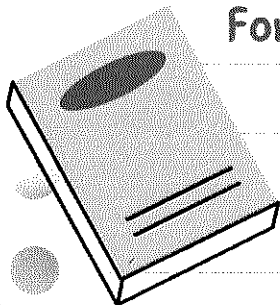


STMCDC

**REGISTRATION PACKET FOR
ST. THOMAS MORE
CHILD DEVELOPMENT CENTER
2025-2026**



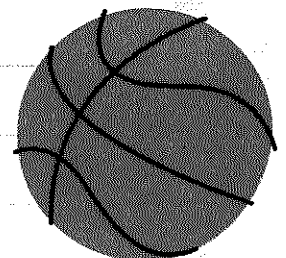
**18 MONTHS -
3 YEARS**



For more information please contact us :

lbrown@stmcs62.org

Call : 210-655-2882





ST. THOMAS MORE CHILD DEVELOPMENT CENTER

4427 MOANA DR., SAN ANTONIO, TEXAS 78218

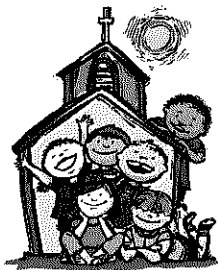
PHONE: (210) 655-2882 FAX: (210) 655-9603

WWW.ST-THOMAS-MORE-SCHOOL.ORG

ADMISSION REQUIREMENTS

- Application Packet
- Immunization Record
(No student will be allowed to attend the first day of school unless all immunization requirements have been met. The school needs to be in full compliance with state laws.)
- Parent's/Legal Guardian's Copy of Driver's License
- Proof of Military ID (if active military)
- Birth Certificate
- Health Care Professional's Statement

St. Thomas More Child Development Center admits students of any race, color, national origin, sex, disability, religion, or political belief.



**ST. THOMAS MORE
CHILD DEVELOPMENT CENTER
"EXCELLENCE IS AFFORDABLE"**

4427 MOANA DR., SAN ANTONIO, TEXAS 78218
PHONE: (210) 655-2882 FAX: (210) 655-9603

Information for 2025

This packet must be turned in to the main office with supporting documentation before the student may attend their first day.

Students must arrive to school **no later than 9:00 a.m.** for staffing purposes. If student is at an appointment, they must submit a doctor's excuse to be admitted after 9:00 a.m.

Tuition Payment Policy: Due on the 1st of each month. Unless arrangements are made with the School Office, a \$50.00 late fee is assessed after the 4th of each month. NSF Fee \$30.00. **Must be signed up with FACTS Management Company.**

Payment Options:

All payments will be through **FACTS Management Company.**

Discounts:

Active Military- 5% off of tuition. Please contact the front office for details.

Sibling Discount-10% for each additional child enrolled in STMCDL program.

Sibling Discount-10% for a sibling enrolled in St. Thomas More Catholic School.

(Discount taken off the student enrolled in St. Thomas More Catholic School)

Fundraising Opportunities

Each family at St. Thomas More Child Development Center is given the opportunity to participate in our fundraising efforts.

School Calendar Days

We will be following the St. Thomas More Catholic School Calendar from August 2025 to May 2026. All holidays off and any early dismissal days are the same. On early dismissal days, STMCDL will stay open regular business hours, other than the days noted on the calendar that shows NO ASC. If CDC must close or dismiss early on a particular day, you will be notified by Ms. Allie.

***REMINDERS/NOTES**

ANYONE visiting the school, must sign-in at the main office and receive a PASS. **NO EXCEPTIONS.** You must sign out and exit the school's main entrance doors. This is for the safety of your child, faculty and staff. Please label all student's clothing with their name.

