



**SCHOOL**

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

**PK1 M/W or PK1 T/Th – 9am- 2pm**  
**Friday Option 9am-12 Noon**

(Must be 3 years old by September 1<sup>st</sup> of the current school year)

*Non- Refundable Registration & Supply Fee ----- 2 days: \$200.00, 3 days: \$225.00*

Days: M/W: 9am – 2pm **OR** T/Th 9am-2pm Cost: M/W **OR** T/Th - \$2,250.00 (\$225.00 per month)

Friday Option: 9am – 12 Noon Cost: Friday Option - \$750.00 (75.00 per month)

Fun Friday: 9am – 12 Noon Cost: Fun Friday (drop-off) \$20.00 per day

M/W \_\_\_\_\_ T/Th \_\_\_\_\_ F \_\_\_\_\_

**MONTHLY TUITION PAYMENTS BEGIN AUGUST 1<sup>ST</sup> AND END MAY 1<sup>ST</sup> 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 1<sup>st</sup> 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 PK1 Pre-school class this form needs to be filled out and returned with the Registration & Supply fee.