Ray Ellison Family Center Enrollment Application

Parent Name: _____

Child Name: _____

Enrollment Documents

As part of the enrollment application the following documents are required upon submission;

- Birth certificate
- Allergy Alert and Alternate Nutrition Agreement with physician's signature
- Child's current immunization record
- Signed Physical and/or Well Child's Exam
- Current semester schedule (PAC/AC students)
- Child and Adult Care Food Program (CACFP) Meal Benefit Income Eligibility form
- Photo Release

Tuition

I agree and acknowledge to the following weekly tuition rate (completed with REFC Staff);

Fall 20___ Semester

- Registration fee $40
- Weekly tuition fee of $_____

Parent's Signature: _____

Spring 20___ Semester

- Registration fee $40
- Weekly tuition fee of $_____

Parent's Signature: _____

Maymester 20___

- Weekly tuition fee of $_____

Parent's Signature: _____

Summer I 20___ Semester

- Registration fee $20
- Weekly tuition fee of $_____

Parent's Signature: _____

Summer II 20___ Semester

- Registration fee $20
- Weekly tuition fee of $_____

Parent's Signature: _____

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Parent or Legal Guardian's Name: *(First name, MI, Last Name)*	
Physical Address:	□ *Child lives with me*
City, state, zip code:	
Primary Phone:	**Alternate Phone**:
Parent or Legal Guardian's Name: *(First name, MI, Last Name)*	□ *Authorized to drop off/pick up*
Physical Address:	□ *Child lives with me*
City, state, zip code:	
Primary Phone:	**Alternate Phone**:

Enrolling Child #1 Information

Child's Name: *(First name, MI, Last Name)*		
Nickname:	**Date of Birth**:	**Gender**: □Female □Male

Ethnicity: □ Hispanic □ Non-Hispanic/Non-Latino	**Race**: □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ Other □ White
Primary Language spoken at home: □ English □ Spanish □ Other: _____	**preferred Language spoken at center**: □ English □ Spanish □ Other: _____
Health Concerns: □ Yes □ No □ N/A **Diagnosed conditions**: □ Respiratory □ Heart □ Allergies:_____ □ Other: _____ □ Seizures □ Swallowing	**Assistive devices used by child**: □ None □ Glasses □ Braces □ Wheelchair/cane □ Hearing Aide □ Other: _____

Expected days and hours my child will be in care:

□ **Monday** _____ ***am*** **to** _____ ***pm*** □ **Tuesday** _____ ***am*** **to** _____ ***pm***
□ **Wednesday** _____ ***am*** **to** _____ ***pm*** □ **Thursday** _____ ***am*** **to** _____ ***pm***
□ **Friday** _____ ***am*** **to** _____ ***pm***

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

□ **None** □ **Breakfast** □ **Lunch** □ **PM Snack**

Enrolling Child #2 Information

Ray Ellison Family Center Enrollment Application

Child's Name: *(First name, MI, Last Name)*		
Nickname:	**Date of Birth**:	**Gender**: □Female □Male
Ethnicity: □ Hispanic □ Non-Hispanic/Non-Latino	**Race**: □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ Other □ White	
Primary Language spoken at home: □ English □ Spanish □ Other: _____	**preferred Language spoken at center**: □ English □ Spanish □ Other: _____	
Health Concerns: □ Yes □ No □ N/A **Diagnosed conditions**: □ Respiratory □ Allergies:_____ □ Seizures □ Swallowing □ Heart □ Other: _____	**Assistive devices used by child**: □ None □ Glasses □ Braces □ Wheelchair/cane □ Hearing Aide □ Other: _____	
Expected days and hours my child will be in care: □ **Monday** _____ ***am*** **to** _____ ***pm*** □ **Tuesday** _____ ***am*** **to** _____ ***pm*** □ **Wednesday** _____ ***am*** **to** _____ ***pm*** □ **Thursday** _____ ***am*** **to** _____ ***pm*** □ **Friday** _____ ***am*** **to** _____ ***pm***		
I understand that the following meals will be served to my child while in care: □ **None** □ **Breakfast** □ **Lunch** □ **PM Snack**		

Section II: Family Members Demographic Data

List all family members:
Family Size ____ Number of adults _____ Number of children _____

Name if family member (first name, MI, last name)	**Relationship to child**	**Primary Language**
(head of household)		□ English □ Spanish □ Other: _____
		□ English □ Spanish □ Other: _____
		□ English □ Spanish □ Other: _____
		□ English □ Spanish □ Other: _____
		□ English □ Spanish

		□ Other: _____
		□ English □ Spanish □ Other: _____

Please indicate occupations status of legal guardian living in the household

Employed:
□ Full time (30+ hours weekly)
□ Part time
□ Season – Non Agriculture
□ Other: _____

In School:
□ PAC Full time
□ PAC Part time
□ Other Alamo College F/T or P/T
□ TAMU
□ Other: _____

Section III: Family Information

Family type:
□ Two parent family
□ Single parent family (mother figure only)
□ Single parent family (father figure only)
□ Foster family
□ Other family type
□ Other relatives

