



2018-2019 Registration Form



1155 W. Roundbunch Rd.
Bridge City, TX. 77611
409-735-5546

preschool@stpaulfamily.com

Dear Parents and Guardians:

We are delighted that you are interested in our program and we hope to be able to be a part of your child's journey as they grow. This registration packet offers the basic information for the St. Paul Preschool Program. We offer many levels of learning for your child. Classroom activities are planned at an age-appropriate level, and your child will learn basic manners, pre-kindergarten skills (cutting, drawing, gluing, counting, writing, coloring), and basic knowledge of the Bible through songs and stories.

Again, thank you for your interest in our program. If I can help you in any way, please contact me at 409-735-5546 or preschool@stpaulfamily.com.

God Bless You,
Erin Bunch, SPPP Director

Enrollment

Enrollment for our program is open to children from the ages of 18 months to 5 years of age. We enroll children in each class by their age as of September 1. Once the school year has started each child will stay in the class that the child started in until the end of the school year. Children who are enrolling into the 4 year old class are required to be fully potty-trained.

The **non-refundable** enrollment fee of \$70 for St. Paul members and \$80 for non-members is due each school year at the time of registration and includes all school supplies needed for the year. Your child is not guaranteed a spot in our program until the enrollment form and registration fee are submitted.

If you are a new family to St. Paul Preschool, you will receive a phone call to confirm your child's admission to the program within three days of submitting your form.

Tuition

Tuition is \$190 monthly for each child. The first month tuition is due by the first day of school. Full **non-refundable** monthly tuition is due on the first school day of each month. A \$10 late fee is added to the account after the 10th day of the month of no payment.

Your child's placement in the program is maintained by making a timely tuition payment. In the event of late tuition, the child's placement may not be held, and a child on the program's waiting list may enroll for that opening. Please understand that teacher and director salaries depend completely on collected tuition.

Supplies

The enrollment fee covers the cost of supplies, so no additional supplies will need to be purchased. This guarantees each child will have the appropriate supplies for the school year.

Schedule

Program class days are Mondays, Tuesdays, and Wednesdays. Class time is 9:00 a.m. to 2:00 p.m. Please have your child in his/her class by 9:15 a.m. at the latest so the teacher can get the day started. Each classroom has a structured schedule posted of daily activities. The schedule may be modified at the teacher's discretion.

Snacks and Lunch

Each class will have a snack schedule for parents to bring snacks. A nutritional lunch must be brought from home each day for your child. Our program does not serve snacks or meals.



Physician's Consent Form

This form, signed by a doctor, and a current Immunization Record must be submitted prior to the first day of school. A new form needs to be signed for each school year.

Child Name: _____ DOB: _____

The above patient has been seen in my office within the last year, and I find this child to be physically and mentally able to attend the St. Paul Preschool Program.

Physician's Signature: _____ Date: _____

Admission Information for St. Paul Preschool Program 2018-2019

Please mark all boxes with the appropriate information, "n/a," or "none."

| | | | | | |
|---------------------------------|---------------------|------------|---------------------------------|--|-----------------------------|
| Child's Name | | Preferred: | Date of Birth <i>mm/dd/yyyy</i> | Age <i>as of Sept 1</i> | Date of Admission 9/4/18 |
| Address | | | City | State | Zip Code |
| Gender | Church Home, if any | Email | | Home Phone Number | |
| Parent/Guardian | | | | Mobile Number | |
| Place of Employment | | | | Work Number | |
| Address if different from child | | | | Other Number(s) While Child is in Care | |
| Parent/Guardian | | | | Mobile Number | |
| Place of Employment | | | | Work Number | |
| Address if different from child | | | | Other Number(s) While Child is in Care | |

Emergency Contacts

(Persons to call in an emergency if guardians cannot be reached. Persons are authorized to pick your child from school.)

| | | | |
|----------------------------|--------------|---------|--------------|
| Emergency Contact 1 | Relationship | Address | Phone Number |
| Emergency Contact 2 | Relationship | Address | Phone Number |

Additional persons (*not listed above*) allowed to pick your child up from school

*I hereby authorize St. Paul Preschool to allow my child to leave ONLY with the following persons.
Children will only be released to a parent or a person designated on this form after verification of ID.*

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone Number |
| Name | Relationship | Phone Number |
| Name | Relationship | Phone Number |

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

| | | | |
|--------------------|---------|------|--------------|
| Preferred Hospital | Address | City | Phone Number |
| Physician | Address | City | Phone Number |

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent/Guardian Signature: _____

Medical History

| |
|---|
| FOOD or OTHER ALLERGIES, diagnosed by a Physician (Requires an additional form signed by doctor.) |
| OTHER special medical issues such as existing illness, previous serious illness/injuries/hospitalizations, medications. |

This form is not complete without a parent/guardian signature on the Admission Agreement on the back of this page.

| | |
|---|---|
| Office Use Only: Returning Student <i>Y N</i> Sibling <i>Y N</i> SPUMC Member <i>Y N</i> Registration Fee \$_____ | Total Paid: \$_____ Cash or Check #_____ Date Received _____ by: _____ Admission Approved _____ by: _____ |
| Withdrawal Date _____ | |

Admission Agreement

My child is normally in the care of St. Paul Preschool Program during the following times
Monday, 9:00 a.m.-2:00 p.m.,
Tuesday, 9:00 a.m.-2:00 p.m., and
Wednesday, 9:00 a.m.-2:00 p.m.

I give consent for my child to:
participate in water table play and
be transported for emergency care/evacuation.

I am aware that St. Paul Preschool Program does not
transport any child (except in emergency evacuation),
participate in water activities (except water table play),
serve meals to the children, or
provide care for school-age children.

I agree to provide, by the first day of school,
a current immunization record and
a physician's consent to attend preschool.

I have received a parent handbook with operational policies at "Meet the Teacher" in August. This includes information on:

- | | |
|---|--|
| <input type="checkbox"/> Discipline & guidance | <input type="checkbox"/> Procedures for parents to participate |
| <input type="checkbox"/> Suspension & expulsion | <input type="checkbox"/> Release of children |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Illness & exclusion criteria |
| <input type="checkbox"/> Health checks & Immunizations | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Snacks & Meals |
| <input type="checkbox"/> Procedures to discuss concerns | <input type="checkbox"/> Procedures to visit the school |
| <input type="checkbox"/> Contact info for Licensing, DFPS, & Child Abuse Hotline | |

My signature assures that all the given information is true. If any of the information should change, I will notify personnel so that the changes can be made on all of my child's records.



Signature: _____ **Printed Name:** _____ **Date:** _____

Required Notifications

American Disabilities Act: I understand that child daycare operations are public accommodations under the Americans with Disabilities Act (ADA) Title III. If I believe that such an operation may be practicing discrimination in violation of Title III, I may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Gang Free Zone: Under the Texas Penal Code, any area within 1000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

DFPS Privacy Statement: Department of Family Protective Services values your privacy. For more information, read their Privacy and Security Policy at www.dfps.state.tx.us/policies.asp.