**St. Thomas More Child Development Center
Tuition Payment Contract 2025**

Please return to School Office

Student: _____

Grade 2025 _____

Student: _____

Grade 2025 _____

Student: _____

Grade 2025 _____

Student: _____

Grade 2025 _____

Parent(s) Mother: _____

Mother's Work # _____

Email: _____

Father: _____

Father's work # _____

Email: _____

Person(s) responsible for payment of tuition and fees:

Work# _____

Work # _____

**Enrollment and General Fees
Due at the time of Enrollment and are Non-Refundable**

One Child \$150
Two Children \$220

Tuition Rates	Monthly Rate w/ 10% tuition discount for each additional sibling in STMCDC	Month Rate w/ 5% Active Military Discount
1 child	\$810	\$ 770
2 children	\$ 1,539	\$ 1,463

***Late Fee will apply after the 10 minute grace period. Late Fee is \$10.00/per minute.**

Monthly tuition is not pro-rated. There are no discounts for days missed due to illness, absences, vacation, or the school being closed for holidays or emergencies.

No provision of the contract shall be modified except by a written instrument expressly referring to this contract and provision to be modified.

Tuition payments are due on the 1st of each month. All payments will be through FACTS Management Company.

Unless specific payment arrangements have been made with the School Office, tuition paid after the 4th of the month will be assessed a \$50.00 late fee and a late notice will be sent to the family. Checks returned for insufficient funds will incur a \$30.00 processing fee.

Delinquent tuition is defined as tuition that is 45 days past due or tuition that is 30 days past due three times during a school year. These accounts will be reviewed by the School Council Finance Committee which may, at its option, recommend to the Principal the termination of the enrollment of the child (ren) at St. Thomas More Child Development Center. If such action is taken, the Principal will give the family written notice of the decision. Terminated student must depart from St. Thomas More Child Development Center within two (2) school days.

All fees and tuition must be kept current. If prior to the first day of the new school term, a parent is transferred from the area, registration and general fees may, at the Principal's discretion, be refunded. Proof of transfer/move is required. Otherwise, all fees are nonrefundable.

Obligation of Parent or Guardians:

I agree to the following:

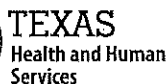
- a) I have read, understood, and now agree to the aforementioned terms and responsibilities;
- b) I agree and promise to make payments in accordance with the aforementioned payment schedule;
- c) In the event that I default in this contract, I agree to pay to St. Thomas More Child Development Center all reasonable and necessary costs of collection incurred to collect monies for services provided by St. Thomas More Child Development Center, including but not limited to: costs of any collection agent or agency; costs of Court; reasonable and necessary attorney's fees; prejudgment interest at the maximum rate allowed by law.
- d) **Withdrawal must be done 30 days prior to the last day of attendance. A withdrawal form must be filled out and turned in to the school office otherwise a full month's tuition will be charged for not completing the withdrawal form and giving the 30 days advance notice.**

Mother's/Guardian's Signature _____ **Date:** _____

Father's/Guardian's Signature _____ **Date:** _____

FACTS has updated its COPPA (Children's Online Privacy Protection Act) Notice and Privacy Policy which describes how they protect the privacy of your information and handle your data in compliance with relevant laws and regulations. To read more on how FACTS handles your data, click [here](#) (COPPA) or [here](#) (Privacy Policy)

Note: Whenever in this contract the context requires, the singular shall include the plural and vice versa.
Whenever in this contract the context requires, the masculine shall include the feminine and vice versa.



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 1:		Address of Parent or Guardian 1 if different from the child's:	
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 if different from the child's:	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, when the parent or guardian cannot be reached, 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:	
<p>I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"><input type="checkbox"/> for emergency care</div> <div style="width: 20%;"><input type="checkbox"/> on field trips</div> <div style="width: 20%;"><input type="checkbox"/> to and from home</div> <div style="width: 20%;"><input type="checkbox"/> to and from school</div> </div>	
2. Field Trips:	
<p><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.</p>	
<p>Comments:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></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 ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance?

☐ Yes ☐ No

If no, your child is required to wear a life jacket while in or near a swimming pool.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

☐ Yes ☐ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?

☐ Yes ☐ No

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

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

- | | |
|--|--|
| <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"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

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 ☐ 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		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature — Parent or Legal Guardian

Date Signed

8. Child's Special Care Needs, check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations of 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, include instructions below |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <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 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 _____

9. 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 their sibling younger than 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	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and 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 they are 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. 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 six to 18 months after the first dose.	

