



APPLICATION AND ENROLLMENT FORM

Date of Admission _____

Student Name _____

Date of Birth _____

Please choose grade level child will be enrolling

- ☐ 18 MONTHS
- ☐ 2-YEAR-OLD
- ☐ 3-YEAR-OLD
- ☐ PREK 4
- ☐ KINDERGARTEN
- ☐ 1ST GRADE
- ☐ 2ND GRADE

PARENTS NAME:

MOM _____ CELL _____

MOM EMAIL _____

DAD _____ CELL _____

DAD EMAIL _____

ADDRESS _____ CITY _____ ZIP CODE _____

CELL PHONE _____ ALTERNATIVE # _____

All Fields are Required.

Early Registration Fee: \$75.00

Late Registration \$150

****All fees will be added to FACTS Tuition Management, once you have registered on FACTS****

<https://online.factsmgt.com/signin/3D9LN>



Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name:		Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian 1:	Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:	Address of Parent or Guardian 2 if different from the child's:		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact:	Relationship:	Area Code and Phone No.:	
Address:			
I authorize the child care operation to release my child to leave the child care operation only with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

Consent Information

1. Transportation:
I give consent for my child to be transported and supervised by the operation's employees. Check all that apply. <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. Field Trips:
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.
Comments: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

3. 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 or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance?

☐ Yes ☐ No

If no, your child is required to wear a life jacket while in or near a swimming pool.

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

☐ Yes ☐ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

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

☐ Yes ☐ No

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature — Parent or Legal Guardian

Date Signed

8. Child's Special Care Needs, check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment, include instructions below |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit 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 the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian _____

Date Signed _____

9. School Age Children

My child attends the following school:	School Area Code and Phone No.:
--	---------------------------------

My child has permission to:

Check all that apply.

- ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

- ☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

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	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

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

Signature — Parent or Legal Guardian _____

Date Signed _____

Requirements for Exclusion from Compliance

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ Fail

Signature _____

Date Signed _____

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature _____

Date Signed _____

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. Select **only one** option.

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected _____

Address of Health Care Professional, if selected _____

Signature — Health Care Professional _____

Date Signed _____

Signature — Parent or Legal Guardian _____

Date Signed _____

Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature _____

Date Signed _____

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

☐ Positive ☐ Negative Date: _____

Gang Free Zone

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.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian _____

Date Signed _____

Center Designee _____

Date Signed _____

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature _____

Date Signed _____



FACTS SIGN UP & FINANCIAL AGREEMENT

Dear parents,

It is our goal as a Christian School, to look for ways to make the financial responsibility easier for the parents. One way to do so is the co-source through FACTS Management Company.

All parents should have their FACTS account set up before the first day of admission. The office will no longer accept tuition payments. By setting up your ACH (automatic bank payment) you are simply authorizing FACTS to process directly through your financial institution.

Responsible party will pay Registration, Administration, and Tuition fee through FACTS. Also, any incidental fees such as drop-in fee, or late charges are also paid through FACTS, and have to be made manually.

An account that goes inactive or delinquent longer than 2 weeks, the student will be asked to withdraw from the Academy. When the past due balance is current, the student will be allowed to resume attendance. No student will be allowed to successfully enroll with a delinquent account from the previous year.

How to set up FACTS account?

- Go to school website www.mthca.org.
- Top Right Corner click on QUICK LINKS
- Click on FACTS Tuition Management Systems (Payment Portal)
- New link will open <https://online.factsmgmt.com/signin/3D9LN>
- Click on CREATE A USERNAME & PASSWORD
- Enter EMAIL ADDRESS
- Click on Set Up a Payment Plan link.
- Select the school year for which you will be paying.
- Complete ALL STEPS Prompted.

Please Acknowledge (Initial and Date)

I understand that being the responsible party or parent of Mt. Hebron Christian Academy; I am fully responsible for paying all fees, tuition, and other incidental fees.

I have read and understand the FACTS Tuition Management agreement and Tuition Discount Policy.

I fully understand and agree with terms of this document.

Signature

Date

Mt. Hebron Christian Academy MEDICAL HISTORY FORM

Date _____

Name of Student _____ Birthdate _____ Sex _____

Address _____ Home Phone _____

Father's Name _____ Business Phone _____

Mother's Name _____ Business Phone _____

Student's Doctor or Clinic _____ Dentist _____

Hospital Preference _____

PAST MEDICAL HISTORY

1. Has your child had to stay in the hospital overnight? Yes _____ No _____

If yes, for what reason? _____

2. Check which of the following illnesses your child has had:

<input type="checkbox"/> measles	<input type="checkbox"/> mumps	<input type="checkbox"/> chicken pox
<input type="checkbox"/> strept throat	<input type="checkbox"/> dehydration	<input type="checkbox"/> bladder/kidney problems
<input type="checkbox"/> ear infections	<input type="checkbox"/> convulsions	<input type="checkbox"/> asthma
<input type="checkbox"/> pneumonia	<input type="checkbox"/> bronchitis	<input type="checkbox"/> frequent/constant colds
<input type="checkbox"/> epilepsy	<input type="checkbox"/> tonsillitis	<input type="checkbox"/> meningitis/encephalitis
<input type="checkbox"/> sustained high fever	<input type="checkbox"/> allergic reaction	<input type="checkbox"/> rashes
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> diabetes	<input type="checkbox"/> other (explain) _____

