

Lake Highlands Baptist MDO/Preschool Registration Packet 2010-2011

Child's name: _____

Check all that apply:

_____ **Summer Session** (*June 9th-July 30th*)

_____ **School Session** (*September 9th– May 20th*)

Please check which class you are registering for:

Mother's Day Out

Nursery (9 months—16 months, as of September 1st):

_____ 1 day per week—Wednesdays

_____ 2 days per week— Mondays & Fridays

_____ 3 days per week— Mondays, Wednesdays, & Fridays

Toddler I (16 months-23 months, as of September 1st):

_____ 1 day per week—Wednesdays

_____ 2 days per week— Mondays & Fridays

_____ 3 days per week— Mondays, Wednesdays, & Fridays

Toddler II (18 months-30 months, as of September 1st):

_____ 1 day per week—Wednesdays

_____ 2 days per week— Mondays & Fridays

_____ 3 days per week— Mondays, Wednesdays, & Fridays

Preschool (Monday, Wednesday, Friday)

_____ *2/3 year old class (older 2's and younger 3's)*

_____ *PreK 3 Class (3 years old as of September 1st)*

_____ *PreK 4 Class (4 years old as of September 1st and entering Kindergarten the next school year)*

Lake Highlands Baptist Mother's Day Out/Preschool Enrollment Application
642 Brookhurst Dr Dallas, TX 75218

Enrollment Date: _____ Withdrawal Date: _____

Child's Name: _____ DOB: _____ Sex: _____

Home Address _____

City: _____ Zip Code: _____

Home Telephone #: _____ Email Address: _____

Mother's Name: _____ Drivers License: _____

Employer: _____ Work/Cell Phone #: _____

Father's Name: _____ Drivers License: _____

Employer: _____ Work/Cell Phone #: _____

Parents Relationship to each other: Married Divorced Separated Single

(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Child lives with (please check all that apply): Mother Father Other _____

Family Religious Preference: _____ Church Membership: _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to child _____

Address _____ Drivers License _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell _____

I authorize my child, _____, be released by Lake Highlands Baptist MDO/Preschool to the following persons, in addition to those already listed on this form.

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Work/Cell Phone _____ Home Phone _____ DL# _____

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Work/Cell Phone _____ Home Phone _____ DL# _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to Doctor's Hospital for emergency treatment. If my child is on a field trip, the director will transport him/her to the closest hospital emergency room. I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature/Parent or legal guardian

Pre-School/Mother's Day Out Application
Lake Highlands Baptist Church 642 Brookhurst Dr. Dallas, TX 75218

Child's Name: _____

PLEASE ATTACH YOUR CHILD'S SHOT RECORD TO THIS APPLICATION. IF YOUR CHILD IS NOT UP TO DATE WITH HIS OR HER IMMUNIZATIONS, WE WILL NOT BE ALLOWED TO ACCEPT HIM/HER INTO THE PROGRAM. THE STATE OF TEXAS CHECKS OUR RECORDS WITHIN THE FIRST MONTH OF OUR OPERATION.

Admission Requirement

Because we are a State Registered Program, **one** of the following must be presented when your child is admitted to the program:

1. **Physicain's Statement:** I have examined the above named child with in the past year and find that he/She is physically able to take part in the day care program.

Physician's Signature

Date

2. A form or written statement from a health clinic.
(If you do not have option 1 above, we will accept.)

3. **Parent's Statement:** My child has been examined within the past year by a health care professional and is able to participate in the program. Please fill in the below items:

Date of last exam: _____

Physician's Name:

Physician's Address:

Physician's City:

Physician's Phone #:

*I will obtain a statement of good health on my child within 12 months of enrolling in the program or on my child's next scheduled Physician's Appointment which is scheduled for _____.

Parent's Signature

Date

L.H.B.C. Mother's Day Out/Pre School Medical Release Form

Please list any special problems that your child might have, such as allergies, pre-existing medical conditions that we should be concerned with. Also list any medical problems your child has had in the last 12 months.

My Child is able to participate in all recreational activities: (Please check One)

Yes: _____ No: _____

Release Waiver & Medical Emergency Authorization Agreement

I, _____ as parent/guardian of _____ (a minor) release Lake Highlands Baptist Church, its agents, and employees from any claims or causes of action arising from or connected with any activity field trip or transportation involved with the Pre School/Mother's Day Out Program.

I, further agree that Lake Highlands Baptist Church, its agents, and employees are authorized to provide such medical care or treatment as may be necessary, in their judgment, during any transportation, field trips or activities.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Program Director or person in charge to take my child to the closest hospital for immediate care.