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature _____

Date Signed _____

Additional Information About Immunizations

For additional information about 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: _____

_____ N / A _____

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 _____

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 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) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) 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 Section 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 or 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)

Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards Sections 746.501(9) and 747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at _____ and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

Safe Sleep Policy

All staff, substitute staff, and volunteers at St. Thomas More Child Development Center _____ will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2427 and 747.2327].
- Place infants on a firm mattress, with a tight-fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non full-size cribs [Sections 746.2409 and 747.2309].
- For infants who are younger than 12 months old, cribs play yards should be bare except for a tight-fitting sheet and a mattress cover or protector. Items that should not be placed in a crib or play yard include: soft or loose bedding, such as blankets, quilts or comforters; pillows; stuffed toys and animals; soft objects; bumper pads; liners; or sleep positioning devices [Sections 746.2415(b) and 747.2315(b)]. Also, infants must not have their heads, faces or cribs covered at any time by items such as blankets, linens, or clothing [Sections 746.2429 and 747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [Sections 746.2415(b) and 747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [Sections 746.3407(10) and 747.3203(10)].
- If an infant needs extra warmth, use sleep clothing _____ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [Sections 746.2415(b) and 747.2315(b)].
- Place only one infant in a crib to sleep [Sections 746.2405 and 747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [Sections 746.2415(b) and 747.2315(b)] or the infant's clothing by a string, cord or other attaching mechanism that might be a suffocation or strangulation risk [Sections 746.2401(6) and 747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2426 and 747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [Sections 746.3703(d) and 747.3503(d)].
- Actively observe sleeping infants by sight and sound [Sections 746.2403 and 747.2303].
- If an infant can roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [Sections 746.2427 and 747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [Sections 746.2427 and 747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2428 and 747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

Signatures

This policy is effective on: _____ Child's name: _____

Signature — Director or Owner

Date Signed

Signature — Staff member

Date Signed

Signature — Parent

Date Signed

St. Thomas More Child Development Center

NON-PRESCRIPTION MEDICATION RECORD

I hereby authorize St. Thomas More CDC Child Care Provider(s), to use the following products on my child according to manufacturer or physician's written instructions. I will not hold the above name Provider(s) liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Parent's Name: _____

Parent's Signature: _____

Provider's Signature: _____

Child's Name: _____

Date: _____ (to be reviewed annually)

Please remember you will be responsible to supply the following products.

Please circle Yes or No and put specific brand name where needed

Diaper Ointments

YES ~ NO Brand: _____

Instructions: _____

Sunscreen

YES ~ NO Brand: _____

Instructions: _____

Insect Repellent (if Texas Health Dept. say it is necessary)

YES ~ NO Brand: _____

Instructions: _____

Other: _____

Instructions: _____



MEDICATION PERMISSION REQUEST FORM

Please fax form to _____ at fax number _____.
(School Name)

According to the policies of the Archdiocese of San Antonio, students are not allowed to carry any medication on their person. (An exception may be allowed if, by physician direction, a student requires diabetic or rescue medication.) The principal designates a responsible person to supervise the storing and administration of medications at school. Medication may be administered by non-medical personnel. The school will be held harmless for adverse drug reactions and side effects of properly administered medication. The following steps must be taken before a student is allowed to take medication at school:

1. The prescribing health care provider (*either a licensed Physician, Dentist, Physician Assistant or Nurse Practitioner*) must complete this form so that medication may be given by school personnel.
2. **Parent/guardian** must present this completed consent form to the school
3. **Parent/guardian** must bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law. If bringing a prescribed over-the counter, must be accompanied by prescription and in original, unopened container labeled with the student's name.

Student Name: _____ Grade: _____

Date of Birth: _____ School: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Medication #1	Name	Strength	Dose	Route	Time (at school)	Duration
Medication #2	Name	Strength	Dose	Route	Time (at school)	Duration
Medication #3	Name	Strength	Dose	Route	Time (at school)	Duration

Allergies: _____

Special Instructions: _____

Printed Name of Health Care Provider (MD/DO/PA/NP/DSS/DMD): _____

Signature of Health Care Provider: _____ Date: _____

TO BE COMPLETED BY PARENT

I, _____, request that my child be given the above medication as directed. The school and its employees will be held harmless for adverse drug reactions and side effects of properly administered medication.

