



Our Lady Of Rosary Learning Center

2237 Waldron Road

Corpus Christi, TX 78418

P: (361) 939- 9847 F: (361) 937- 0890 Email: olrcs1991@gmail.com

## **BASIC INFORMATION: 2026-2027 SCHOOL YEAR**

**OUR MISSION:** Our Lady of the Rosary Learning Center is entrusted with the mission of integrating both faith and knowledge by providing a nurturing and stimulating environment that enables each child to perform at the highest level of his/her capacity as a child of God.

**School building open hours: 7:00am to 5:00pm**

**Class hours: 8:00am to 3:00pm**

It is important to your child's development that they arrive on time for the start of class.

### **TUITION AND PAYMENT**

Non-refundable registration: \$250 per child due upon enrollment.

Monthly Tuition: \$600/month (\$650/month for 18mo to 2yr class) Due on the first school day of the month.

Tuition Fees are not refundable

Fundraiser obligation: family participation required.

Discount available for families with 2 or more children enrolled.

**School Uniform:** Our Lady of the Rosary Learning Center students will follow a dress code. Uniforms are available for purchase.

### **REQUIREMENTS FOR ADMISSION**

- \_\_\_\_\_ Child Enrollment Form
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Baptismal Certificate, if baptized
- \_\_\_\_\_ Up to date Immunization Record
- \_\_\_\_\_ Physicians Clearance to attend Day Care
- \_\_\_\_\_ Photo/Insecticide Release Form
- \_\_\_\_\_ Family Orientation Form

**Thank you for sending your children to Our Lady of the Rosary Learning Center**



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### STUDENT ENROLLMENT FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Number of Brothers \_\_\_\_\_ Number of Sisters \_\_\_\_\_

Father's Name \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Remarried \_\_\_\_\_ Single \_\_\_\_\_ Deceased \_\_\_\_\_

Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Contact # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Remarried \_\_\_\_\_ Single \_\_\_\_\_ Deceased \_\_\_\_\_

Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Contact # \_\_\_\_\_ Email \_\_\_\_\_

Household Gross Annual Income \_\_\_\_\_



Admission Information *yr 2026-7*

Use this form to collect all required information about a child enrolling in day care. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form 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.

**Section 1 – General Information**

Operation's Name Our Lady of the Rosary Learning Center	Director's Name Sr Guadalupe DeVela
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Child's Full Name	Child's Date of Birth
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Child Lives With:  Both parents  Mom  Dad  Guardian

Child's Home Street Address, City, State and ZIP Code

Date of Admission	Date of Withdrawal
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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.
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Custody documents on file?  Yes  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.
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Street Address, City, State and ZIP Code

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.
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Name	Area Code and Phone No.
------	-------------------------

Name	Area Code and Phone No.
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### Section 2 – Consent Information

#### 1. Transportation

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

- For emergency care     
  On field trips     
  To and from home     
  To and from school

#### 2. Field Trips

- I give consent for my child to participate in field trips.  
 I do not give consent for my child to participate in field trips.

Comments

#### 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     
  Wading pools     
  Swimming pools     
  Aquatic playgrounds

1. Is your child a competent swimmer?  Yes  No    If no, your child is required to wear a life jacket while in or near a swimming pool.
2. 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.

**Note:** 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 <i>p19-20</i>   | <input type="checkbox"/> Procedures for release of children <i>p5</i>  |
| <input type="checkbox"/> Suspension and expulsion <i>p20</i>   | <input type="checkbox"/> Illness and exclusion criteria <i>p6-7</i>  |
| <input type="checkbox"/> Emergency plans <i>p9-11</i>  | <input type="checkbox"/> Procedures for dispensing medications <i>p7</i>   |
| <input type="checkbox"/> Procedures for conducting health checks <i>p6-8</i>   | <input type="checkbox"/> Immunization requirements for children <i>p5-6 Application</i>  |
| <input type="checkbox"/> Safe sleep <i>p8</i>  | <input type="checkbox"/> Meals and food service practices <i>p8</i>  |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director <i>p10, p21</i>                                  | <input type="checkbox"/> Procedures to visit the center without securing prior approval <i>p13</i>   |
| <input type="checkbox"/> Procedures for parents to participate in activities <i>p18</i>  | <input type="checkbox"/> Procedures for supporting inclusive services <i>p18</i>   |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions <i>p3</i> | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website <i>p9, p14</i> |

