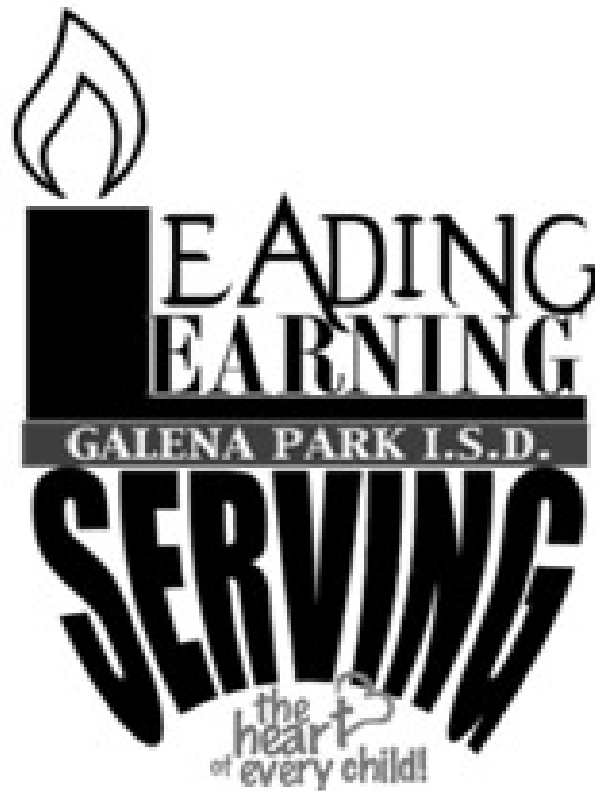


**GALENA PARK INDEPENDENT SCHOOL DISTRICT PEP CHILD CARE CENTER
STUDENT REGISTRATION PACKET CHECK LIST**

Transportation needed: Yes / No	Student Name:		
Requirements	Item Received <input checked="" type="checkbox"/>	Date Received	Reason for Delay
Transportation Request (office use)			
PEP Center Emergency Contact Form			
PEP Center Student Application Form			
PEP Services Return to Home Campus Form			
PEP Parental Permission to Take Pictures Form			
PEP Early Head Start Waiting List Form			
PEP Center Nutritional Intake Form			
Consent for Release of Confidential Information			
Admission Information (3 Pages)			
Current Immunization Records			
Current Medicaid Letter			
GPISD Application for Free & Reduced Meals			
Workforce Solutions Application Eligibility			
Workforce Solutions Parent Agreement Form			
Workforce Solutions Complaint Form			
Birth Certificate			
Social Security Cards (Mother, Father & Child)			
(2) Recent Check Stubs			
Proof of Residence			
Proof and/or Verification of Child Support			
Student Demographics (office use)			
Parent Handbook Acknowledgement			

If you have any questions, please contact the PEP Child Care Center at (832) 386-3760.

GALENA PARK INDEPENDENT SCHOOL DISTRICT
PEP CHILD CARE CENTER REGISTRATION PACKET



Sylvia Torres – Program Director PEP Childcare Center

Juanita Hanson – Assistant to the Program Director of PEP Childcare Center

Priscilla Eureste – PEP Secretary

1906 2nd St.

Galena Park, TX 77547

Office (832) 386-3760

Fax (713) 670-7157



Galena Park Independent School District
Pregnancy, Education & Parenting Program (PEP)
1906 2nd St.

Galena Park, TX 77547

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PEP EMERGENCY CONTACT, CONSENT, AUTHORIZATION & RELEASE FORM

Child's Name: _____ Parent's Name: _____
First MI Last

Address: _____ Phone: _____
Zip Code

Contact Name: _____
First Name MI Last Name(s)

Relationship to child: _____

Address: _____
Street Apt#

City State Zip code

Work: () _____ Home: () _____ Message: _____

Language(s) Spoken: Primary: _____ Secondary: _____

English Speaking Ability: Very well Well Not Well Not at all (circle only one)

Contact Name: _____
First Name MI Last Name(s)

Relationship to child: _____

Address: _____
Street Apt#

City State Zip code

Work: () _____ Home: () _____ Message: _____

Language(s) Spoken: Primary: _____ Secondary: _____

English Speaking Ability: Very well Well Not Well Not at all (circle only one)



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Child's Name: _____ Parent's Name: _____
First MI Last

Address: _____ Phone: _____
Zip Code

Contact Name: _____
First Name MI Last Name(s)

Relationship to child: _____

Address: _____
Street Apt#

City State Zip code

Work: () _____ Home: () _____ Message: _____

Language(s) Spoken: Primary: _____ Secondary: _____

English Speaking Ability: Very well Well Not Well Not at all (circle only one)

Contact Name: _____
First Name MI Last Name(s)