Signature of Parent/Guardian: _____ Date: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____



Food Allergy & Anaphylaxis Action Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

Extremely reactive to the following foods: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine: _____ Dose: _____

Antihistamine: _____ Dose: _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; Monitor status continuously. Tell EMS epinephrine was given.

Does this student have physician authorization to self-administer this medication and to carry this medication on his/her person? Yes ☐ No ☐

Parent/Guardian Signature _____ Date _____

Physician/Health Care Provider Signature _____ Date _____

School Nurse/Health Coordinator Signature _____ Date _____

Parent/Guardian must RETURN this form to the school nurse or health coordinator.

Emergency Contact Information:

Parent/Guardian: _____

Phone: _____

Physician: _____

Phone: _____

Other Emergency Contacts:

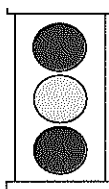
Name/Relationship: _____

Phone: _____

Name Relationship: _____

Phone: _____

Name: _____
 DOB (mm/dd/yyyy): _____
 School: _____



ASTHMA ACTION PLAN

You can use the colors of a traffic light to help learn about your asthma medicines:

1. GREEN means GO. Use your everyday preventive medicines
2. YELLOW means CAUTION. Use quick-relief medicine.
3. RED means DANGER! Use extra medicines and call your doctor NOW!

GREEN means GO!!!

USE PREVENTION MEDICINES EVERY DAY

- * Breathing is good
- * No cough or wheeze
- * Can work and play



☐ Not Applicable (no prevention medicines)

Medicine	How Much to Take	Times to Take	Take at: Home? School?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

20 minutes before exercise use this medicine:

YELLOW means CAUTION!!!!

START TAKING QUICK RELIEF MEDICINE

TAKE QUICK-RELIEF MEDICINE TO KEEP AN ASTHMA ATTACK FROM GETTING BAD AND KEEP TAKING GREEN ZONE MEDICINES



Cough



Wheeze



Tight Chest



Wake up at Night

Medicine	How Much to Take	Times to Take	Take at: Home? School?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you DO NOT feel better in 20 to 60 minutes FOLLOW THE RED ZONE PLAN

**IF SYMPTOMS CONTINUE FOR 12 TO 24 HOURS, CALL YOUR DOCTOR

RED means DANGER!!!

GET HELP FROM A DOCTOR NOW !!!

- * Medicine is not helping
- * Breathing is hard and fast
- * Nose opens wide to breathe
- * Can't talk well

GO TO DOCTOR'S OFFICE OR EMERGENCY ROOM!

TAKE THESE MEDICINES UNTIL YOU SEE THE DOCTOR.

Medicine	How Much to Take
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Repeat ☐ times, 20 min. apart



CALL 911 (EMS) IF: Lips or fingernails are blue, or
 You are struggling to breathe, or
 You do not feel or look better in 20-30 minutes



Air Quality Alert Days:

Physician recommendations for medication self-administration: (Check one)

- ☐ The student above has been instructed by me in the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry and self-administer the above medications while on school property or at school related events. (Optional for middle & high school students. NOT recommended for elementary students.)
- ☐ The student above, in my professional opinion, should NOT be allowed to carry and self-administer any of his/her asthma medication(s) while on school property or at school related events. (Recommended for all elementary students.)

Printed Name of Health Care Provider _____

Signature of Health Care Provider _____

Phone Number _____

Date _____

I, _____, agree with the recommendations of my child's physician as noted above and give permission for my child to receive the above medication(s) as directed. I also give permission for my child's physician and the school nurse to share written or verbal information for the duration of this school year.

