



SCHOOL

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

KINDERGARTEN

(Must be 5 years old by September 1st of the current school year)

Non- Refundable Registration & Supply Fee \$300.00

Tuition: \$3,500.00 (\$350.00 per month)

MONTHLY TUITION PAYMENTS BEGIN AUGUST 1ST AND END MAY 1ST of the current school year

5% discount on tuition if paid in full (Non-refundable)

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 Kindergarten class this form needs to be filled out and returned with the Registration & Supply fee.