Relationship to child: _____

Address: _____
Street Apt#

City State Zip code

Work: () _____ Home: () _____ Message: _____

Language(s) Spoken: Primary: _____ Secondary: _____

English Speaking Ability: Very well Well Not Well Not at all (circle only one)



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PEP CENTER STUDENT APPLICATION FORM

Name: _____ Race: _____ Age: _____

School: _____ Grade: _____

Anticipated Date of Graduation _____

Address: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Circle one: Single Married Common Law Divorced

Parent/Legal Guardian _____

Phone: _____ Cell Phone: _____

Person(s) student(s) lives with _____

Language(s) Spoken:

Primary _____

Secondary _____

Method of Transportation to and from PEP Child Care Center:

____ PEP Bus Transportation

____ Self/Parent

____ Walk

Do you work? _____ Employer _____



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PEP SERVICES RETURN TO HOME CAMPUS FORM

Student Name: _____ Campus: _____

Date Expected to Return to Home Campus: _____

DENIAL OF CHILD CARE SERVICES

_____ I will not need child care services when I return to school.

My child will be cared for by _____ Relationship _____

Signature: _____ Date: _____

ACCEPTANCE OF CHILD CARE SERVICES

_____ I will need child care services when I return to school.

Signature: _____ Date: _____



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PEP PARENTAL PERMISSION TO TAKE PICTURES FORM

Dear PEP Parents:

The PEP Child Care Center would like parental permission to take pictures of your child/children to be used in the classroom and/or to add them to our PEP program presentation presented to Galena Park ISD Board of Trustees and any other organizations requesting a presentation from the PEP Child Care Center.

We need your parental permission for taking your child's picture(s). Please check one or more boxes below if you consent for the PEP Child Care Center to take picture(s) of your child.

I give my parental permission for my child _____ to take pictures at the center for the PEP Child Care Centers classroom use.

I give my parental permission for my child _____ to take pictures at the center to add them to the PEP program presentation presented to Galena Park ISD Board of Trustees and any other organization requesting presentations from the PEP Child Care Center for educational purposes only.

I **DO NOT** give parental permission for my child _____ to take pictures at the PEP Child Care Center for any reason.

Parent/Guardian Signature: _____ Date: _____



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PEP EARLY HEAD START WAITING LIST REQUEST FORM

THE COMPLETION OF THIS FORM IS MANDATORY FOR ALL PEP STUDENT PARENTS.
ACTION MUST BE TAKEN NO LATER THAN 3 DAYS FROM THE DATE THIS FORM IS RECEIVED.

Date Received: _____

When calling Early Head Start this is what you should say:

“My name is _____. I am a PEP Student and I would like to have my child placed on your waiting list.”

Please be sure to ask for the name of the person you spoke with and write the information in the blanks below. The phone number to EHS is 832-386-2000.

EHS Staff Name: _____ Date Called: _____

Signature: _____ Date: _____

Please turn in this form to the PEP Secretary along with the application packet at the time of registration. All documents will be placed in your child’s file.



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NUTRITIONAL INTAKE FORM

Child's Name: _____

Child's Date of Birth: _____

Teacher: _____

Formula currently used for your child (0-11 months of age): _____

How many ounces of milk does your child drink at a given time? _____

Other beverages (must have a doctor's note): _____

A typical day from 6:30 a.m. – 3:00 p.m. Please describe below how often your child drinks milk and/or include baby foods:

Time: _____

Time: _____

Time: _____

Time: _____

My child:

Likes: _____

Dislikes: _____

Is allergic to: _____

Takes vitamins/ supplements: _____

Additional Information: _____

Parent's Signature: _____

Date: _____



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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Name of child _____

Date ___/___/___

Parent/Guardian Name: _____ Phone Number: _____

We are asking that you authorize the person or agency name below to release specific records containing confidential information regarding the above named child/student to ensure that the state licensing guidelines are met.

Name of agency/person to who request is made _____

Address of agency/person _____

Phone Number _____ Fax Number _____

The following information is requested to be released (mark all that apply):

- Authorization to attend Child Care
- Immunization Records
- Operative Reports
- Progress Notes
- Discharge Summary
- Recommendations for follow care
- Physical(s) Well Child Exam(s) for ___ month(s)
- Dental Exam
- Other (please list): _____

Please fax or send copies to:

Attention: Nurse

1906 2nd St.

Galena Park, TX 77547

Office: 832 386-2028 Fax: 713 674-1449

I authorize the above agency/person to disclose and provide copies of the information marked above.

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. Employees of this agency are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

This authorization will end/expire 180 days from the date of signature or earlier if I choose. I understand that I may revoke this authorization in writing except to the extent that disclosure of information has been made prior to receipt of the revocation.

Signature of Parent/Guardian: _____ Date ___/___/___