3. Check If your child has had any of the following:

<input type="checkbox"/> serious burn	<input type="checkbox"/> near drowning	_____
<input type="checkbox"/> poisoning	<input type="checkbox"/> bee sting	_____
<input type="checkbox"/> broken bones	<input type="checkbox"/> auto accident	_____
<input type="checkbox"/> cuts needing doctor's care	<input type="checkbox"/> surgery	_____
<input type="checkbox"/> other (explain) _____	<input type="checkbox"/> Type _____	_____

PRESENT MEDICAL HISTORY

1. State any health concerns you have at this time about your child: _____

2. Does your child have any allergies? Yes _____ No _____ If yes, to what is he/she allergic? _____

Is your child experiencing:

eating problems?	Yes _____	No _____
sleeping problems?	Yes _____	No _____
vision problems?	Yes _____	No _____
hearing problems?	Yes _____	No _____
activity limitations?	Yes _____	No _____

OVER - COMPLETE BOTH SIDES

4. Does your child wear glasses?

If yes, is he/she supposed to wear them constantly?

If no, when is he/she to wear them?

Yes

No

Yes

No

When was he/she last seen by the eye doctor?

5. Is your child on any medication?

Yes

No

If yes, what medication and for what?

6. When did your child last see the doctor?

For what reason?

7. Have any members of your child's immediate family (brothers, sisters, parents, grandparents, aunts, uncles) had any of the following: Check problem and list person who had it.

Example: ☒ Heart disease grandmother

☐ Diabetes

☐ Sickle Cell

☐ Heart disease

☐ Convulsions

☐ High blood pressure

☐ Cancer

☐ Type of Cancer

8. If there is any thing the school nurse needs to know about your child that will help her in providing health services for him/her, please list it below.

SCHOOL EMERGENCY MEDICAL AUTHORIZATION

If the above named pupil becomes seriously ill or injured at school and the family cannot be reached immediately for provision of instructions, I hereby authorize school personnel to call and/or arrange for transportation of the pupil to our family physician.

If this physician or dentist is not available, it is understood that the school will call a doctor and/or will send the pupil, if necessary, to the nearest facility for emergency care.

It is understood, further, that I will pay for any emergency transportation and for any subsequent emergency care, unless the costs are otherwise covered by insurance.

(NOTE: Parents are responsible for notifying the school about any change of information contained on this form).

Date:

Signed:

(Parent or Guardian)

Please list the names of two people to be contacted in an emergency if the parents cannot be reached.

Name

Telephone

Address

Relation to Child

Name

Telephone

Address

Relation to Child



Getting to know your child

Please answer all questions. This information sheet is to help us know better your child. The better we know your child the better we can serve them and meet their needs.

1. Student name _____ DOB _____

2. Parents name _____

3. I describe my son/daughter as,

4. Do you have any special concerns about your child, that we need to be aware of? _____

5. List any activities that your child is interested in

a. _____

b. _____

c. _____

6. What are some things that your child needs to work on?

7. Is your son/daughter currently being seen by a therapist? If yes, explain _____

8. Is there anything else that you would like to share?





Mt. Hebron Christian Academy

'Committed in Excellence in Christian Education'

Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation, or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

___ Yes, I give consent for Mt. Hebron Christian Academy to photograph my child for school purposes and/or at school event.

___ No, I do not authorize Mt. Hebron Christian Academy to photograph for my child for any event.

Parent signature: _____

Date: _____

Students Name: _____



SOCIAL MEDIA QUESTIONARRE

How did you hear about Mount Hebron Christian Academy?

Do you follow us on our social media pages?

Which social media platform would you like to receive MHCA updates, news, and other news?

- ☐ FACEBOOK
- ☐ INSTAGRAM

**Make sure to follow us on our social media! **



- Facebook: Mount Hebron Christian Academy

- Instagram: mounthebronchristianacademy

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

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) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures

(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:

- ensure that the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) what behaviors would warrant the use of these measures; and
 - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for additional information; and
- ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date: _____

Signed by: _____

Role: ☐ Parent ☐ Caregiver or Employee ☐ Household Member (CH. 747 only)

Minimum Standards Related to Discipline



POLO SHIRT ORDER FORM

Student's name _____

Parent name _____

Parents # _____

Grade _____

Age _____

LD Embroidery

6310 Dalrock Rd Ste 725, Rowlett, TX 75088

972-412-6862

Owner / Manager-Shaye Green

Description	Shirt Size	Quantity