

2019-2020 Registration Packet



1610 E. New Hope Drive
Leander, Texas 78641
Phone- 512-535-8090
Email- preschool@goodnewsumc.org

Parents,

We appreciate your interest in Good News Preschool! We are so excited to be on this journey with your child. It is our mission to share God's love with each child as we focus on getting them prepared for Kindergarten. We offer 2 day, 3 day, and 5 day options for children ages 18 months-5 year olds. Our school day runs from 9:00 am to 1:00 pm.

Enclosed is the registration packet which includes:

- ❖ Registration Form
- ❖ Medical Information
- ❖ Photo Release
- ❖ Payment Policy
- ❖ Discipline and Guidance Policy
- ❖ Field Trip Permission Form
- ❖ Physician Permission Form
- ❖ Immunization Record

Please read over and complete all of the forms, including our handbook.

We will have a "Meet the Teacher" time the week before school starts. Look for an email in early August for those details.

We look forward to a fun year!

Blessings,
Suzi Simmons, Director

Good News Preschool Registration Form

Child's Full Name_____

Child's Date of Birth_____ Child's Age on Sept 1,
2019_____

Child's Address_____

City_____ State_____ Zip Code_____

Days attending (please circle): M T W Th F

*Choose from M/W or T/Th for 2-day option, M/W/F or T/Th/F for 3 day option, or 5-day option.

*Pre-K students may only choose T/Th for 2-day option, M/W/F for 3-day option, or 5-day option

Estimated t-shirt size for 2019-2020 school year (t-shirt included in registration fee).

Circle one: 2T 3T 4T 5/6

Contact #1: First Name_____ Last Name_____

Relationship to Child_____

Primary Phone #_____ Secondary Phone #_____

Email Address_____

Driver's License # and State_____

Contact #2:: First Name_____ Last Name_____

Relationship to Child_____

Primary Phone #_____ Secondary Phone #_____

Email Address_____

Driver's License # and State_____

Emergency Contact: First Name_____ Last Name_____

Relationship to Child_____

Primary Phone #_____ Secondary Phone #_____

Address_____

Good News Preschool Medical Information

Child's Full Name_____

Insurance Carrier_____

Policy Number_____ Phone Number_____

Primary Physicians Name_____

Address_____

Phone Number_____

Emergency Medical Care Facility_____

Address_____

Phone Number_____

I give consent for Good News Preschool to secure any and all necessary emergency medical care for my child.

Signature- Parent or Legal Guardian

Date

Good News Preschool Medical Information (cont.)

ALLERGIES/DISABILITIES

Please list below any *allergies, food or environmental (diagnosed by a physician)* that your child has.

Please provide a doctor's diagnosis and treatment plan, if applicable.

Anything listed as an allergy must be accompanied by a doctor's diagnosis.

Please list below any *food or environmental sensitivities or parental preferences* you have for your child (for example: I prefer my son not to have gluten, but it is not a diagnosed food allergy. Or: We have noticed our daughter gets hives when around certain grasses but it is undiagnosed.)

Please also list any disabilities and previous injuries or illnesses that might require special attention:

Current Medications.....

Please note that GNP must have written instructions from the child's parent and doctor in order to dispense medication at school, but we do want to know in case of emergency any medications your child takes on a daily basis.

Good News Preschool Photo Release

Please initial, sign & date below.

_____ I give permission for my child's image to be used to promote Good News Preschool in the following outlets and I am waiving any consideration for using my child's photo.

Please initial all media outlets below that you give us permission to use your child's photo.

_____ Good News Preschool Bloomz App (only visible to other preschool families)

_____ Good News Preschool Blog

_____ Good News Preschool website

_____ Good News Preschool print ads

_____ Good News Preschool video ads

Childs Name (please print)

Parent Signature

Date

Good News Preschool Payment Policy

Registration:

Current Members:

\$100 by 2/3/2019
\$110 by 2/28/2019
\$125 after 2/28/2019

New Members:

\$110 by 2/28/2019
\$125 after 2/28/2019

Supplies:

2 days per week: Two payments of \$50 (due August and January)
3 days per week: Two payments of \$55 (due August and January)
5 days per week: Two payments of \$65 (due August and January)

Tuition:

2 days per week tuition: \$210 per month
3 days per week tuition: \$275 per month
5 days per week tuition: \$400 per month

The final month's tuition may be paid either along with the first month's tuition for a 10% discount, OR the final month's tuition can be evenly divided and added to the 8 tuition payments made throughout the year. Please choose which you prefer below. An invoice will be sent to you this summer confirming your choice.

_____ I choose to pay the first and last month's tuition together at the start of school for a 10% discount on that payment.

_____ I choose to have the last month's tuition payment divided equally and added to each of my 8 payments throughout the school year.

Limited scholarships available. Check here to be considered for assistance.

Please check which payment method you would like to use:

_____ Personal Check

_____ Monthly Draft (Can be drafted from a bank account or charged to a Debit/Credit card. A 3% processing fee will be added to all Debit/Credit card transactions).

Please initial that you have read and understand the following policies.

_____ All tuition is due by the 1st of the month. It will be considered late and will incur a \$20 late fee if not paid by the 7th of the month.

_____ The last month's tuition is to be paid along with the first month's tuition (a 10% discount will be given) or divided up evenly among the other 8 tuition payments.

_____ If you chose monthly draft and are declined there will be a \$3 fee for each time the fee is declined.

_____ If you chose to pay with a personal check there will be a \$30 NSF fee for insufficient funds.

_____ We take the total number of school days and divide the cost up evenly amongst the number of months in school so we do not pro-rate for holidays.

_____ If you wish to change your method of payment you must notify the Director in writing.

_____ If you withdraw from Good News Preschool you must fill out a Withdrawal Form (obtained from the Director) by the first of the month prior to the month you wish to drop.

Good News Preschool Field Trip Permission Form

Several times throughout the year, Good News Preschool students will walk across the parking lot to visit the residents of the Cottonwood Creek Nursing and Rehabilitation Center. Children will always be accompanied by enough adults to comply with state regulations for supervision ratios for field trips.

Please sign below:

I give permission for my child to walk with Good News Preschool to visit the Cottonwood Creek Nursing and Rehabilitation Center during the 2019-2020 school year.

Child's Name.....

Parent Name.....

Parent Signature.....

Good News Preschool Physician Permission Form & Vision/Hearing Screening Results (for children age 4 and older)

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.

Please check **only one** option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature_____ Date_____

- A signed and dated copy of a health care professional's statement is attached.
- 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.
- 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 will submit it to the child-care operation.

Name and address of health care professional:_____

Parent Signature_____ Date_____

Vision/Hearing Screening:

All children Ages 4 and over are required to have a vision and hearing screening before attending Good News Preschool.

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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SIGNATURE _____ DATE _____

HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				

SIGNATURE _____ DATE _____

Good News Preschool Vaccination Record

HEALTH REQUIREMENTS											
Name of Child:								Date of Birth:			
Age ▾ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required)	<input type="checkbox"/> Positive		<input type="checkbox"/> Negative					Date:			
Signature or stamp of a physician or public health personnel verifying immunization information above. _____											
Signature										Date	
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.											
Parent's signature										Date	
<input type="checkbox"/> 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 Services. I understand this affidavit is valid for 2 years.											
For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm											

