SCHOOL

8750 N. Riverside Drive
Keller, TX 76244
(817) 750-0442

2 YEAR OLD PRESCHOOL CLASS

(Must be 2 by Dec 31st of current school year)

NON-REFUNDABLE REGISTRATION & SUPPLY FEE
1 day program-$125.00 2 day program-$175.00
3 day program-$200.00 4 day program-$225.00
5 day program-$250.00
(DUE AT THE TIME OF REGISTRATION)

TUITION
M,T,W,Th, 9am-2pm - $30.00 per day
M,T,W,TH,F 9am-12 Noon $20.00 per day
Fun Friday (drop-in) 9am-12 Noon $20.00 per day
(MAY CHOOSE ANY COMBINATION OF DAYS)

PROGRAM DAYS: 9AM-2PM Monday ____ Tuesday ____ Wednesday ____ Thursday ___
9AM-12 NOON Monday ____ Tuesday ____ Wednesday ____ Thursday ___ Friday ____

Child's Name: ____________________________ Nick-name _________ Date of Birth ______ Male ___ Female ___

Parents Name: ____

Address: ____ City, State, ZIP _____________________________

Home Phone: __________________________ Father's Cell: ___________________ Mother's Cell: ______________
Father's Work: ________________________ Mother's Work: _______________________________

Father's Email: _____________________________________ Mother's Email:_________________________________

Additional People authorized to pick child up: (Name & Phone #) ____
____

Emergency Contact Name, ADDRESS & PHONE #: ____

Allergies, existing or previous illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, etc: ____

Dietary restrictions: _____________________________ Additional helpful information _________________________
____

______ I have provided the school with my child's current immunization record

______ Varicella (chickenpox) vaccine is not required if your child has had chickenpox. If your child has had chicken-pox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____________ and does not need the varicella vaccine.

______ Health-Care Professional Statement: My child has been examined within the past year by a health care professional and is able to participate in the school program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the school office.

______ 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. I understand the affidavit is valid for 2 years.

***Authorization for Emergency Medical Attention: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to

Name of Physician: _____________________________Address: _____________________________ Phone: ____________

Name of Hospital: ____________________________ Address: _____________________________ Phone: ____________

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

Signature – Parent or Legal Guardian: ____ Date: _____________

- Do you want your child's name in the directory? Yes:__ No:__
- Child's parent's phone number in the directory? Yes:__ No:__
- Permission to take part in water activities? Yes:__ No:__
- Permission to take pictures of your child to be used solely for the purpose of school projects and the end of the year "Me Book"
  (If no, your child will not receive an end of the year "Me Book) Yes: __ No:__

  Permission to use your child's picture on the school's web page without using their name:
  Yes:__ No:__
- If your child is age 4 or 5 by Sept 1st of the current school year the school is required by licensing to have on record a current hearing and vision test. The school provides these services during school hours by a trained vision screener and audio screener. Permission for your child to be screened: Yes:__ No:__
  (If no, you must provide the screening results from your physician)

Signature: ________________________________ Date of Admission: ________

***** To reserve a spot in the 2's Pre-school class this form needs to be filled out and returned with the Registration & Supply fee.**