



BYNUM SCHOOL

...where every student succeeds!

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Kenye Kay Trantum

Mary Woodard

Kathy Young

May 2010

Dear Parents,

Here is your enrollment packet for the 2010-2011 school year. Please follow the instructions very carefully and return the completed packet to one of us in the front office no later than **Monday, June 7**. **We will ask you to stay for just a moment while we check to make sure everything is in order.** Please bear with us. This saves us all time in the long run.

I know all of you understand that tuition and fees are carefully scrutinized annually by the Finance Committee of the Bynum School Board of Directors. They have determined that at this time, tuition rates including the cost of aftercare will remain the same. We are one of the most competitively priced private schools in the area, and the only one which offers a comprehensive range of services delivered throughout a twelve month period.

Please remember tuition covers only a very small part of our operating budget. Other sources of income are grant requests, special fundraisers, and corporate and individual gifts. Even in a healthy economic climate it is a daily struggle to raise enough money to provide the best private education we can for your children. In the present economic climate we are working harder than ever to be careful stewards of our financial resources; however, it is difficult to significantly lower a school budget, primarily because the nature of our work is labor intensive and those costs comprise most of our expense. At Bynum School we can say without hesitation that we have highly qualified personnel in classrooms that have very low student to teacher ratios. It is our goal to continue to provide reasonable salaries and benefits so that we are able to retain this caliber staff. We are also committed to providing all necessary therapies delivered by the very best providers in the Permian Basin. While costly, these comprehensive services make all the difference for our students. I know you will agree that our programs continue to expand and are exemplary, and our teaching staff is phenomenal! Your investment is vital to the success of this school.

We are asking for contracts to be returned no later than **Monday, June 7** so that we can plan effectively for next year. I want to make sure all current students have an opportunity to re-enroll. As of right now our classrooms are full. **Immediately after that date we will determine if we have any available slots and we will open enrollment to new students.** Please give either Keri or me a call if you have questions or concerns. We are looking forward to serving your child in 2010-2011!

Molly Wallace



P.O. Box 80175 • County Rd. 60 West and Hwy. 158 • Midland, Texas 79708
Phone (432) 520-0075 • Fax (432) 520-0076 • www.bynumschool.org



When my child is brought to school, the appropriate staff member will be made aware of my child's arrival. I understand my child will only be released from the Bynum School to the parent/guardian or persons listed below. Any change in this procedure must be given to the school office in writing. Phone calls will be confirmed and must be followed by a written confirmation when the child returns to school. My child may be released to:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

CHECK ALL THAT APPLY:

- 1: TRANSPORTATION: I hereby give do not give – my consent for my child to be transported and supervised by school staff in school or personal vehicles during the instructional day.
- 2. WATER ACTIVITIES: I hereby give do not give – my consent for my child to participate in water activities: splashing pools wading pools swimming pools
- 3. FIELD TRIPS: I hereby give do not give – my consent for my child to participate in Field Trips.

BROTHERS AND SISTERS

| LAST NAME | FIRST NAME | MI | BIRTHDATE |
|-----------|------------|----|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

BYNUM SCHOOL

TUITION AND FEES SCHEDULE FOR 2010-2011 SCHOOL YEAR

Registration fee is due by June 7, 2010 or when admission is requested \$ 200
Tuition: 2010-2011 school year (August 2010-July 2011) \$7,800

If more than one student from the same family attends Bynum School, the second and any subsequent child's tuition will be discounted by 10%.

Limited Scholarship funds are available as determined by need on first come, first serve basis. A completed scholarship application with required income information must be received by July 6th for consideration. All students currently on scholarship must submit a new application.

Payment Options: Bynum School is a twelve-month school. As such, budget and staffing are planned upon that basis. The payment plans are offered only as a convenience to the families of our students. The following two payment plans are available. Each requires a signed contract to be returned on or before June 7, 2010.

Initial _____ 1 Payment Plan. You may choose to pay your tuition in full (\$7,800) by August 12, 2010 or

Initial _____ 10 Payment Plan – Annual tuition may be paid in ten (10) equal installments beginning August 1 and ending May 1. Each payment is due no later than the 10th of each month.

Total Monthly payment will be \$780.00 per month + After School Care as desired.

If you are unable to pick your child up at 3:30 on Monday thru Thursday or 2:30 on Friday, he/she will be taken to after-care and you will be charged \$15.00.

