

Enrollment Application



The El Paso Christian School admits students of any color, race, ethnic and national origin to all the privileges, programs, rights and activities generally made available to students at the school. It does not discriminate on the basis of color, race, ethnic and national origin in administration of its educational policies, admissions policies, scholarship programs, athletic programs and other school programs.

EPCS APPLICATION PACKET

2020-2021

*Open Enrollment Begins February 15, 2020 for ages 2 years-8th grade.

Thank you for your interest in the El Paso Christian School. We welcome families as we partner with you to prepare your child in heart, mind, body, and spirit to share the good news. At EPCS we infuse Christ into all elements of our students' school experience.

From academics to community service, and fine arts to athletics, we strive to create a loving Christ centered family environment where students leave equipped to boldly go into the world doing the works of Christ.

Should you have any questions about completing this packet, please call us at (915) 588-2103. *Welcome to the EPCS family.*

APPLICATION PROCESS

Complete the application documents, scan them and email them to the school at info@elpasocs.org or you can return the completed application packet in person to the school office.

Once the completed application and application fees have been received by the school, your file will be reviewed. The school will then contact the parent(s)/guardian(s) to schedule a family interview.

ADDITIONAL DOCUMENTS NEEDED

- Student's original birth certificate.
- Updated immunization record or exemption.
- Custody papers, if applicable.
- Emergency Medical Plan, if applicable.

FAMILY INTERVIEW

A family interview will be conducted involving the parents, student, and the appropriate administrator as part of the application process for all new students' grades 1st-8th.

Our Mission

With the Bible as our foundation and Classical Christian Education as our model, El Paso Christian School seeks to prepare students in wisdom, virtue and service to glorify God.

Our Vision

EPCS will prepare students in heart, mind, body and spirit to share the good news to the ends of the earth.

Educational Philosophy

For education to be meaningful, it must be based upon truth, God’s truth. Only by recognizing God as the creator, designer, and organizer of the universe, can a proper understanding and application of knowledge be possible (Psalms 111:10). El Paso Christian School is a religious institution providing an education in a distinctively Christian environment, and it believes that its biblical role is to work in conjunction with the home to mold students to be Christ-like while pursuing academic excellence.

Admission Standards

Admission standards of the El Paso Christian School are designed to identify students who:

- 1. Have a parent who is supportive of the school’s Statement of Faith.
- 2. Have parents who are willing to meet EPSC financial obligation.

Your signature below signifies that you have read and are in agreement with our Mission, Vision, Educational Philosophy and meet our admission standards.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date:_____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date:_____

Statement of Faith

The El Paso Christian School and Staff Believe:

1. The *Bible* is the verbally inspired and only, infallible, authoritative Word of God. It is the sole source of truth for Christian belief and living (2 Timothy 3:16; 2 Peter 1:21).
2. *Salvation* is God's free gift to us. Man is sinful by nature and regeneration by the Holy Spirit is essential for salvation. We either exist eternally separated from God by sin, or eternally with God through forgiveness and *salvation* (Romans 3:10, 23; John 3:16-19, 5:24; Ephesians 2:8-10; Titus 3:5-6).
3. *God created* man in His own image (Genesis 1:26-28, 5:1-2).
4. God is the creator and ruler of all things. He has eternally existed in *three persons*: the Father, the Son and the Holy Spirit. These three are co-equal and are one God (Genesis 1:1, 26-27, 3:2; Psalm 90:2; Matthew 28:19; 1 Peter 1:2; 2 Corinthians 13:14).
5. *Marriage* is the uniting of one woman and one man in a covenant commitment (Genesis 1:27-28; Matthew 19:4-6).
6. *Jesus Christ* was born of a virgin. Jesus lived a sinless human life and offered Himself as a perfect sacrifice for the sins of all people by dying on a cross. He arose from the dead after three days and ascended into heaven and sits at the right hand of God the Father (Matthew 1:22-23; Romans 1:3-4; Hebrews 4:14-15; Mark 16:19).

*By signing below, you are stating that you believe and are agreement with the El Paso Christian School Statement of Faith.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Student's Medical Information

Student's Name: (Last) _____ (First) _____ (MI) _____

List all medication this student is taking regularly with the dosage and frequency as well as the reason the medication is needed.

Medication: _____ Dosage & Frequency: _____ Reason: _____

Medication: _____ Dosage & Frequency: _____ Reason: _____

Medication: _____ Dosage & Frequency: _____ Reason: _____

Has the student been hospitalized or had any inpatient/outpatient surgery? If yes, please specify:

Please list medical alerts such as food allergies, asthma, diabetes, epilepsy, etc...

Will this student require any special accommodations while he/she is in our care? Yes or No

If yes, explain:

In the event your child becomes ill or injured and we can't reach you at the numbers provided, we need at least two emergency contacts, in addition to the parent/guardians listed on the student profile. Please ensure that the emergency contacts have agreed to pick up your child if needed.

Emergency Contact 1: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact 2: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact 3: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If deemed medically necessary, by the El Paso Christian School faculty, staff, or an EMT, your child will be sent to the emergency room at parent/guardian expense. As the parent/guardian, of _____, I authorize medical personnel to render necessary treatment to my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(THIS PAGE LEFT INTENTIONALLY BLANK)

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 telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
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 telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information

Check All That Apply:

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees:

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:

- water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|--|--|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL),
DFPS, Child Abuse Hotline, and CCL website |

5. Meals

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

- 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 the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Authorization For Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, 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:

Does your child have diagnosed food allergies? Yes No Plan Submitted on _____

Child day care 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 Signed

School Age Children

My child attends the following school

School Phone Number

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/her sibling under 18 years old

Authorized pick up/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.

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.

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 or she is able to take part in the day care program.

Signature — Health Care Professional

Date Signed

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 submit it to the child care operation.

Name

Address of Health Care Professional

Signature — Parent or Legal Guardian

Date Signed

Requirements for Exclusion

- 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

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)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	12–15 months (fourth dose)	
	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.	

Physician or Public Health Personnel Verification

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

_____ Signature

_____ Date Signed

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

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

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 or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date.....

Signed by:

Role:

Parent

Caregiver/Employee

Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)

Texas Department of State Health Services
Tuberculosis (TB) Questionnaire for Children

Name of Child _____

Date of Birth _____

Organization administering questionnaire _____ Date _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) or a TB blood test (called an IGRA) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box	Yes	No	Don't Know
TB can cause a fever of long duration, unexplained weight loss, a cough (lasting over two weeks), or coughing up blood. As far as you know has your child: <ul style="list-style-type: none"> • been around anyone with any of these symptoms or problems? or • had any of these symptoms or problems? or • been around anyone sick with TB? 			
Was your child born in: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries:			
To your knowledge, has your child spent time (longer than 3 weeks) with: anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

- Has your child been tested for TB? Yes (specify date ____/____/____) No
- Has your child ever had a positive TB skin test? Yes (specify date ____/____/____) No
- Has your child ever had a positive TB blood test? Yes (specify date ____/____/____) No

For school/healthcare provider use only

PPD / IGRA administered (circle one)

Date Administered: ____/____/____ Date Read (if PPD): ____/____/____

Result of PPD: _____ mm Result of IGRA test: Positive Negative Indeterminate/Invalid

Type of service provider (i.e. school, Health Steps, other clinics): _____

PPD/IGRA provider: _____
signature printed name

Provider phone number: _____

City _____ County _____

Texas Department of State Health Services
Tuberculosis (TB) Questionnaire for Children

If positive, referral to healthcare provider: Yes No

If yes, name/contact of provider: _____