.

Child's Name: _____ DOB _____

Mother or Guardian's Name (print): _____

Home Address: _____

Home Phone#: _____ Business #: _____ Cell #: _____

I, _____, grant permission for my child, _____, to participate in the St. Maximilian Kolbe; Kolbe Kids' Early Childhood Program. This activity will take place under the guidance and direction of St. Maximilian Kolbe Catholic Community Community employees and/or volunteers.

As a parent and/or legal guardian of the child I acknowledge that I am aware of the COVID-19 virus and I acknowledge that my child may be exposed while attending Kolbe Kids' Early Childhood Program. I agree I will not take my child to the Program if my child displays any symptoms of COVID-19 or has been exposed to anyone with COVID-19. I will notify the Program immediately if my child is exposed or develops symptoms. I agree to comply with rules and directives of the Program.

IN CONSIDERATION OF MY CHILD BEING ABLE TO ATTEND THE PROGRAM I AGREE ON BEHALF OF MYSELF, MY CHILD NAMED HEREIN, OR OUR HEIRS, SUCCESSORS, AND ASSIGNS, TO HOLD HARMLESS, RELEASE AND DEFEND THE ARCHDIOCESES OF GALVESTON-HOUSTON AND THE PARISH NAMED ABOVE AND THEIR EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, OR REPRESENTATIVES FROM ANY CLAIMS, DAMAGES, OR LIABILITIES ARISING FROM OR IN CONNECTION WITH MY CHILD'S ATTENDANCE AT THE PROGRAM INCLUDING ANY ILLNESS OR INJURY OR COSTS OF MEDICAL TREATMENT.

Signature

Date

**ST. MAXIMILIAN KOLBE - KOLBE KIDS' EARLY CHILDHOOD PROGRAM
HEALTH AND SAFETY PROCEDURES**

Child's Name _____

DOB _____

KEEP YOUR CHILD HOME IF HE/SHE IS SICK.

COVID-19

Kolbe Kids' will be taking the temperature of each person upon arrival and throughout the day.

- * Children or staff who have a temperature of 99.6°F or above, has signs or symptoms of respiratory infection, such as a cough, shortness of breath, and/or a sore throat will **NOT** be admitted to the facility.
- * If a child or staff develop symptoms of temperature of 99.6°F or above, has signs or symptoms of respiratory infection, such as a cough, shortness of breath, and/or sore throat while at the facility, they will be sent home as soon as possible. The sick child will be immediately separated from the group and will wait in our isolation room until he/she is picked up.
- * If individuals have fever, cough, or shortness of breath and *have not* been around anyone who has been diagnosed with COVID-19, they should stay home until **72 hours** after the fever is gone and symptoms subside. If the individual's symptoms worsen, the individual should contact a health care provider to determine whether testing for COVID-19 is recommended.
- * Parents or staff must inform the facility immediately of the individual's diagnosis.
- * If we have a confirmed case of COVID-19 among our population, our facility will close temporarily. We will notify parents about the closure and communicate updates regularly.

A child with symptoms that prevent him/her from participating comfortably in school activities; or requires additional care that cannot be given without compromising the health and safety of other children, is asked to stay at home until the symptoms subside.

Guidelines for returning to school for other illnesses:

Symptom

Return to school

Diarrhea (2 episodes within 24 hours)

24 hours after the last episode

Vomiting (2 episodes within 24 hours)

24 hours after the last episode

Lice

When nit free; child will need to be cleared by a staff member

**ST. MAXIMILIAN KOLBE - KOLBE KIDS' EARLY CHILDHOOD PROGRAM
HEALTH AND SAFETY PROCEDURES; continued**

Guidelines for returning to school for other illnesses:

Symptom	Return to school
Strep Throat	24 hours after first treatment as prescribed by the doctor
Unexplained Rash	Rash is gone or with a doctor's note of release
Mouth sores with drooling	Sores/drooling are gone OR a doctor's note of release
Pink/Red Eye with Discharge	After initial dose of medication OR doctor's note of release