Signature of parent/guardian _____

Date _____

Home Telephone _____

Work Telephone _____

Cell Phone _____



St. Thomas More Catholic School

Distance Learning/Video/Photo Consent, Waiver and Release

Dear Parents:

During the school year, **ST. THOMAS MORE CATHOLIC SCHOOL & ST. THOMAS MORE CHILD DEVELOPMENT CENTER** students are often involved in activities that require taking pictures and developing videos for multimedia projects, Internet, web design, videotaping, yearbook photos, distance learning virtual field trip, video courses and/or interviews. Some of the above-mentioned media may also be used by the newspapers, shown on television, broadcast on local radio, videoconference or used in various school publications.

Your signature below indicates your permission for your son/daughter to be videotaped, photographed, interviewed, and participate in distance learning virtual field trips for educational purposes only. If you have any questions regarding the above please contact a member of the school administration.

I am the parent (guardian) of: _____ (Name of Student) and

_____ **I do** give consent for my son/daughter to be photographed, videotaped, interviewed, and participate in distance learning virtual field trips for possible use in newspapers, television, radio broadcasts, videoconferences, school web sites, and school board publications.

_____ **I do not** give consent for my son/daughter to be photographed, videotaped, interviewed, and participate in distance learning virtual field trips for possible use in newspapers, television, radio broadcasts, videoconferences, school web sites, and school board publications.

Parent's Signature

Date

2025 - 2026 Texas Minimum State Vaccine Requirements for Childcare and Pre-k Facilities

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements for childcare facilities by the Human Resources Code, Chapter 42.

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a childcare facility in Texas.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	Diphtheria / Tetanus / pertussis (DTaP)	Polio	Hepatitis B (HepB) ¹	Haemophilus influenzae type b (Hib) ²	Pneumococcal conjugate vaccine (PCV) ³	Measles, Mumps and Rubella (MMR) ^{1,4}	Varicella ^{1,4,5}	Hepatitis A (HepA) ^{1,4}
Zero through two months								
By three months	One dose	One dose	One dose	One dose	One dose			
By five months	Two doses	Two doses	Two doses	Two doses	Two doses			
By seven months	Three doses	Two doses	Two doses	Two doses	Three doses			
By 16 months	Three doses	Two doses	Two doses	Three doses	Four doses	One dose	One dose	
By 19 months	Four doses	Three doses	Three doses	Three doses	Four doses	One dose	One dose	
By 25 months	Four doses	Three doses	Three doses	Three doses	Four doses	One dose	One dose	One dose
By 43 months	Four doses	Three doses	Three doses	Three doses	Four doses	One dose	One dose	Two doses

¹ Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.

² A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12 - 14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 - 59 months of age is in compliance with these specified vaccine requirements. Children 60 months of age and older are not required to receive Hib vaccine.

³ If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required. Please reference the information below to assist with compliance:

- For children seven through 11 months of age, two doses are required.
- For children 12 - 23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
- Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, an additional dose is required. Children 60 months of age and older are not required to receive PCV vaccine.

⁴ For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday. Vaccine doses administered within four days before the first birthday will satisfy this requirement.

⁵ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of child) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." The written statement will be acceptable in place of any, and all varicella vaccine doses required.

Requisitos mínimos de vacunación en el estado de Texas de 2025 a 2026 para centros de cuidado infantil y de prekínder

Esta gráfica resume los requisitos de vacunación incorporados en las secciones 97.61 a 97.72 del título 25 (Servicios de salud) del Código Administrativo de Texas (TAC). La gráfica no pretende sustituir la consulta del TAC, el cual contiene otras disposiciones y detalles. Según lo dispuesto en el capítulo 42 del Código de Recursos Humanos, se confiere al Departamento Estatal de Servicios de Salud (DSHS) la facultad de establecer los requisitos en materia de inmunización para los centros de cuidado infantil.

Los niños deberán presentar comprobantes de vacunación aceptables antes de inscribirse, asistir o ser transferidos a un centro de cuidado infantil en Texas.

