



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: 2023-2024 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: 7:00 am to 5:00 pm

Class Hours: 8:00 am to 3:00 pm

Non-refundable Registration Fee: \$250 per child (due upon enrollment)

TUITION AND PAYMENT

Monthly ... \$550.00. Due the first Monday of each month.

Fundraising Obligation per family ... Participation required
Family discount is available for 2 or more children
Tuition fees are not refundable.

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)
- _____ Updated Immunization Record and Doctor's Physical Clearance
- _____ Parent's Handbook Acknowledgement Form
- _____ Photo/Insecticide Release Form

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



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"Where we grow in faith and knowledge with Jesus as our model."

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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: _____

Student Resides With: Father _____ Or Mother _____ Or Both _____ Or Other _____

Household Gross Annual Income _____



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 Completing Form:	Address of Parent or Guardian (if different from the child's):		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, 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>OLRLC Does not typically have field trips. If one is planned a permission slip for that trip will be required</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

Is your child able to swim without assistance: ☐ Yes ☐ No

If no, what type of assistance is needed: _____

4. Receipt of Written Operational Policies:

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

☐ Discipline and guidance **Pg 15-19**

☐ Procedures for release of children **Pg 5, 19**

☐ Suspension and expulsion **Pg 18-19**

☐ Illness and exclusion criteria **Pg 5, 6**

☐ Emergency plans **Pg 8-10**

☐ Procedures for dispensing medications **Pg 6**

☐ Procedures for conducting health checks **Pg 7**

☐ Immunization requirements for children **Application form pg 5, 6**

☐ Safe sleep **Pg 7**

☐ Meals and food service practices **Pg 7**

☐ Procedures for parents to discuss concerns with the director
Pgs 8, 11, 19

☐ Procedures to visit the center without securing prior approval
Pgs 11, 12, 16

☐ Promotion of indoor and outdoor physical activity including
criteria for extreme weather conditions
See posted activity schedules, and pg 8.

☐ Procedures for supporting inclusive services
See application pg3 to discuss with director.

☐ Procedures for parents to participate in operation activities
Pg 16

☐ Procedures for parents to contact Child Care Licensing (CCL), DFPS,
Child Abuse Hotline, and CCL website **Pgs 8, 13**

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

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		

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 (<i>include instructions below</i>) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) | <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 <https://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 _____

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 his or her sibling under 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	Phone No.
Name of Emergency Care Facility	Address	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 that he or she is 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. Please 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 6 to 18 months after the first dose.	

Varicella (Chickenpox)

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.

Signature _____

Date Signed _____

Additional Information Regarding Immunizations

For additional information regarding 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 _____



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RELEASE STATEMENTS

Please initial if you agree to the following releases. If you do not agree please place an X in the box.

_____ My child's picture may be taken during school events and be used for public relations.

_____ My child's picture may be used on both secured and unsecured web site and used for publicity.

SUNSCREEN AND INSECT REPELLENT

You child must participate in outdoor activities. Sunscreen and insect repellent are available for use by the classroom teachers. If permission is not granted your child will participate in these activities without the application of sprays.

_____ Permission is granted to apply Sunscreen

_____ Permission is granted to apply insect repellent

Childs Name: _____

Parent Signature: _____

Date: _____

Our Lady of the Rosary Learning Center

Parent/Student Handbook

YEAR 2023-2024

ACKNOWLEDGEMENT FORM

**I/We have read and understand the Parent/Student Handbook of
Our Lady of the Rosary Learning Center.**

Please Sign:

_____	_____
Parent's Name (Print)	Parent's Name (Sign)

_____	_____
Parent's Name (Print)	Parent's Name (Sign)

_____	_____
Child's Name (Please Print)	Date

E-mail contact for PTO communications (optional)