Bluebonnet Methodist Preschool

2021-2022 Registration Form

Child's Full Name_____DOB_____

Age of Child on August 18, 2021 _____ Home Phone_____

Home Address/City and Zip Code_____

Date of Admission_____ Date of Withdrawal_____

Parent's Names _____ _____

Address if different from above_____

Mother's Telephone Number_____ Father's_____

Email addresses _____

Emergency Contact if parents can't be reached:

Name_____ Relationship_____

Phone Number_____ Address _____

Names of people authorized to leave the preschool with my child.

Name_____ Phone Number_____

Name_____ Phone Number_____

Name_____ Phone Number_____

***Children will only be released with authorized persons with verification of ID.**

My child will be enrolled on the following days and hours. Initial by the schedule you are selecting. A $150 non-refundable registration fee is due at the time of registration. August tuition is due on August 1, 2021 & September tuition is due on September 1. August tuition is $295 (Infant Room) $290 (Toddler and 2 year Olds) for 5 day full, $196 (Toddler and 2 year Olds) for 3 day full, $173 (Toddler and 2 year Olds) Partial Day. $279 (3 & 4/5 year Olds) for 5 day full and $182 (3 & 4/5 year Olds) for 3 day full. Tuition will be due on the first of all succeeding months. $50.00 off of 2nd child if enrolled in 5 days and $30.00 off of 2nd child if enrolled in 3 days.

____Monday through Friday	Infants	7:30 – 5:30	$650 Month
____Monday through Friday	Toddler and 2 year olds	7:30 – 5:30	$640 Month
____Tuesday, Wednesday, Thursday	Toddler and 2 year olds	7:30 – 5:30	$425 Month
____Tuesday, Wednesday, Thursday	Toddler and 2 year olds	8:30 – 2:30	$375 Month
____Monday through Friday	3 & 4/5 year olds	7:30 – 5:30	$615 Month
____Tuesday, Wednesday, Thursday	3 & 4/5 year olds	7:30 – 5:30	$395 Month

Authorization for Medical Attention (Full information below is required.)

Physician_____Address/Required_____

Phone Number_____

In case of an emergency my preferred Hospital is _____

I will provide the Director of BMP a copy of my child's Vision and Hearing Results for my 4/5 year old. _____

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

List any special issues your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long term use, and any other information which caregivers should be aware of. **If no allergy or medical condition, please write NONE.**

_____

_____

I have provided the childcare operation with a copy of my child's most current immunization record. Initial _____

I understand that I will provide peanut- free snacks and lunch for my child. Initial _____

My child had varicella disease (chickenpox) on or about (date) _____ **and does not need the varicella vaccine.**
Parent Signature_____ **Date**_____

If you are excluding your child from immunization requirements for reasons of conscience, including a religious belief, please attach an official notarized affidavit form issued by the Department of State Health Services. This form is valid for 2 years.

Yes, this does apply. Initial _____ **No, this does not apply. Initial** _____
For additional information regarding immunizations, please contact the Department of State Health Services at: www.dshs.state.tx.us/immunize/public.shtm
My child has been examined within the past year by a healthcare professional and is able to participate in the preschool. I will obtain a copy of the healthcare professional's signed Wellness Statement and will submit it to the preschool within one week of admission.

Signature of Parent or Guardian_____ **Date** _____

Acknowledgement of Parent Handbook of Operational Policies

I have read and agree with the <u>Parent Handbook of Operational Policies</u> for Bluebonnet Methodist Preschool. I understand that all of the questions regarding the handbook should be discussed with the director.

I am choosing to provide my child's snacks and lunch from home and understand that Bluebonnet Methodist Preschool will not be responsible for the nutritional value of my child's meals or for meeting my child's daily food needs.

_____ _____

Parent/Guardian **Date**

Permission for Photographs and Sharing of Information

I give my permission to Bluebonnet Methodist Preschool for my child to be photographed in the course of the activities at BMP with the understanding that these photographs may be used by BMP for the purpose of enriching the program and sharing events and happenings with parents and the community. **I also give my permission for BMP staff to provide other parents with my child's name and phone number** so that other parents may provide or obtain information about children's parties.

_____ _____

Parent/Guardian **Date**