Edad a la que el niño debe recibir las vacunas para cumplir con los requisitos:	Número mínimo de dosis necesarias de cada vacuna							
	Difteria / tétanos / tos ferina (DTaP)	Polio	Hepatitis B (HepB) ¹	Haemophilus influenzae tipo b (Hib) ²	Vacuna anti-neumocócica conjugada (PCV) ³	Sarampión, paperas y rubeola (MMR) ^{1,4}	Varicella ^{1,4,5}	Hepatitis A (HepA) ^{1,4}
De zero a dos meses								
Antes de los tres meses	Una dosis	Una dosis	Una dosis	Una dosis	Una dosis			
Antes de los cinco meses	Dos dosis	Dos dosis	Dos dosis	Dos dosis	Dos dosis			
Antes de los siete meses	Tres dosis	Dos dosis	Dos dosis	Dos dosis	Tres dosis			
Antes de los 16 meses	Tres dosis	Dos dosis	Dos dosis	Tres dosis	Quatro dosis	Una dosis	Una dosis	
Antes de los 19 meses	Quatro dosis	Tres dosis	Tres dosis	Tres dosis	Quatro dosis	Una dosis	Una dosis	
Antes de los 25 meses	Quatro dosis	Tres dosis	Tres dosis	Tres dosis	Quatro dosis	Una dosis	Una dosis	Una dosis
Antes de los 43 meses	Quatro dosis	Tres dosis	Tres dosis	Tres dosis	Quatro dosis	Una dosis	Una dosis	Dos dosis

¹ Una prueba serológica de infección o la confirmación serológica de inmunidad al sarampión, paperas, rubeola, hepatitis B, hepatitis A o varicela se aceptarán en lugar de la vacuna.

² Una serie completa de la vacuna Hib consta de dos dosis más una dosis de refuerzo a los 12 meses de edad o después (tres dosis en total). Si un niño recibe la primera dosis de la vacuna Hib entre los 12 y los 14 meses de edad, solo será necesaria una dosis adicional (dos dosis en total). Si un niño ha recibido una sola dosis de la vacuna Hib en o después de los 15 a 59 meses de edad, cumple con los requisitos de esta vacuna específica. Los niños mayores de 60 meses de edad no necesitan recibir la vacuna Hib.

³ Si la serie de vacunas PCV se empieza a administrar cuando el niño es mayor de siete meses de edad, o si el niño se atrasó al recibir alguna dosis de la serie, entonces puede que no sean necesarias las cuatro dosis. Para ayudarse a cumplir con los requisitos, refiérase a la información siguiente:

- Para los niños de siete a 11 meses de edad, se requieren dos dosis.
- Para los niños de 12 a 23 meses de edad: si han recibido tres dosis antes de los 12 meses de edad, entonces deberán recibir una dosis adicional (para un total de cuatro dosis) a los 12 meses de edad o después. Si han recibido una o dos dosis antes de los 12 meses de edad, entonces necesitan un total de tres dosis, una de las cuales al menos deben recibirla a los 12 meses de edad o después. Si no han recibido ninguna dosis, entonces necesitan recibir dos dosis y ambas deberán recibirlas a los 12 meses de edad o después.
- Los niños de 24 a 59 meses de edad cumplen con los requisitos si recibieron al menos tres dosis, una de las cuales la recibieron a los 12 meses de edad o después; o dos dosis, ambas recibidas a los 12 meses de edad o después; o una dosis recibida a los 24 meses de edad o después. De lo contrario, es necesaria una dosis adicional. Los niños mayores de 60 meses de edad no necesitan recibir la vacuna PCV.

**St. Thomas More Child Development Center
4427 Moana Dr.
San Antonio, Texas 78218**

Parent/Student Handbook Contract

Parent/Student Handbook Contract - Parents are to sign the Parent/Student Contract that is part of the Application Packet. The Parent/Student Handbook Contract states that the parent has read the Parent/Student Handbook and agrees to abide by its provisions.

We have read the St. Thomas More Child Development Center Parent/Student Handbook. We understand, agree, and accept the policies, procedures, and regulations as a condition for the attendance of my child(ren) at St. Thomas More Child Development Center.

Parent please sign this form and return.

