



# 2017-2018 Enrollment Packet

I am enrolling my child in:

**School Year Sep 5<sup>th</sup>-May 28<sup>th</sup>**

Kindergarten (5 Years by Sep 1st)

**Schedule**

Mon-Fri \$470 per month

**Before School Care** 7:00am-9:00am  T/TH \$75/month  MWF \$115/month  M-F \$190/month

**After School Care** 2:00pm-4:00pm  T/TH \$75/month  MWF \$115/month  M-F \$190/month

\_\_\_\_\_ **1. Enrollment Forms** (2 pages with parent signature)

Emergency Contacts: Full mailing address and phone number. Contacts must be outside of the family home.

\_\_\_\_\_ **2. Current Immunization Record/Exemption**

\_\_\_\_\_ **3. Health Statement** – signed statement from physician that your child has been examined and can participate in our childcare program. If your child has a summer doctor's appointment, please indicate the date we can expect to receive this updated information.

\_\_\_\_\_ **4. Health Requirements Form**

\_\_\_\_\_ **5. Child and Family Information Forms**

\_\_\_\_\_ **6. Parent Involvement Form**

\_\_\_\_\_ **7. Liability Release Form**

\_\_\_\_\_ **8. \$200 Registration Fee**

Office Use Only: Date of Admission \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_



# THE ACADEMY

AT CHURCH ELEVEN32

## Enrollment Form

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age as of 09/01/17 \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Address \_\_\_\_\_

Mother's E-Mail \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Father's Address \_\_\_\_\_

Father's E-Mail \_\_\_\_\_

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

Church Member? ( ) Y ( ) N If yes, where? \_\_\_\_\_ Is your child potty trained? ( ) Y ( ) N

**EMERGENCY CONTACT PERSON:** In the event that either parent cannot be contacted or cannot pick up their child, these persons can act on the parent's behalf and are authorized to pick up at The Preschool at Church Eleven32. Please include at least 2 contacts. All information must be included. You may include additional authorized persons if you desire.

**Name**

**Address, City, State, Zip**

**Phone Number**

1.

2.

3.



# THE ACADEMY

AT CHURCH ELEVEN32

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Initial Each Item Listed Below:**

The “Parent Handbook” and “Discipline and Guidance” policy are both located on our website

1. \_\_\_\_\_ **VIDEO/PHOTO RELEASE** I give consent for photographs and/or video to be taken of my child while at The Preschool at Church Eleven32.
2. \_\_\_\_\_ **RECEIPT OF PARENT/STUDENT HANDBOOK** I acknowledge receipt of the “Parent Handbook” and will adhere to it’s policies.
3. \_\_\_\_\_ **RECEIPT OF DISCIPLINE AND GUIDANCE POLICY** I have received the “Discipline and Guidance “ Policy located on pages 8-9 of the Parent Handbook.
4. \_\_\_\_\_ **TUITION POLICY** Tuition is due on the 5<sup>th</sup> of the month and becomes late on the 15<sup>th</sup>. Full tuition policy can be found on page 2 of the Parent Handbook.

### MEDICAL TREATMENT AUTHORIZATION

I, \_\_\_\_\_, give The Preschool at Church Eleven32 employees permission to obtain emergency medical treatment for my child. If the physician listed below cannot be reached, permission is granted for another licensed physician to be called. I also give permission for my child to be transported to the nearest hospital in the event of a medical emergency.

Child’s Physician \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference:  Texas Health Presbyterian Hospital Allen 1105 N Central Expwy Allen, TX 75013 (closest hospital)

Children’s Medical Center Plano 7601 Preston Rd Plano, TX 75024 Other: \_\_\_\_\_

### ALLERGIES AND MEDICAL NEEDS

Allergies: \_\_\_\_\_

List any special medical needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



## Child and Family Information

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This information is given to your child's teacher to help them understand your child's personality and for them to be familiar with your child's past and present.