***After School Care** is available until 5:30 each day at a cost of \$150.00 per month or a drop-in basis of \$15.00 per day. To be charged the drop-in rate a call to the school office is required before 2:30 p.m. After Care ends promptly at 5:30. You will be charged \$5.00 for every 5 minutes past 5:30. We understand that emergencies do occur. You may call Molly at 528-5390. Please be respectful of our staff and the time they need to spend with their families.

Thank you for understanding and supporting strict adherence to these policies. While we continue to search out funding sources, the base upon which our students rely is your regularly paid tuition.

Father's Signature _____

Father's SSN _____

Mother's Signature _____

Mother's SSN _____

*** If you wish to apply for a tuition scholarship, please pick up that application packet when you turn in this packet. All families currently receiving tuition assistance must complete a new application packet when you turn in this packet. All families currently receiving tuition assistance must complete a new application annually with updated information. It, like the enrollment packet, must be reviewed upon receipt by one of us in the front office. No packet will be accepted this year unless all required elements addressing the eligibility guidelines are included. Decisions are made by a committee who will not even begin to consider an incomplete application. We have limited tuition assistance available and it will be distributed on a first come, first serve basis, so please follow the rules carefully and turn in those applications with all documentation by July 6th.

HEALTH REQUIREMENTS

| Name of Child: | | Date of Birth: | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-------------|-------------|--------------|
| IMMUNIZATIONS | Date/dose 1 | Date/dose 2 | Date/dose 3 | Date/dose 4 | Date/booster |
| Hepatitis B | | | | | |
| DTP / DTaP / DT | | | | | |
| POLIO IPV or OPV | | | | | |
| MEASLES | | | | | |
| MUMPS | | | | | |
| RUBELLA | | | | | |
| Varicella (see below) | | | | | |
| Pneumococcal Conjugate Vaccine | | | | | |
| Hepatitis A | | | | | |
| TB TEST (if required) | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | Date: | | |

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

Signature Date

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.

Parent's signature Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at: http://www.dshs.state.tx.us/immunize/school_info.htm

Student: _____ **Class:** _____ **DOB:** _____

BLADDER/BOWEL

Frequent UTI's yes no
Constipation yes no

BLOOD DISORDERS

Explain -

EARS

Hearing problems yes no
Hearing aid(s) yes no
Frequent infections yes no
Speech Problems yes no
Surgery yes no

ENDOCRINE

Diabetes – Type _____

Date Diagnosed: _____

Treatment Regimen: _____

Diabetes Physician: _____

Phone #: _____

EYES

Vision problems yes no
Wears contacts yes no
Wears glasses yes no

GASTROINTESTINAL

Upset stomach yes no
Diarrhea yes no
Emotional upsets yes no

HEART

Congenital Heart Disease yes no
Cardiac Surgery – Type:
Explain

MISCELLANEOUS

ADD/ADHD: _____

Medication _____

Physician: _____

Phone #: _____

Time of day given: _____

NEUROLOGICAL

Febrile Seizures yes no
Seizure disorder yes no
Meningitis yes no
Cerebral palsy yes no
Migraines yes no

OROTHOPEDIC

History of fractures yes no
Loose joints yes no

RESPIRATORY - ☺♥→ One inhaler needs to be kept in the office at all times. Please supply the office with the physician's asthma plan.

Asthma
Medications: _____

Oral: _____

Inhaler: _____

Shots: _____

Allergies – Medication: _____

Known Allergens: _____

SKIN

Rashes yes no
Hives yes no
Herpes yes no
Insect Bites Allergy yes no

BYNUM SCHOOL MEDICATION PERMISSION SLIP

According to Texas State law and Bynum School policy, all medications that are to be administered at school must comply with the following guidelines:

1. All medication given must be in the original container. This includes both prescription and over-the-counter medicines. The medication has to be FDA approved with dosage information clearly marked on the container. (Small containers please!)
2. All medication must be accompanied by a dated permission slip signed by the parent/legal guardian. Please include instructions for over-the-counter medication. Prescription drugs will be given as indicated on the label.
3. The over-the-counter medication may not be given more than three consecutive school days without physician's orders to do so.
4. Medications purchased in a foreign country (for example, Mexico) cannot be given.
5. No medication is supplied by the school.

