

# A+ PREP SCHOOL

## Admission Information - (Please Print)

For School Age Students

Program(s) selected: \_\_\_\_\_  
(A)

Date of Admission: \_\_\_\_\_  
Referred by: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Student's Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of School: \_\_\_\_\_ School District: Plano/Frisco/ \_\_\_\_\_ Grade \_\_\_\_\_  
(B)

Mother's or Guardian's Name	Texas D.L. No.	Social Security # <u>LAST 4</u>
		XXX-XX-
Address (if different from child)	Zip Code	Phone#

Place of Employment:

Address of Employer:

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cellular Phone# \_\_\_\_\_

Father's or Guardian's Name	Texas D.L. No.	Social Security # <u>LAST 4</u>
		XXX-XX-
Address (if different from child)	Zip Code	Phone#

Place of Employment:

Address of Employer:

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cellular Phone# \_\_\_\_\_

Marital Status of Parents: Married ( ) Separated ( ) Divorced ( ) Widowed ( )  
If divorced, who has custody? Mother ( ) Father ( ) Guardian \_\_\_\_\_

(C) Person(s) to be notified in case of Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Texas D.L. No. \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Texas D.L. No. \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

A+ PREP SCHOOL is to allow this child to leave the school facility ONLY with the following persons:  
( ) Mother ( ) Father ( ) Guardian ( ) emergency contact(s) listed above and -

Name: \_\_\_\_\_ Texas D.L. No. \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Texas D.L. No. \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Texas D.L. No. \_\_\_\_\_ Phone# \_\_\_\_\_

(D) PERTINENT HEALTH INFORMATION: List and explain any health conditions or required medications i.e. heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition.

\_\_\_\_\_  
\_\_\_\_\_

DOCTOR: 1st choice \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

2nd choice \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

DENTIST: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

CLINIC/HOSPITAL: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned, do hereby authorize employees of A+ PREP SCHOOL to contact directly the persons and health care providers named on this form, and do authorize the named physicians, clinics and/or hospitals to render such treatment as may be deemed necessary for the transportation and health care of said child. In the event the physicians, other persons named on this form or parents can't be contacted, the school employees are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child.

I request that the physicians, dentists and staff of the medical facility perform any diagnostic pro-operative procedures and x-ray treatments and anesthetics as may be necessary in the diagnosis and procedures, treatment of my child. I authorize the medical facility to dispose of any specimen or tissue taken from named person.

I certify I am a parent with legal parental custody of the child, the child's legal guardian, or have other court control of the child. I understand that I must notify A+ PREP SCHOOL in writing to change any information on this form or to revoke any consent given herein.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Date

**(E) PUBLICITY RELEASE INFORMATION:**

I understand that various photographs may be taken by the school. I give my permission for (student name) \_\_\_\_\_ picture(s) to be used at the discretion of the program staff.

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

\_\_\_\_\_  
Date

**(F) "SCHOOL POLICIES AND PROCEDURES" for this specific program attached.**

I have read and agree to follow all the A+ PREP SCHOOL policies and procedures as required.

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

\_\_\_\_\_  
Date

**(G) "FIELD TRIP(S)-the notice will be posted in the school for 48 hours prior to the trip taken place.**

I hereby ( ) give ( ) do not give my consent for my child to participate in the field trips.

I hereby ( ) give ( ) do not give my consent for my child to participate in water activities.

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

\_\_\_\_\_  
Date

**(H) IMMUNIZATION RECORD/VISION AND HEARING SCREENING:**

My child is attending the following school and his/her immunization record/Vision and Hearing Screening (if applicable) is/are on file at the school and all information are current.

\_\_\_\_\_  
(Name of School) \_\_\_\_\_ (Phone#)

\_\_\_\_\_  
(Address)

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

\_\_\_\_\_  
Date

**(I) I have received and read the brochure for "A Parent's Guide to Day Care".**

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

\_\_\_\_\_  
Date

**(J) " Discipline Guidelines for School Sponsored Transportation" is attached.**

**\* PLEASE ATTACH A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD. Thank You!**

/schoolgeadmission

**A+ PREP SCHOOL**  
**DISCIPLINE GUIDELINES FOR SCHOOL SPONSORED TRANSPORTATION.**

The safety of all students is a top priority when traveling in school sponsored transportation. Students being transported are held to a high standard of conduct. Appropriate behavior is expected to ensure the safety of all students.

When students are involved in disciplinary infractions (i.e. including but not limited to: fighting, excessive noise level, using inappropriate language, not staying seated, disrespect, destroying property, refusing to buckle their seat belt, littering, hanging out windows, etc.), appropriate disciplinary action will be taken as follows:

**1st violation:** Oral and Written warning will be submitted to the parents. Both parents and teachers should talk to the student about the importance of the bus safety and the consequences for not following the instruction.

**2nd time:** The student will not be allowed to ride the bus for 2 days. Parents will be required to find alternative transportation arrangements for these days.

**3rd time:** The student will not be allowed to ride the bus for 5 consecutive days. Parents will have to make alternative arrangements.

**4th time:** At this point, in order to consider other students' safety who are riding in the same vehicle, the school will have no choice but to remove the student's privilege to ride the bus for the remainder of the school year.

.....

We have read and understand the responsibilities outlined in the Discipline Guidelines for the school sponsored transportation and understand the student, \_\_\_\_\_ (student's name) shall be held accountable for A+ PREP SCHOOL sponsored transportation, including to and from school, extracurricular activities, and field trips. We also understand that all precautions will be taken to prevent any accident, and I do hereby release A+ PREP SCHOOL, its agents, or employees from any liability for an accident involving my child while on the school sponsored transportation.

Safety of all students on transportation is everyone's responsibility. We understand that any student who compromises the safety of others shall be subject to disciplinary action and/or suspension of transportation privileges. This includes any misconduct, regardless of time or location when traveling on any school sponsored transportation.

**Parent/Guardian Signature:** \_\_\_\_\_

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



# FP Assistance

Feeding the Future

## Food Program Enrollment Form

Center Name: \_\_\_\_\_ CODE: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Admission date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

1. Circle the days that your child will normally attend the center:

Mon    Tue    Wed    Thu    Fri    Sat    Sun

2. Circle the meals normally served to your child in the center:

Breakfast    AM Snack    Lunch    PM Snack    Supper    Evening Snack

3. What hours will your child normally be in the center:

\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

4. Participant's ethnic and racial identities (optional)

Ethnicity (choose one ethnic identity):

- Hispanic or Latino
- Not Hispanic or Latino

Race: (choose one or more racial identities):

- Asian
- American Indian or Alaska Native
- White
- Native Hawaiian or Other Pacific Islander
- Black or African American

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

\_\_\_\_\_  
Date of Signature

(\_\_\_\_) \_\_\_\_\_  
Day Time Phone Number

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

## Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members  
(First, Middle Initial, Last)

CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)  
\* IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.

CHECK IF NO INCOME

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

Check here if no eligibility number

## Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___

## Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  I do not have a Social Security Number