

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**GRACE PLACE LEARNING CENTER (GPLC)**

GPLC is a year-round pre-school program. Children registered as either part-time or full-time in Grace Place at the start of the school year (August) must remain in that status for the full school year (August – July) and pay the associated fees for that time-period. Exception can only made for children going from part-time to full-time status. **Please Initial** \_\_\_\_\_

Director: Stefani Behun Email: [sbehun@schertzumc.com](mailto:sbehun@schertzumc.com)

**Sessions Offered, Tuition, and Other Fees**

Operating Hours: 6:30am-6:00pm

**Daily drop off time is before 9:30am. Arrival after 9:30am will not be permitted.**

\*\*\*\*\***Late arrivals disrupt the classroom routines.**\*\*\*\*\*

**Full time session:** 6 weeks old-17 months old: \$954.00 per month \_\_\_\_\_  
18 months old-5 years old: \$891.00 per month \_\_\_\_\_

**Part time session:** Available for 18 months old and older only:

Monday-Friday half day (pick up 12:30pm): \$469.00 per month \_\_\_\_\_

Three full days a week, same days weekly: \$594.00 per month \_\_\_\_\_

GPLC tuition payments are due on Monday of each week, bi-monthly (1<sup>st</sup> & 15<sup>th</sup>) or monthly (1<sup>st</sup> of month). Payments must be made online through the Schertz United Methodist Church website (schertzumc.com) using ACH withdrawal or debit/credit card. **Please note that a transaction fee will be added to your account for each credit/debit card payment. No fee for ACH withdrawals.**

**Other Fees:** A "supply fee" of \$250 per year per child; August (\$100), January 1<sup>st</sup> (\$100), and June 1<sup>st</sup> (\$50) each school year. If paying the total \$250 at the start of the school year (August), parents can take a 10% discount off the fee. **Please Initial** \_\_\_\_\_

**REGISTRATION CHECKLIST**

Please return completed Admission Information Packet to the Director's office:

- \_\_\_\_\_ Information Form 2935 Pages 1-3
- \_\_\_\_\_ Discipline and Guidance Policy
- \_\_\_\_\_ Non-Refundable \$100.00 Registration Fee
- \_\_\_\_\_ Copy of Shot Record
- \_\_\_\_\_ Release for Photo/Video

\_\_\_\_\_ I have received a copy of the Grace Place Parent Handbook

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**\*REGISTRATION IS COMPLETE WHEN ALL THE ABOVE ITEMS HAVE BEEN FILLED IN, SIGNED, AND SUBMITTED.**

If you are currently looking for a church home, would you like for Schertz United Methodist Church to contact you to provide information about the church and its various ministries? Yes \_\_\_\_\_ No \_\_\_\_\_

# ADMISSION INFORMATION

Operation Name <b>SUMC Grace Place Learning Center</b>		Director's Name <b>Stefani Behun</b>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Parent/Guardian Contact Email Address	
Mother's/Guardian's Name		Father's/Guardian's Name	
Parent/Guardian Address (if different from child's address)			
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's/Guardian Telephone No. Cell: Work:	Father's/Guardian Telephone No. Cell: Work:	Child lives with:	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
<b>1. <input type="checkbox"/> TRANSPORTATION:</b>			
<b>Walk home</b> <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			
<b>2. <input type="checkbox"/> FIELD TRIPS:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
<b>Parent's Comments:</b>			
<b>3. <input type="checkbox"/> WATER ACTIVITIES:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
<b>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
<b>5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b>			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
<b>6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to decide for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

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Child daycare 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).

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

**SCHOOL AGE CHILDREN:**

My child attends the following school:  
 \_\_\_\_\_  
 Name of School and Address School Ph.#

**CHECK ALL THAT APPLY:**

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:  walk to or from school or home,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**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.

Please check only one option:

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he / she is able to take part in the day care program.  
 \_\_\_\_\_  
 Health Care Professional's Signature Date
2.  A signed and dated copy of a health care professional's statement is attached.
3.  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.
4.  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 will submit it to the child-care operation.

Name and address of health care professional:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature - Parent or Legal Guardian Date

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

\_\_\_\_\_  
 Signature – Parent or Legal Guardian

\_\_\_\_\_  
 Date



# ADMISSION INFORMATION

HEALTH REQUIREMENTS											
Name of Child:								Date of Birth:			
Age ► Vaccine ▼	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required)		<input type="checkbox"/> Positive		<input type="checkbox"/> Negative				Date: _____			
Signature or stamp of physician or public health personnel verifying immunization information above. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Signature</span> <span>Date</span> </div>											
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine. <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Parent's signature</span> <span>Date</span> </div>											
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.											
For additional information regarding immunizations contact the Department of State Health Services at <a href="http://www.dshs.state.tx.us/immunize/public.shtm">www.dshs.state.tx.us/immunize/public.shtm</a>											

Signature – Parent or Legal Guardian

Date

**Discipline and Guidance Policy for Grace Place Learning Center**  
Name of Operation

- ◆ 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 a hand or 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; and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age.

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

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:

parent/guardian

employee/caregiver

household member of child-care home



# ADMISSION INFORMATION

## Release for Photo/Video

I give permission for my child to be photographed or video recorded as part of the Schertz United Methodist Church Grace Place Learning Center. I understand that the photos/videos may be used on the church websites, brochures, and other informational/publicity items. Photos will not be identified by name except in the classroom.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