Whether or not the Bynum staff will administer long-term medications, it is important for emergency personnel to be informed that the student takes the medication. Please list all medications prescribed for long-term use.

| Medication <small>(Prescribed for long-term use)</small> | Dosage | Time To Be Given | Pill Count <small>(If controlled drugs)</small> | SIGNATURE |
|--|---------------|-------------------------|---|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

School Personnel has my permission to administer the following over-the-counter medications to my child.

Parent's Signature _____ Date

RELEASE TO ADMINSTER MEDICATION

Student Name: _____ Date: _____

Medication _____ Dosage _____

Times of day to be administered _____

Length of Time to be administered _____

Refrigeration Required? _____ Reason for taking medication _____

Parent's Signature _____ Date _____

Letter to Parent Regarding Administration of Medication in School

Dear Parent:

In case you are unfamiliar with the school's policy on the administration of medication to students by school personnel, we would like to bring you up to date on this matter. There is no school nurse on duty at Bynum school. In the absence of a school nurse the office staff (or their substitutes) will be giving the medication.

If your child must have medication of any type given during school hours, including over-the-counter drugs, you have the following choices:

1. You may come to school and give the medication to your child at the appointed time.
2. You may obtain a copy of a medication permission slip from the school office. Complete the form by listing the medication(s) needed, dosage, and number of times per day the medication is to be administered.
3. You may discuss with your doctor an alternative schedule for administering medication. (eg., outside of school hours).
4. Over the counter drugs can be given 3 consecutive days only.

School personnel will not administer any medication to students unless they have received a medication form properly completed and signed by the parent/guardian, and the medication has been received in the original container, appropriately labeled, and FDA approved. Medication purchased in a foreign country will not be given. Any change in dosage or medication must be accompanied by a written permission slip and properly labeled. In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy.

Bynum School does not provide medication for student use, including Tylenol and Aspirin.

If you have any questions about the policy, or other issues related to the administration in the school, please contact the school at the following number 520-0075.

Thank you for your cooperation,

Molly Wallace, M.Ed.
Executive Director

BYNUM SCHOOL

SCHOOL ASTHMA ACTION PLAN

This plan is in accordance with new legislation, HB 1688, which passed during the 2001 Texas Legislative Session. This bill allows students to self-administer asthma medications while at school or school functions with permission from parent/guardian and physician.

(To be completed at the beginning of each school year and kept on file with the school office)

Student's Name: _____ Classroom _____ DOB _____

Teacher's Name _____ School Year: _____

Parent/Guardian: _____

Address: _____ Home phone: _____ Work phone: _____

Emergency Contact: _____

Name _____ Relationship _____ Phone _____

Physician student sees for asthma: _____ Phone: _____

Other physician: _____ Phone: _____

DAILY TREATMENT PLAN DURING SCHOOL

Please list any medications taken daily to manage asthma, including PRN Nebulizer treatments and inhalers.

| Name | Purpose | Dosage | When to use |
|----------|---------|--------|-------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

These medications are prescribed for the time period _____ until _____

Rescue inhaler can be repeated for severe breathing difficulty _____ time's _____ minutes apart.

Medical Equipment

Please list any medical equipment this student will need to treat his/her asthma at school (i.e. spacer, Nebulizer, O2, etc)

PHYSICIAN PLEASE INITIAL STATEMENT 1 OR STATEMENT 2

_____ (Statement 1)

I have instructed _____ (student's name) in the proper way to use his/her medications. It is my professional opinion that _____ (student's name) should be allowed to carry and self-administrative any of his/her asthma medications while on school property or at school related events.

_____ (Statement 2)

It is my professional opinion that _____ (student's name) should NOT be allowed to carry and self-administer any of his/her asthma medications while on school property or at school related events.

EMERGENCY PLAN

Emergency action is necessary when this student has symptoms such as:

| | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Seek emergency medical care if this student experiences any of the following:

• If no improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.

• Student exhibits:

- | | |
|--|--|
| <input type="checkbox"/> Chest and neck pulled in with breathing | <input type="checkbox"/> Lips or fingernails turn gray or blue |
| <input type="checkbox"/> Struggling to breathe | <input type="checkbox"/> Stops playing and cannot start activity again |
| <input type="checkbox"/> Hunched over while breathing | <input type="checkbox"/> Trouble walking and talking |

Physician's Signature

Date

Dear Parents,

Our cooperative training arrangements with local Nursing Departments are going great! Orientation now includes the initial training I provide as well as an on-site visit prior to clinicals with training provided by Ermunda. By the time these students begin their clinical rotation they are very prepared, and their classroom experiences are positive for them as well as for our students and staff.

