



Galena Park I.S.D. Childcare Center

South Campus - 1906 2nd Street, Galena Park Texas 77547

North Campus - 14310 Duncannon, Houston, TX 77015

P.E.P. Student Application Form

Name: _____ Race: _____ Age: _____

School: _____ Grade: _____

Anticipated Date of Graduation _____

Address: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Check 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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EMERGENCY CONTACT, CONSENT, AUTHORIZATION & RELEASE FORM

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

Address: _____ Phone: _____

Contact Name: _____
First MI Last

Relationship to child: _____

Address: _____
Number Street Apt. #

City State Zip Code

Phone: Work: () _____ Cell: () _____ Home: () _____

Contact Name: _____
First MI Last

Relationship to child: _____

Address: _____
Number Street Apt. #

City State Zip Code

Phone: Work: () _____ Cell: () _____ Home: () _____

Contact Name: _____
First MI Last

Relationship to child: _____

Address: _____
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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: 832 386-2013
- 14310 Duncannon, Houston, TX 77015 Office: 832 386-2028 Fax: 832 386-2013

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: ____/____/____



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PARENTAL PERMISSION TO TAKE PICTURES FORM

Dear Parent/ Guardian:

The Galena Park I.S.D. Childcare 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 program presentations presented to Galena Park ISD Board of Trustees and any other organizations requesting a presentation from the center.

Please check one or more boxes below if you consent for the Galena Park I.S.D. Childcare Center to take a picture(s) of your child.

I give my parental permission for my child _____ to take pictures at the center for the center's classroom use.

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

IDO NOT give parental permission for my child to take pictures at the Galena Park I.S.D. Childcare Center for any reason.

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



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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: _____

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



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Parent's Acknowledgment

This is to acknowledge that **Galena Park ISD Childcare Center** has provided me with the following information and discussed it with me:

- I have received *A Parent's Guide to Day Care* (included with parent handbook), and its contents were discussed with me.
- I have received *Operational Discipline and Guidance Policy* (included with parent handbook), and its contents were discussed with me.
- I have received GPISD Childcare Center's *Breastfeeding Policy* (included with parent handbook), and its contents were discussed with me.
- I have received the *GPISD Childcare Center Parent Handbook*, and I have reviewed it with a member of the GPISD Childcare Center staff. The handbook may be updated from time to time, and notice will be provided as updates are completed. It is my responsibility to understand and familiarize myself with the parent handbook and to ask center management any questions I may have regarding any policy, procedure or information contained in the *GPISD Childcare Center Parent Handbook*.
- I have received information on Gang Free Zones including in the parent handbook and it's contents was discussed with me.

Name of Child(ren)

Recipient Signature

Date

Role: Parent Caregiver/Employee Household Member (Ch. 747 only)

The GPISD Childcare Center Staff Signature

Date



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PEP Services Return to Home Campus Form

Student Name: _____ Campus: _____
First MI Last

Date Expected to Return to Home Campus: _____

Please indicate if you will or will not need childcare services when you return to school.

DENIAL OF CHILDCARE SERVICES

I **will not** need childcare services when I return to school.

My child will be cared for by _____
Name

Caregiver's relationship to child: _____

Signature: _____ Date: _____

ACCEPTANCE OF CHILDCARE SERVICES

I **will** need childcare services when I return to school.

Signature of Parent/Guardian: _____ Date: _____