



10555 Spring Cypress Road, Houston, TX 77070

Phone: 281 378 4080 Fax: 281 378 4081

Enrollment Form 2019-2020

Building Bridges, Preschool 3's & 4's

Please complete entire form, do not leave blanks. PRINT CLEARLY!

Registration Fees are Non-Refundable for any reason.

Office Use Only
Reg. # \_\_\_\_\_ Date \_\_\_\_\_
Fees paid \_\_\_\_\_
Check# \_\_\_\_\_ Cash \_\_\_\_\_
Paperwork: HF HS SR

Child's Full Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
Date of Birth \_\_\_\_\_ Child's Age on September 1, 2019: \_\_\_\_\_ Gender: M / F
Child's Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_
Child's Home Phone Number \_\_\_\_\_ Date of Admission \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Father's Full Name \_\_\_\_\_
Mother's Home Phone Number \_\_\_\_\_ Father's Home Phone Number \_\_\_\_\_
Mother's Work Phone Number \_\_\_\_\_ Father's Work Phone Number \_\_\_\_\_
Mother's Cell Phone Number \_\_\_\_\_ Father's Cell Phone Number \_\_\_\_\_
Mother's Address \_\_\_\_\_ Father's Address \_\_\_\_\_
Mother's City, State, Zip \_\_\_\_\_ Father's City, State, Zip \_\_\_\_\_
Mother's Email Address \_\_\_\_\_ Father's Email Address \_\_\_\_\_
Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Is there a custody order on file with the State of Texas? (circle) YES NO PENDING
\*If YES, a current copy of your court order must be attached

Attendance: My child will be in attendance.
Monday/Wednesday/Friday (9:00am-2:30pm) Monday through Friday (9:00am-2:30pm)+++
Tuesday/Thursday (9:00am-2:30pm)
Before Care: (Circle Time) 7:00 am-8:00 am 8:00 am-9:00 am
Mon. Tues. Weds. Thurs. Fri.
Extended Care: (Circle Time) 2:30 pm-4:00pm 2:30pm-5:00pm 2:30pm-6:00pm
Mon. Tues. Weds. Thurs. Fri.
+++ M-F class may be taught by more than one set of teachers. Extended Care is not available for the class that ends at 1:00pm
Are you a current active member of Windwood Presbyterian Church: Yes No

Emergency Contact and Authorization to pick up Please list local individuals to contact in the event of an emergency, names must match the ID shown.
REL: Relationship to Child (Grandparent, Caregiver, Neighbor)
Legal Name REL: Phone
Legal Name REL: Phone
Legal Name REL: Phone
Legal Name REL: Phone
Legal Name REL: Phone
Legal Name REL: Phone

Parent or Legal Guardian Signature

Date



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I understand that a morning snack will be served. If attending extended care an afternoon snack will also be served.

Parent Initial: \_\_\_\_\_

**Permissions (please circle)**

I hereby give / do not give consent for my child to be transported and supervised by the operations employees for  
**(please circle all that apply)** Emergency Care Field Trips (Using the School Bus)

I hereby give / do not give my consent for my child to participate in field trips (3 years old and up)

I hereby give / do not give my consent for my child to participate in water activities

**(please circle all that apply)** Sprinkler Play Splashing/Wading Pools Water Table Play

Parent Initial: \_\_\_\_\_

**Photo Release**

From time to time our facility may take photographs for school use. I give/ do not give my consent for the facility to take photographs of my child. Parent Initial: \_\_\_\_\_

**Social Media**

From time to time our facility may take photographs or videotape your child for use on the internet for the program's Social media websites: The Adventure Preschool, Kardia Christian Academy, Facebook, YouTube. The child's name will not be used on Facebook or YouTube.

I hereby give / do not give my consent to photograph or videotape my child for Social Media use. (circle)

Parent Initial: \_\_\_\_\_

**Outside Employment**

I understand that the staff at this facility are prohibited in participating in outside employment with parents.

Parent Initial: \_\_\_\_\_

**Social Networking with Staff**

I understand that the staff at this facility are prohibited in participating in social networking activities with parents or children enrolled at the facility. (Such as Facebook, Twitter, Instagram).

Parent Initial: \_\_\_\_\_

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Your child is not considered to be enrolled and does not have a slot until the Registration Fees are paid in full.

Two weeks notice in writing is required if you withdraw your child.

There will be a \$25 charge for each class change made after April 1, 2019

We are unable to accept New Students that require an Epipen for severe allergies.

Children in the 4 year old program must be fully potty trained.

Children in the 3 year old program must be potty trained by January 1, 2020

**Registration Fees are NON-REFUNDABLE for any reason.**

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



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**Authorization for Emergency Medical Care 2019-2020**

**Authorization for Medical Attention**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ TO:

Name of Physician \_\_\_\_\_ Emergency Care Facility \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

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

**Medical Insurance Coverage:** Please complete the following: **Company:** \_\_\_\_\_

**ID#** \_\_\_\_\_ **Group or Account #** \_\_\_\_\_

We do not have Medical Insurance coverage: \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Special Needs**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long term continuous use, and any other information which caregiver's should be aware of: **If not applicable, initial here** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child use an EpiPen for Allergic Reactions?** Yes \_\_\_ No \_\_\_ *(See handbook)*

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

Please attach a current photo of your child.





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**Physician's Statement 2019-2020**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

*I have examined the above child within the past year and find that he/she is able to take part in the preschool program.*

**Health Care Professional Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Health Care Professional Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Age > Vaccine √	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	18 mos	19-23 mos	2-3 yrs	4-6yrs
Hepatitis B										
Rotavirus										
Diphtheria, Tetanus, Pertussis										
Haemophilus Influenza type B										
Pneumococcal										
Inactivated Polio										
Influenza										
Measles, Mumps Rubella										
Varicella										
Hepatitis A										
Meningococcal										

TB Test (if required) please circle Positive 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 (chickenpox) on or about (date) \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Complete ONLY if Applicable***

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official affidavit form developed and issued by the Dept. of Health Services. I understand that this affidavit is valid for 2 years. 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.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_