

# Presbyterian Day School

Academic Excellence in Christian Education

412 N. 9<sup>th</sup> Street  
Orange, Texas 77630  
409.883.4116

[dayschool@firstpresorange.com](mailto:dayschool@firstpresorange.com)

Mindi Vandervoort, Director

## Application for Admission 2026-2027 Academic School Year PreK-3

Child's Name \_\_\_\_\_

Please Specify Class

Full Day: 8:00 am – 2:00 pm / Half Day: 8:00 am – 11:30 am  
(All PreK-3 Classes are Monday through Friday)

Date of Admission \_\_\_\_\_

Child's T-shirt size (fall 2026) \_\_\_\_\_

ALL TUITION AND FEES ARE SUBJECT TO CHANGE

Non-Refundable Enrollment Fee

\$300.00

*Siblings receive \$25.00 off enrollment (from lowest enrollment fee).*

Monthly Tuition

PreK-3 Full Day Class.....\$440.00

PreK-3 Half Day Class.....\$390.00

*Siblings receive 20% off tuition (from lowest tuition fee).*

Additional Services

Early Drop-Off (7:30am).....\$85.00/month

Extended Day (2:00-4:30pm).....\$135.00/month

Requirements

- 3 years old by December 1<sup>st</sup>
- Must be FULLY POTTY TRAINED PRIOR to the start of school

I understand that the enrollment fee is non-refundable.

Tuition is invoiced through the parent portal on the 1<sup>st</sup> of each month beginning in August. A \$25.00 late fee will be applied on the 10<sup>th</sup> of the month for open invoices. Tuition must be paid in full by the 15<sup>th</sup> of the month to avoid additional late fees and possible disenrollment. Extenuating circumstances can be communicated with the director and action is up to her discretion.

*Monthly tuition will not be refunded due to school closures, including health/illness and weather-related events.*

A two-week notice is required if you plan to withdraw your child from PDS. If notice of your withdrawal is after the 1<sup>st</sup> of the month, you will be responsible for 50% of the monthly tuition including additional services.

I have read the tuition guidelines and understand that I am responsible for full and timely payments. With my signature, I agree to the above conditions.

Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_

## Child's Information

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child Lives With:  both parents  mom  dad  guardian

## Parent/Guardian Information

Name of Parents/Guardians \_\_\_\_\_

Home Address (w/zip code) \_\_\_\_\_

Email (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

Cell Phone Number (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

Alternate/Work Phone Number \_\_\_\_\_

## Emergency Contact Information

Please list below the name, address, and phone number of the responsible individual to **call in case of emergency** if parents/guardian cannot be reached.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

Is this person authorized to pick up your child? YES \_\_\_\_\_ NO \_\_\_\_\_

## Authorized Release Information

I authorize Presbyterian Day School **to release** my child to leave the child care operation **ONLY** with the following persons:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

## **Child's Additional Information**

Please list any special care needs that your child may have, such as environmental or insect allergies, food intolerances, existing illnesses, previous serious illness (including seizures), injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

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Does your child have *diagnosed* food allergies? If yes, please list below and attach the *Food Allergy Emergency Plan* created by his or her physician.

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Please list siblings, their ages, and what school they attend:

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Which hand does your child prefer to use? RIGHT / LEFT / BOTH

Has your child previously attended preschool or a Mother's Day Out program? If yes, what was the name of the school/program?

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Do you have any concerns about your child's social, physical, or cognitive development?

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## **Field Trip Transportation Information**

My child, \_\_\_\_\_, has permission to ride in a vehicle with someone other than their parent for the purpose of a field trip.

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

## **Field Trip Release**

My child, \_\_\_\_\_, has permission to go with Presbyterian Day School on supervised field trips.

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

## **NOTICE OF USE OF PHOTOS ON SOCIAL MEDIA**

Our Facebook Page, **Presbyterian Day School, Orange, TX**, is designed to provide information, announcements, events and photographs from our school. Please sign the following release to either **allow** or **deny** PDS permission to use pictures of your child, you, or your family on our Facebook Page.

## **PERMISSION TO USE PHOTOGRAPH**

I **grant** to Presbyterian Day School, the right to take/post photographs of me and my family in connection with school activities. I authorize Presbyterian Day School, its assigns and transferees to copyright, use and publish the same in print and/or electronically on Facebook and social media. I agree that Presbyterian Day School may use such photographs of me with or without my name for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and Web content.

**Yes**, I have read, understand, and **agree** to the above:

Signature: \_\_\_\_\_

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

No, I **do not** give permission for any photographs of my child, myself, or my family to be publicized on Facebook or social media.

Signature: \_\_\_\_\_

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

Presbyterian Day School is a ministry of First Presbyterian Church of Orange. Our students will have weekly chapel in the sanctuary, as part of their enrichments included in our curriculum. If you do not have a preferred church or belong to a religious/spiritual organization and would like more information about visiting and/or joining the FPCO family, please list your information below.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## DISCIPLINE AND GUIDANCE POLICY FOR PRESBYTERIAN DAY SCHOOL

**\*\*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 age and time restrictions;
- (10) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

*Child Care Regulation Minimum Standards, Subchapter L, Discipline and Guidance, 746.2803 & 746.2805*

I have received a copy of the Discipline Policy.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

## **Immunization Requirement**

The state of Texas requires the following immunizations for enrollment:

- **DTaP:** Diphtheria, tetanus, and acellular pertussis (whooping cough); record may show DT or DTP
- **Polio:** IPV - inactivated polio vaccine; OPV – oral polio vaccine
- **HepB:** Hepatitis B vaccine
- **Hib:** Haemophilus influenzae type b vaccine
- **PCV:** Pneumococcal conjugate vaccine
- **MMR:** Measles, mumps, and rubella vaccines combined
- **Varicella:** Chickenpox vaccine. May be written VAR on record
- **HepA:** Hepatitis A vaccine

**Vaccination records must be up-to-date and include the signature or stamp of a physician or public health personnel verifying immunization information.**

\_\_\_\_ My child's immunization record is current and verified and will be included with this application as a part of enrollment requirements.

**Parent/Guardian Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

## **Requirements for Exclusion from Compliance**

\_\_\_\_ I have attached a signed affidavit stating that I decline immunizations for reasons of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized.



**Physician Information and Emergency Medical Authorization**

If I cannot be reached to decide emergency medical care for my child at the time of an illness or accident, I give permission to Presbyterian Day School to seek medical care.

Name of Physician \_\_\_\_\_

Address of Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Name of Hospital or Emergency Care Facility \_\_\_\_\_

Address of Hospital or Emergency Care Facility \_\_\_\_\_

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

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

**Preschool Health Statement (appointment must be within 6 months of start date)**

**One of the following must be presented when your child is admitted or within one week of admission:**

\_\_\_ A signed and dated copy of a physician's health statement is attached.

OR

\_\_\_ Physician's Statement: I have examined (child's full name) \_\_\_\_\_

and find that she or he is physically able to take part in this program.

**Physician's Signature** \_\_\_\_\_

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

\*You may detach this page to allow for a physician's signature. This page must be completed and submitted as part of this application by the start of classes.