** I acknowledge that I have read, understand, and agree to the procedures stated above.*

Parent's Name

Parent's Signature

Date

**ST. MAXIMILIAN KOLBE - KOLBE KIDS' EARLY CHILDHOOD PROGRAM
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Child's Full Name: _____ DOB _____

I grant permission for my child, _____, to participate in the Kolbe Kids' Early Childhood Program for the 2021-2022 school year. This will be under the guidance and direction of the Kolbe Kids' staff and St. Maximilian Kolbe Catholic Community of the Archdiocese of Galveston-Houston. I agree on behalf of myself, my child, and our heirs/successors to hold harmless and defend St. Maximilian Kolbe, its employees, and volunteers, from or in connection with, my child attending the event or in connection with any illness or injury.

Parent Signature

Date

Consent Information

_____ I give consent for my child to be transported and supervised by the operation's employees for emergency care.

_____ I give consent for my child to participate in field trips around the property and visits to the church and church hall. We do not leave the program/church for field trips;

_____ I give consent for my child to participate in the following water activities:

_____ water table play _____ sprinkler _____ splashing/wading pools

As a parent/guardian , I understand that pictures (individual and group) will be taken during the school year which may include my son/daughter, as well as other family members attending school events.

I give permission for these pictures to be used for:

_____ Kolbe Kids' ECP class projects and displays

_____ St. Maximilian Kolbe web site, promotions, and bulletins

_____ I understand that I am prohibited from posting any children's pictures, videos, or any Kolbe Kids' school documentation on any social media.

_____ I have received, read, and agree to comply with the rules and regulations stated in the Kolbe Kids' ECP Parent Handbook and Operational Procedures.

_____ I give permission for the persons listed on my child's paperwork to accept any and all paperwork and information that is sent home from the school.

Parent/Guardian Signature

Date

**ST. MAXIMILIAN KOLBE - KOLBE KIDS' EARLY CHILDHOOD PROGRAM
EMERGENCY PROCEDURES**

TO THE ATTENDING PHYSICIAN: Kindly accept this document as authorization for any emergency medical/surgical/dental care required in my absence. I accept financial responsibility for any and all medical treatments.

Child's Full Name: _____ Birthdate _____

Address: _____

City _____ State _____ Zip Code _____

Mother's Name _____

Work # _____ Cell # _____

Father's Name _____

Work # _____ Cell # _____

Child's Physician: _____ Clinic/Group Name: _____

Physician address: _____ Phone #: _____

Does child take any medications prescribed for continuous, long term use? Yes___No___

If yes, explain: _____

Has your child been hospitalized within the last 12 months? Yes___No___

If yes, explain: _____

In the event of an emergency involving my child, and Kolbe Kids' ECP cannot get in touch with me, I hereby authorize all emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child and to hold harmless and release St. Maximilian Kolbe Catholic Community and the Kolbe Kids' ECP (including pastors, director, and affiliated staff) from any liability resulting from accidents and treatment.

These steps may include, but are not limited to:

- 1) Call 911.
- 2) Contact a parent or guardian.
- 3) Attempt to contact parent through others listed on enrollment sheet.
- 4) If a parent cannot be contacted, the Director will make the decision to have the child taken to an emergency facility in the company of a staff member.

My preferred emergency facility is: _____ HCA HOUSTON ER/ 24/7,
_____ HCA North Cypress Medical Center, _____ Other _____

Parent/Guardian Signature

Date

IMMUNIZATION RECORD Continued

Please write date received.

Immunizations Required	1	2	3	4
Hepatitis A			x	x
Pneumococcal			x	x
HIB			x	x
Varicella				x
MMR		x	x	x

Signature of Physician or public health official _____
Date

PARENT ACKNOWLEDGMENT:

The Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the following statement and sign your acknowledgment. My child had varicella disease (chickenpox) on or about (date) _____, and does not require the varicella vaccine.

Parent Signature _____
Date

For additional information regarding immunizations, visit the Texas Department of State Health Services at www.dshs.state.tx.iu/immunizations/public.shtm .

Child day care 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).

Under the Texas Penal code any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Parent Signature _____
Date