Signature: _____

Date: _____

Insurance Information

Name of Insured: _____

Company with whom insured: _____

Policy Number: _____ Group Number: _____

State Of Texas

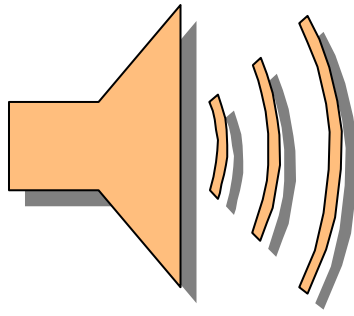
County of Dallas

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this the _____ day of _____, A.D., _____.

SEAL with Name and Expiration

Notary Public in and for the State of Texas



ATTENTION:

Child's Name
Is allergic to the following food items!

Below is a list of items that are snacks that we provide to the children on occasion. If your child is allergic to any food or beverage item, please note the products above.

Gold Fish, Peanut Butter, Cheese Crackers, Vanilla Wafers, Graham Crackers, Cheese Nips, Fruit

Discipline and Guidance Policy
Lake Highlands Baptist Church Mother's Day Out-Pre School

- **Discipline must be:**
 - a. Individualized and consistent for each child
 - b. Appropriate to the child's level of understanding; and
 - c. Directed toward teaching the child acceptable behavior and self-control
- **A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**
 - a. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
 - b. Remind a child of behavior expectations daily by using clear, positive statements
 - c. Redirecting behavior using positive statements; and
 - d. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which limited to no more than one minute per year of the child's age.
- **There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited.**
 - a. Corporal punishment or threats of corporal punishment;
 - b. Punishment associated with food, naps, or toilet training;
 - c. Pinching, shaking, or biting a child;
 - d. Hitting a child with a hand or instrument;
 - e. Putting anything in or on a child's mouth;
 - f. Humiliating, ridiculing, rejecting, or yelling at a child;
 - g. Subjecting a child to harsh, abusive, or profane language;
 - h. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - i. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

***Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance; TDPRS CCL

By signing our application, you acknowledge that you have received this policy on Discipline. The above policies are guidelines established by the Department of Family and Protective Services.

Parent Signature

Date

Please tell us a little bit about your child.

Child's Name _____

- How would you describe your child (i.e. shy, outgoing, introvert, cautious, adventurous, etc.)? _____

- What are your child's interests, favorite activities, and/or favorite toys? _____

- Does your child have a lovey, blankie, or toy that comforts him/her? _____
- What time of day does your child have the most energy? _____

- Does your child take a nap? If so, how long usually? _____

- How much TV does your child usually watch per day? What are your child's favorite programs? _____

- Please list any other information that would be helpful for us to make your child's school experience a fun and positive one: _____

We look forward to getting to know your child better and making sure that he/she feels loved and safe! **Thank you!**

Check all that apply if applicable:

_____ I acknowledge that I have received the operational policies that include discipline and guidance with my application.

_____ I have attached a copy of my child's immunization record.

_____ I understand that tuition is due in full even if my child missed any days for personal or sickness reasons.

_____ I allow my child to have photographs taken by the staff or church personnel for school or church use only.

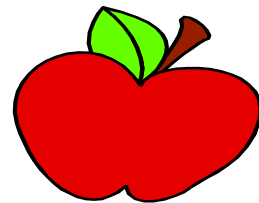
_____ I allow my child to be photographed for any and all activities that are involved in the school program.

_____ I would like my child's address and phone number to be included in the school directory.

_____ I understand and agree to the rules of tuition, as listed below.

Signature/Parent or legal guardian

**Tuition is due by the 5th of each month. There is a \$15.00 charge for late payments. If the 5th of the month falls on a day that we are not in service, tuition is due the following scheduled school day. We also will charge \$25.00 for NSF checks, which is due immediately upon the return of your check to the office. We reserve the right to request cash payment if this occurs.



Fees

Registration Fee School Year Program Only

- 1 day/week class=\$50.00
- 2 day/week class=\$100.00
- 3 days/week class=\$135.00

Summer Registration Fee

\$50.00

Monthly Tuition

Nursery & Toddler I class

- 1 day/week- \$75.00/month
- 2 days/week-\$135.00/month
- 3 days/week-\$200.00/month

Toddler II Class

- 1 day/week-\$85.00/month
- 2 days/week-\$155.00/month
- 3 days/week-\$220.00/month

2/3, PreK3, & PreK4 Classes

\$220.00/month

***We give a 10% discount for each additional child enrolled, after the first child.**

Summer Session

Summer Session begins June 9th and ends on July 30th.

2010-2011

Tuesday, August 31st- Parent Orientation Night 7 p.m.

School begins on Wednesday, September 8th, 9:00 am, bring your lunch!