



Kindergarten Program

- Hours Of Operation Monday-Friday 8am-3pm
- After School Care Monday-Friday 3:15pm-6pm
- Serving breakfast 7:30am-8am, lunch 12:00pm-12:30pm, after school snack 3:30pm
- Abeka Curriculum For Kindergarten(K5)
- Small classes-teacher to child ratio
- In-House Field Trips
- Director (832) 995-5738 /Asst. Director (832) 995-5739

Registration Information

Non-refundable, non-transferable Registration Fee: \$79.00

Annual Supply Fee: \$50.00

Weekly Tuition: \$150.00

Weekly After School Fee: \$30.00

\$10.00 weekly discount for 2nd child (preschool age)

\$5.00 weekly discount for each additional child (preschool age)



2020-2021 Registration Form for Kindergarten Program

Please read and complete the entire form:

Parent/Guardian

Name(s) _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Phone# _____

Child's First and Last Name

Age of Child

1. _____

2. _____

3. _____

PLEASE RETURN THIS FORM WITH YOUR REGISTRATION FEE

I (We), the undersigned person/persons responsible for paying tuition, understand that tuition must be paid in accordance with the Tuition Payment Policy.

Parent Signature _____

Registration fee enclosed _____ (#of children) at \$79.00 each for a total of \$ _____

***Registration fee must accompany this form.**

***Registration fee is nonrefundable**

Office Use Only

Check# _____ Cash: _____ Credit: _____ Payment Recv'd by: _____ Date: _____



Admission Information

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 Completing Form	Address of Parent or Guardian (if different from the child's)		
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
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 telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information

Check All That Apply:

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care on field trips to and from home to and from school

2. Field Trips

I give consent for my child to participate in field trips.

I do not give consent for my child to participate in field trips.

Comments

3. Water Activities

I give consent for my child to participate in the following water activities:

- water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|--|---|
| <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"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals

I understand that the following meals will be served to my child while in care:

- 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		

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:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

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

Signature — Parent or Legal Guardian

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan Submitted on _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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

School Age Children

My child attends the following school	School Phone Number
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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 his/her sibling under 18 years old

Authorized pick up/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.

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.

Check **only one** option:

1. Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

Signature — Health Care Professional

Date Signed

2. A signed and dated copy of a health care professional's statement is attached.
3. 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.
4. 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	Address of Health Care Professional
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Signature — Parent or Legal Guardian

Date Signed

Requirements for Exclusion

- 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

Vaccine Information

The following vaccines require multiple doses over time. Please 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)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	12-15 months (fourth dose)	
	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 6 to 18 months after the first dose.	

Physician or Public Health Personnel Verification

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

Signature

Date Signed

Varicella (Chickenpox)

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.

Signature

Date Signed

Additional Information Regarding Immunizations

For additional information regarding 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: _____

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



ADDITIONAL RELEASE CONTACTS:

NAME:

DRIVER'S LICENSE #:

RELATIONSHIP:

1) _____

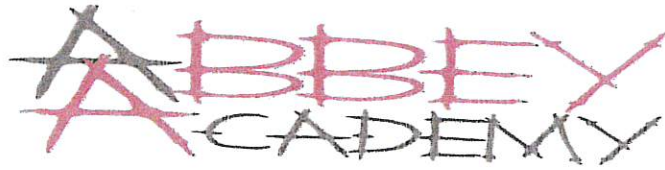
2) _____

3) _____

Child's Name _____

Parent's Signature _____

Date _____



Video/Photo Release Form

I hereby grant Abbey Academy Daycare permission to photograph /videotape my child,
_____, during his/her participation in the daily program.

I understand that the photographs/videos will become the property of Abbey Academy Daycare. I authorize Abbey Academy Daycare to edit, alter, copy, exhibit, publish or distribute these photos/videos for the purpose of publicizing its program or for any other lawful purpose.

I grant Abbey Academy Daycare permission to photograph/videotape me and the undersigned minor children during our participation in activities at Abbey Academy Daycare.

I authorize Abbey Academy Daycare to publish the photographs/videos taken of me and the undersigned minor children, and our names, for use in publications on its website.

I attest that I am the parent or legal guardian of the minor child(ren) listed below and that I have the authority to authorize Abbey Academy Daycare to use their names and photographs. I release Abbey Academy Daycare from any expectation of confidentiality for the minor child(ren) and myself.

I understand that participation in publications and websites is voluntary and that neither I nor the minor child(ren) will receive any financial compensation from it. I agree that participating in any publications or websites does not give me any rights of ownership of the photographs/videos.

I release Abbey Academy Daycare and its employees from any liability associated with the photographs/videos.

Signature: _____ Date: _____

Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____



Abbey Academy K5

School Shirt Order

Parent Name _____

Student Name _____

Class _____

Size	Polo Cost	Quantity	Quantity	Quantity	Quantity
		Light Blue	Hunter Green	Yellow	Friday Spirit Shirt (\$10.00)
4T	\$15.00				
XS 4/5	\$15.00				
5T	\$15.00				

Total Quantity Of Shirts Ordered _____

Amount Paid _____

Check ___ Cash ___ Credit Card ___