Types of services or financial assistance received:
(mark all that apply)
□ No services received
□ Unemployment insurance
□ SNAP: #_____
□ SSI
□ Child support/alimony
□ Medical financial assistance (Medicaid/Medicare)
□ Public Assistance/Welfare (TANF/AFDC)
□ EPSDT
□ WIC
□ Energy Program Assistance
□ Public Housing Assistance
□ Foster care/ Adoption subsidy
□ Interested in Child Care Scholarships
□ Other: Specify _____

Section IV: Emergency Contact Information and Authorization of Drop Off/Pick Up

Name: *(First name, MI, Last Name)*		**Relationship to child:**
Telephone #:	**Alternate #:**	□*Authorized for drop off* □*Authorized for pick up* □*Authorized for emergency*
Name: *(First name, MI, Last Name)*		**Relationship to child:**
Telephone #:	**Alternate #:**	□*Authorized for drop off* □*Authorized for pick up* □*Authorized for emergency*
Name: *(First name, MI, Last Name)*		**Relationship to child:**
Telephone #:	**Alternate #:**	□*Authorized for drop off* □*Authorized for pick up* □*Authorized for emergency*
Signature of Parent/Legal Guardian:		**Date:**

Section IV: Health Information		
Enrolling Child #1 Name:	**Date of birth**:	
Insurance provider type: □ Public assistance (Medicaid) □ Private □ No insurance □ CHIP □ Other: _____		
Insurance provider's name:	**ID or Policy number**:	
Insurance effective date: □ N/A	**Insurance expiration date**: □ N/A	**Dental coverage included:** □ Yes □ No
Primary care provider: (doctor/clinic name)	**Phone number:**	
Street, city, state, zip:		
Dental care provider: (doctor/clinic name)	**Phone number:**	
Street, city, state, zip:		
Specialist provider: (doctor/clinic name)	**Phone number**:	
List any other medical needs or concerns that your child may have *(e.g.: allergies, existing illnesses, medications prescribed for long-term use, past serious illness, injuries during the past 12 months, and any other information staff should be aware of):*		

Section V: Authorization for Emergency medical Attention *In the event that I cannot be reached to make arrangements for emergency care of my child, I authorize the Coordinator or person in charge to see medical attention for my child.*	
Name and number of licensed physician:	
Name and number of hospital/clinic:	
Name and number of dentist:	
I give consent for any necessary emergency treatment when my child is in the care of the above referenced physician, hospital/clinic, or dentist.	
Signature of Parent/Legal Guardian:	**Date:**

Section VI: Family Partnership Agreement and Consent Form		Initials
1.	I consent to the enrollment of child in the Ray Ellison Family Center.	

2.	I agree and understand that my child must be up to date on all immunizations, well-child, and dental exams. (if applicable)	
3.	I agree to sign my child in and out daily on ProCare and classroom sign in/out sheet.	
4.	I agree to have my child signed in by 8:30 am. In the event that my child has a Doctor's appointment, 24- hr. noticed required, child brought in no later than 11:15 am with a Doctors excuse.	
5.	I agree and understand that my tuition is due every Monday before my child is signed in for the day. (late fees may apply)	
6.	I agree to notify the Coordinator or person in charge by phone call or via email to pac-refc@alamo.edu if my child is unable to attend school for the day.	
7.	In the event that I cannot make or be reached to make arrangements for emergency medical attention, I authorize the Coordinator or person in charge to secure emergency medical treatment for my child. When possible, treatment may be obtained from the persons described on Section V: Authorization for Emergency Medical Treatment.	
8.	I agree to participate in 2 Parent/teacher conferences each semester my child is enrolled.	
9.	I agree to bring diapers every week and have at least two changes of clothes and one pair of shoes in my child's cubby.	
10.	I understand and have received written information about special Education referrals to local school districts and Part C agency, Early Childhood Intervention (ECI). I agree to follow through with the referral process outlined, if my child is identified with a possible disability.	
11.	I agree and provide consent for Teachers to complete the GOLD Assessment on my child and have received the information regarding developmental assessments.	
12.	I agree to provide the center with a copy of my child's birth certificate or other form that acknowledges date of birth.	
13.	I agree and understand that I must fill out the CACFP Meal Benefit Income Eligibility Form.	
14.	I agree and understand that I must provide proof of income (i.e. most recent W-2, No Income Statement, 1040/1040A, child support, etc.) if receiving child care tuition assistance.	
Other Authorizations/Releases		
15.	Share health records with the school system.	
16.	Use of child's photograph	
17.	Water play, such as water hose or sprinkler	

Enrollment Date:	**Withdrawal Date**:
Signature of Parent/Legal Guardian:	**Date**:
Signature of REFC Staff:	**Date:**

Section VII: Cultural Questionnaire

Parent/Legal Guardian Name:

Child's Name:	
1.	What traditions and norms are important to you and your family?
2.	What holidays are important to you and your family?
3.	Are there any foods/drinks that your child cannot consume when attending Ray Ellison Family Center?
4.	Are there any unusual situations at home that might result in added tension or stress? (i.e. illness, new sibling, move, death, etc.)
5.	What language is spoken at home?
6.	What language do you prefer at school?
7.	Is your child on any medication?
8.	Does your child have allergies?
9.	On average how many hours of T.V does your child watch daily?
10.	On average how many hours of screen time does your child get daily?
11.	What are you child's interests?
12.	What are you child's favorite foods?