I want to reemphasize my commitment to you concerning confidentiality. We have completely reorganized student folders so that educational information and medical information are not "mixed in" with items not of interest to nursing or education students. With your permission, they may view only information which might be helpful to their area of study and are supervised in the front office while the folder is in their hands.

Once again, we participate in training programs because we believe that the more prepared these young people are, the better professionals they will become. I will seek your permission annually to allow them supervised access to only educational or medical information. Please respond by checking the appropriate statement below and signing and dating this explanation. As always, please call if you have any questions or concerns.

Molly Wallace

_____ I do give permission for nursing students and education students to view my child's medical or educational records.

_____ I do not give permission for nursing students and education students to view my child's medical or educational records.

Parent Signature

Date

CARPOOL PROCEDURES

For the safety of our children, it is imperative that the following be observed:

- Enter the drive at the fence west of the small playground. If you are picking up from the main building your line forms beside that building and exits to the **RIGHT** back onto Hwy 158. If you are picking up from the vocational building your line forms beside that building and exits **LEFT** back onto Hwy 60. (“Never the twain shall meet” for the safety of our students!)
- **Please, please, please stay in your car at all times!** Our staff will put your child and any belongings in your car for you. I have asked them politely to shorten “carside conversations” to keep the line moving so we don’t back up onto the highway. If you feel the need to come into the building, please park in the front parking lot and come into the main office so that others are not attempting to go around your car.
- I know we all like to help one another, but there should never be a time when you as a parent are needed to help staff get another child into another parent’s car. We certainly don’t want your children to be waiting in your car while you are doing something that is the responsibility of our staff. That is in itself dangerous, and it is our job! We promise to do it well!

Bynum School's Bad Weather Procedures

- On days when the roads are treacherous and M.I.S.D. closes for the day, Bynum School will close for the day.
- On mornings when M.I.S.D. specifies an exact time they will start that is consistent for every campus, we will start at that time as well.
- On mornings when M.I.S.D. calls for a 2-hour delay, Bynum School will begin at 10:00 a.m. (which is the time M.I.S.D. elementary campuses will begin.)
- We will not offer morning care on mornings when we start late.
- If M.I.S.D. dismisses school early because of inclement weather, we will do the same and there will be no after care.
- On early dismissal days caused by bad weather, we will not offer after care so that all our employees can get home safely.
- Molly will always call the TV stations in each of the cases.

We must follow as closely as possible what M.I.S.D. is doing because Bynum School is closest to them geographically.

Parent Volunteer Form

We are asking each Bynum family to commit to 12 hours of volunteer work per school year. Attendance at APT meetings counts as 1 hour of volunteerism per meeting. Other ways to fulfill this requirement include helping at school, delivering flowers, helping with fundraisers, working on projects for staff at home, etc. Our goal is not only to increase family involvement, but also to help you feel engaged and connected to Bynum School! **WE NEED YOU!!!**

Initial ____ My family pledges to volunteer 12 hours at Bynum School

Name: _____ Address: _____

Student at Bynum: _____

Home phone: _____ Cell: _____ Work: _____

E-mail Address: _____

(please write neatly!!)

Best way and time of day to contact you?

What are your special talents/skills that could help Bynum School?

What business connections or personal contacts do you have that could benefit our school?

Please mark the activities, events and/or committees that you would like to help us with this year. See next page for job description!

- Volunteer Coordinator
- Bynum Blooms (first of Dec.)
- Room Mother Coordinator
- Children's Festival (Jan.)
- Room Mother
- Poinsettia Drive (Dec.)
- Teacher Birthdays
- Awards Banquet (May)
- Telephone Committee
- APT Refreshments
- Office Help
- Teacher Appreciation Week (April)
- Christmas Program (Dec.)
- Bynum Organic Garden

"I am only one, But still I am one. I cannot do everything, But still I can do something; And because I cannot do everything I will not refuse to do the something that I can do: Edward Everett