Parent's Signature (Legal Guardian)

Date

Student's Name

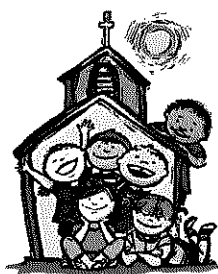
Grade

Student's Name

Grade

Student's Name

Grade



We are delighted to have your child join our community. All families must create a FACTS Family Portal account before their child starts school. It only takes a few minutes to setup your account. *Once you submit the Application with the required documents and your application has been reviewed, you will receive an email from me stating that you can now create a FACTS account. Please wait to receive this email. There is a process that I need to complete before you try to create your FACTS account. Otherwise it will not let you create your account.*

Instructions for Creating a Family Portal Login

- Please go to FACTSmgt.com
- Select **Family Login** from the menu bar and **FACTS Family Portal** from the drop-down menu.
- After the **FACTS Family Portal** Login screen opens, please select Create New Family Portal Account.
- Enter **STO-TX** into the District Code field.
- Enter in the Email field your email address as provided in your application to the school.
- Click the Create Account button.
- You will receive an email from FACTS Customer Support containing a link that will allow you to create your username and password. For security purposes the link will remain active for 6 hours.
- Please click on the link. A Change/Create Password screen will open. You may use the default username provided, or create a new username. Then type in your desired password into the Password field and Confirm Field.
- Click on the Save Username and/or Password button.
- Close the window.
- Log into Family Portal as instructed below.

To access Family Portal:

- Please go to FACTSmgt.com
- Select **Family Login** from the menu bar and **FACTS Family Portal** from the drop-down menu.
- Enter **STO-TX** into the District Code field.
- Enter your username and password. If you have forgotten your username or password, please click on the link provided.
- When you are in your Family Portal go to Financial Home to set up your FACTS account.

If you have any questions about the process, please contact me at lbrown@stmcs62.org or 210-655-2882.

Sincerely,

Leticia Brown
Office Manager

STMCDC School Supply List

- Washable Paint (Variety of colors)
- 1 package of cardstock (white)
- 1 package of cardstock (any color)
- 1 Box of Quart Size Ziploc Bags
- 3 Rolls of Paper Towels
- 2 containers of Lysol/Clorox wipes
- Diapers/Pull-ups (see below)
- 1 box of baby wipes that contains several individual packages of wipes. Example Total wipes 280 or more. (We will let you know when to send more in.)
- Water bottle (no glass bottles)
- Two extra sets of clothes (see below)
- Lunch box (parent provides lunch and snack daily)
- Backpack
- Kid-napper (nap mat with attached pillow and blanket)

This Kid-napper may be purchased online at:

<http://shop.matindustriesinc.com/ked-napper-sheet-mat-sm-200htm>.

Or you can purchase a similar one on Amazon.com

The following items should be provided to the school on your child's first day of class. Please label all personal items in permanent marker with your child's name. A note will be sent home when supplies need to be replenished. If soiled clothing is sent home, please send replacement clothes the following day.

1. Two complete sets of extra clothes, including socks. If potty training, bring an extra pair of shoes as well. Washable shoes like crocs are great!
Remember: **ALL CLOTHING MUST BE LABELED WITH YOUR CHILD'S NAME!!**
2. A family picture (4X6) we can place in our room for the children to look and talk about.
3. One package of the type of diapers your child needs. We will let you know when you are running low. If your child is working on or has mastered the toileting process, please include several pairs of underwear or cloth training pants.

STMCDC School Supply List

4. Clothing Considerations:

Clothes should be comfortable and allow for freedom of movement and independence in dressing. Clothes that can be easily laundered are highly recommended, since we never know when there may be a leftover puddle at the bottom of the slide or when your budding Picasso gets paint somewhere other than the paper! For shoes, see the description below.

Please do not send your child to school in anything that will not survive mud, paint, tomato sauce, or yogurt. Making messes is a constant part of toddler life - of course, you already knew that! Also, please label every item of clothing, down to mittens and socks, with your child's name! We simply cannot keep track of everyone's clothes, and young children just don't know the difference between what is theirs and what they *wish* was theirs! Labeling clothes helps us get them back to the right child.

5. **Shoes** must be closed toed athletic type shoes or washable type shoes safe to play outside in mulch.