Parent/Guardian's Names \_\_\_\_\_

Siblings Names and Ages \_\_\_\_\_

Those caring for your child (other than parents)? \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

Previous Preschool/MDO attendance? ( ) Y ( ) N If yes, where? \_\_\_\_\_

### Language

What language is spoken at home? \_\_\_\_\_

Is a second language spoken around the child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language? \_\_\_\_\_

### Sleeping Habits

Time child usually goes to bed each night: \_\_\_\_\_ Wakes up: \_\_\_\_\_

Does your child sleep well? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_

\_\_\_\_\_

### Eating Habits

Time child usually eats Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

### Dressing Habits

Does child dress herself? Yes \_\_\_\_\_ No \_\_\_\_\_ Undress Self? Yes \_\_\_\_\_ No \_\_\_\_\_



## Child and Family Information (cont.)

### Disciplinary Information

List the ways your child expresses anger: \_\_\_\_\_  
\_\_\_\_\_

Describe any fears your child has: \_\_\_\_\_  
\_\_\_\_\_

Method of discipline used in the home: \_\_\_\_\_  
\_\_\_\_\_

What is your child's usual reaction to discipline?: \_\_\_\_\_  
\_\_\_\_\_

### Social Information

Describe your child's personality: \_\_\_\_\_  
\_\_\_\_\_

How does your child relate to other children? \_\_\_\_\_  
\_\_\_\_\_

What is your child's favorite:

Indoor play activities? \_\_\_\_\_

Outdoor play activities? \_\_\_\_\_

Parent/Child activities? \_\_\_\_\_

List any extracurricular activities your child is involved in: \_\_\_\_\_

## Child and Family Information (cont.)

### Medical Information

Child's allergies: \_\_\_\_\_

List any special concerns or medical needs: \_\_\_\_\_

\_\_\_\_\_

Child's fears or other habits we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Any helpful information that you can give to make your child's school day a successful one: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Health Requirements

### HEALTH STATEMENT: (Check One)

Physician's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the daycare program.

\_\_\_\_\_  
Healthcare Professional's Signature

\_\_\_\_\_  
Date

**OR**

A signed and dated copy of a healthcare professional's statement is attached.

### IMMUNIZATION REQUIREMENTS: (Please read carefully and check only one)

I have attached a copy of my child's current Physician Immunization Record.

**OR**

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 (must be an original) developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years.

My child has had Varicella disease (chickenpox)  No  Yes

If yes, provide date of illness: \_\_\_\_\_

### HEARING AND VISION FOR 5 and 6 YEAR OLDS (State of Texas Requirement – Check One)

I have attached a copy of my child's hearing and vision results

Hearing Results must include hearing frequencies (1000, 2000, & 4000 Hertz)

Vision must include distance acuity (20/20, 20/30, etc.)

\*Your child's pediatrician can perform these tests at their 4 and 5 year old well check

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



# THE ACADEMY

AT CHURCH ELEVEN32

## Parent Involvement

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent's E-Mail \_\_\_\_\_

**TEACHER APPRECIATION TEAM – Provide special snack/meals for Preschool Staff and help with Staff Appreciation events.**

\_\_\_\_\_ Yes, I would like more information      \_\_\_\_\_ No

**SPECIAL EVENTS – Place a check next to any events you would like to help with.**

\_\_\_\_\_ Hospitality Bakers – Bake (or purchase) 3-4 dozen cookies per special event

\_\_\_\_\_ Individual/Group Picture Day – Assist Photographer/Children

\_\_\_\_\_ Christmas Program – Set Up/Tear Down

\_\_\_\_\_ Mother's Day Tea Party – Set Up/Tear Down

\_\_\_\_\_ Field Day – Set Up/Tear Down and help with activities

\_\_\_\_\_ End of the Year Celebration/Graduation – Set Up/Tear Down

\_\_\_\_\_ Class Parties – Help teachers with parties

*If you checked "Yes" to any of the above items someone will contact you by October 2017.*





THE ACADEMY

AT CHURCH ELEVEN32

## Liability Release Form

I have read and understand The Preschool at Church Eleven32 Parent Handbook.

\_\_\_\_\_ (child's name) has my permission to participate in all activities of The Preschool at Church Eleven32. I understand that my child will be under adult supervision at all times. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against Church Eleven32 and its sponsors. I hereby authorize emergency medical care or first aid treatment as needed in the event of illness or injury during any sponsored activity of Church Eleven32.

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

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_