"Job" Descriptions for Bynum School Volunteer Positions

- **Volunteer Coordinator:** Arranges volunteers for things going on at Bynum when they are in need of extra help such as stuffing envelopes, vision exams, field trips, etc. It is a position that can be done from home at one's convenience.
- **Room Mother Coordinator:** Meets with the room mothers and plans the year's activities. Notifies room mothers about upcoming events. Except for the initial meeting at the beginning of school, this job can be done from home as well.
- **Room Mother:** Arranges and **delegates** class parties for the school year and anything else the teacher might need help with. You do **NOT** have to attend the parties and this job can be handled over the phone, too.
- **Bynum Organic Garden:** Help students & staff plan and produce seasonal crops.
- **Teacher Birthdays:** Helps Bynum staff in celebrating teachers' birthdays.
- **Telephone:** Makes necessary calls to parents to inform them of upcoming events or important information. This, of course, can be done from your home.
- **Office Help:** This one is self-explanatory! Weekly, on Friday mornings, quarterly putting out the newsletter, and at other times Shauna needs help in the office answering phones, stuffing envelopes, or doing other things.
- **Teacher Appreciation Week:** This is only one week of the year and it really needs a committee to organize and implement it. Again, most of it can be done over the telephone!
- **Christmas Program:** Donating food and drinks for after the program and helping to set up the day of the program.
- **Bynum Blooms:** This is an easy one! Help addressing envelopes and/ or attending the event to support our school.
- **Children's Festival:** All hands on deck for this one. It is our largest fundraiser and all kinds of help are needed, especially the day before to decorate. The parents also are in charge of the concession stand so lots of volunteers are needed for that.
- **Poinsettias Drive:** HELP DELIVERING POINSETTIAS!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
- **Awards Banquet:** Much like the Christmas program—help with set up and clean up and whatever else is needed.

- **AFT Refreshments:** This is our Association of Families and Teachers group—our “PTA” and we need volunteers to provide refreshments at our meetings. But most importantly, we need all parents to come to the meetings!!!!!!!

Please seriously consider where you can help volunteer at our wonderful school. We need everyone working together! Also, always remember to sign in as documentation is important for audits and grant requests. Thanks!

GRANDPARENTS, RELATIVES AND SPECIAL FRIENDS INFORMATION
2010-2011

Each year we would like to update our data base files for special events. Grandparents, relatives and special friends have the opportunity to participate in the special events surrounding Bynum School. They will receive the newsletter, school calendar, and other information to keep them updated on happenings at Bynum. To make sure we include all of our current grandparents, relatives, and special friends, please fill out the information below. Thank you for your cooperation.

Name of child at Bynum School: _____

Grandparents' Name(s): _____

Grandparents' Mailing Address: _____
Address, City, State, Zip Code

Grandparents' Home Phone Number: _____

Grandparents' Name(s): _____

Grandparents' Mailing Address: _____
Address, City, State, Zip Code

Grandparents' Home Phone Number: _____

Relatives' Name(s): _____

Relatives' Mailing Address: _____
Address, City, State, Zip Code

Relatives' Home Phone Number: _____

Special Friends' Name(s): _____

Special Friends' Mailing Address: _____
Address, City, State, Zip Code

Special Friends' Home Phone Number: _____

**Releases for Photographing Student and Authorization for Preparation and
Dissemination of Material**

1. I hereby give my permission to Bynum School to use photographs of my child for educational training programs and/or routine promotional releases.
(Please initial the appropriate response.) Yes _____ No _____

2. I agree to allow student to participate in the making of pictures which may be used in the preparation of live television programs, motion picture films, videotape recordings, or television kinescope films by the Bynum School or its contracted agents.
(Please initial the appropriate response.) Yes _____ No _____

3. I further give my consent to Bynum School to use such programs, films, videotapes or kinescopes prepared for broadcast, audio, visual or use in any other communication medium for promotional or educational purposes and do hereby agree that Bynum School shall have the right to assign this sight of use to third parties, provided, however that no such third party shall have the right to use any such materials in advertising for or on behalf of any third party.
(Please initial the appropriate response.) Yes _____ No _____

4. I also release the Bynum School from all claims or causes of action for damages in connection with the preparation and dissemination of any of the above-described material and do hereby agree that neither the student nor I shall be entitled to any compensation or remuneration in connection with the preparation or dissemination of any such material.
(Please initial the appropriate response.) Yes _____ No _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date