#### 5. Meals

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

**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.

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

\_\_\_\_\_  
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/](http://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).

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

\_\_\_\_\_  
Date Signed

**9. School-Age Children**

My child attends the following school

School Area Code and Phone No.

My child has permission to:  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.

X

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



### Section 7 – 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.

- 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.

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

Health Care Professional Signature

Date Signed

Parent or Legal Guardian Signature

Date Signed

### Section 8 – 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)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
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.	

### Section 9 – Physician or Public Health Personnel Verification

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Section 10 – 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

### Section 11 – Additional Information About Immunizations

For more information about immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

### Section 12 – 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.

### Section 13 – Privacy Statement

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

### Section 14 – Signatures

\_\_\_\_\_  
Child's Parent or Legal Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee Signature

\_\_\_\_\_  
Date Signed



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### RELEASE STATEMENTS

Please initial if you agree to the following releases. If you do not agree to it, X through the statement.

\_\_\_\_\_ My Child's picture/video may be used for OLRLC publicity purposes, including on the website, publicity pamphlets and Facebook Page.

### SUNSCREEN AND INSECT REPELLENT

Your child must participate in outdoor activities. Sunscreen is normally rubbed on the exposed skin surface whereas insect repellent is usually applied as a spray to exposed skin area.

\_\_\_\_\_ Permission is granted to apply sunscreen.

\_\_\_\_\_ Permission is granted to apply insect repellent.

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OUR Lady of the Rosary Learning Center  
MONTHLY ACTIVITIES 2026-2027**

MONTH	DATE	ACTIVITIES
AUGUST	3-4 05	Teachers Preparation Day First Day of School
SEPTEMBER	01 07	Labor Day PTO Meeting
OCTOBER	09-12 30	FALL BREAK TRUNK or TREAT
NOVEMBER	11 20 23-27	VETERANS DAY THANKGIVING LANCHEON (Early Release) THANKSGIVING BREAK
DECEMBER	12 18 21-31	BREAKFAST WITH SANTA CHRISTMAS PROGRAM & PARTY (POTLUCK Early Release) CHRISTMAS BREAK
JANUARY	01 4	NEW YEAR's BREAK CLASSES RESUME
FEBRUARY	15	PRESIDENTS' DAY
MARCH	08-12 25 26 29	SPRING BREAK Reenactment of the Paschal Mystery (Early Release) GOOD FRIDAY EASTER MONDAY
APRIL		
MAY	28 31	CULMINATING ACTIVITY (POTLUCK DINNER) LAST DAY OF CLASSES MEMORIAL DAY
JUNE	01-30	SUMMER SCHOOL

## Family Orientation

I, \_\_\_\_\_ parent of \_\_\_\_\_ acknowledge that I have received the information below at parent orientation upon enrollment.

- Tour of the Facility
- Introduction to Teaching Staff
- A parent visit with the classroom teacher.
- Overview of Parent Handbook
- Policy for arrivals and late arrivals
- Opportunity for extended visit in classroom
- Explanation of Texas Rising Star
- Workforce CCS
- Family Supports and Community Activities
- Information on child growth and development milestones
- A statement informing parents on the significance of consistent arrival time, limiting disruption, and be consistent in routines in preparing the children for kindergarten.
- Encourage Parents to refrain from the use of electronic devices while at the facility.
- Importance of family role and influence.

Parent Signature & Date:

Director Signature & Date: