



The Learning Tree Christian Preschool Registration Forms

(A Ministry of First Baptist Church, Grapevine)

Fall:

Tues/Wed/Thurs ____

Tues/Thurs ____

Summer:

Tues/Thurs ____

Child's name _____ Birthday _____

Parent's names _____

Address _____ City _____ Zip _____

Home Phone _____ Email _____

Mom's work phone _____ Dad's work phone _____

Mom's cell phone _____ Dad's cell phone _____

I understand that all Fall and Summer supply/registration fees are due at the time of registration and these fees are **NON-REFUNDABLE**. No exceptions will be made unless a class does not make.

In addition, I understand that if I choose to take my child out of The Learning Tree Christian Preschool, I will notify the Director **in writing** at least two weeks prior to taking my child out. If I fail to give the Director a two week notice in writing, I understand that I will still be liable for paying two weeks of tuition even if my child does not attend the program for those two weeks.

By signing below, I am acknowledging that I have received and understand the Policies and Procedures Parent Handbook.

Signature

Date

For current students:

By signing below, ***I am stating that all the information contained on my child's past registration forms are up-to-date.*** I acknowledge that it is my responsibility to notify the office in writing and in a timely manner regarding any changes to my child's records (such as address, phone number, contact people, names of people who can pick up my child, etc.).

Signature

Date

For office use only: Fall Registration Fee _____ Fall Building/Equipment Fee _____ Summer Registration Fee _____ Summer Building/Equipment Fee _____ Amount Paid _____ Cash _____ Check # _____
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The Learning Tree Christian Preschool

First Baptist Church - Grapevine
301 E. Texas St.
Grapevine, TX 76051
(817)488-8853 Fax (817)421-0586
Christi Starnes, Director
christi.starnes@fbcgrapevine.com

For Office Use Only:

Class _____
Days _____
Enrollment Date _____
Start Date _____

Hours 9:00 a.m. - 2:30 p.m.

Admission Information

Child's name _____ Birthday _____ Gender _____

Address (include city, state, zip code) _____

Email _____

Home Phone # _____ Mother's cell phone # _____

Father's cell phone # _____

Mother's name _____ DL# _____

Employer _____ Work Phone # _____

Father's name _____ DL# _____

Employer _____ Work Phone # _____

Legal Guardian's name (If applicable) _____ DL# _____

Employer _____ Work Phone # _____

Custodial Parent? _____ Mother _____ Father _____ Both _____ Legal Guardian

Give the name, address, driver's license number, and phone number of a local person to contact in case of an emergency if parents/guardian cannot be reached:

Name _____ Home Phone # _____

Cell Phone # _____

Address (street, city, and zip code) _____

Driver's License # _____ Relationship to Student _____

How did you hear about us?

_____ Church

_____ Friend

_____ Website

_____ Newspaper Ad

_____ Magazine

_____ Suburban Parent

_____ Parent Life

I hereby authorize that my child may leave school only with the following persons:

Name _____

Phone # _____ DL# _____

Name _____

Phone # _____ DL# _____

Name _____

Phone # _____ DL# _____

Signature of Parent

Date

Signature of Director

Date

Please **read and initial** the following statements and then sign below:

_____ FIELD TRIPS: I understand that The Learning Tree Christian Preschool does not transport children in vehicles on fieldtrips. I understand that the three and four -year-old classes do take walking fieldtrips. I will be notified of each fieldtrip individually and will give or not give my consent at that time.

_____ WATER ACTIVITIES: I hereby ____ give or ____ do not give my consent for my child to participate in water activities: (check all that apply)
_____ sprinkler play _____ water table play _____ splashing/wading pools

_____ VISION AND HEARING SCREENINGS: I understand that when my child turns four years of age, I will be required to have his/her vision and hearing screened and the results on file in The Learning Tree Christian Preschool office.

_____ HANDBOOK OF POLICIES AND PROCEDURES: I have received a copy of The Learning Tree Christian Preschool's Handbook of Policies and Procedures. I have read and fully understand the information contained in the handbook. (This will be available at orientation.)

_____ MINIMUM STANDARDS: I understand that a copy of the Minimum Standards for Childcares is kept on file in the school's office.

_____ ILLNESS POLICY: Any child showing symptoms of illness will be isolated in The Learning Tree Christian Preschool office and his/her parents will be contacted. Your child cannot return to school unless he/she has been free of fever, vomiting and/or diarrhea for at least 24 hours. If your child has a green runny nose, please contact your physician. Because this is not always related to allergies, your child will not be permitted to attend school until his/her nose is running clear. Many infections are spread because of yucky noses. We want to make sure we keep all of the children at TLTCP healthy.

Please mark the following questions with a 'yes' or 'no'.

_____ May we have permission to photograph your child?

_____ May we have permission to use your child's photographs in church and program publications for the purpose of promotion?

Parent's signature _____ Date _____

Director's signature _____ Date _____

Procedures for Parents

A parent may contact the Director at any time to set up an appointment to:

- a) discuss any concerns about the policies and procedures of the childcare center and;
- b) review a copy of the Minimum Standards and the childcare center's most recent licensing inspection report.

Parents may also visit The Learning Tree Christian Preschool at any time during operating hours to observe their child, the childcare center's operation, and the program activities. The parent does not have to have prior approval to do this. But, for security reasons, the parent must check in with The Learning Tree Christian Preschool office when he/she arrives at the school.

Parents are encouraged to participate in activities at The Learning Tree Christian Preschool. If a parent has questions about how he/she can be involved with the program, he/she can discuss it with the Director.

A parent can contact the services listed below as follows:

Local Licensing Office –
1501 Circle Dr., Suite 310
Fort Worth, TX 76119
(800)582-8286
(817)321-8604

PRS child abuse hotline – 1-800-252-5400

PRS website – www.dfps.state.tx.us

I, _____, have read and received a copy of the parent procedures.

Parent's Signature

Date

Discipline and Guidance Policy for The Learning Tree Christian Preschool

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) 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:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is 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:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- 9) 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

My signature verifies that I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

☐ Parent ☐ Employee/Caregiver ☐ Household member of childcare home

The Learning Tree Christian Preschool

MEDICAL TREATMENT RELEASE FORM

(MUST BE SIGNED BY A NOTARY PUBLIC)

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

Name of Physician: _____

Address: _____

Phone Number: _____

or to:

Name of Medical Care Facility: _____

Address: _____

Phone Number: _____

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, any medication prescribed for long-term use, and any other information which caregivers should be aware of:

Health Insurance Data:

Policy Holder's Name: _____

Insurance Company: _____

Policy # _____

This authorization is in effect for the entire time my child is enrolled as a student at The Learning Tree Christian Preschool at First Baptist Church - Grapevine.

I ____ give or ____ do not give permission for my minor child to be transported by personal vehicle, church van or ambulance for emergency medical care.

I give consent for the staff of The Learning Tree Christian Preschool to secure any and all necessary emergency medical care for my minor child,

_____.

(please print child's full name)

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

*****THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC*****

Parent or Legal Guardian's Printed Name:

Parent or Legal Guardian's Signature _____

Date _____

Subscribed and sworn to before me this _____ day of _____ 200__.

Notary Public _____

Commission Number _____

State of: _____ Emboss here:

County of: _____

This form must be signed by a doctor!!!



The Learning Tree Christian Preschool
301 E. Texas St.
Grapevine, TX 76051
(817)488-8853
Fax (817)421-0586

Child's full name _____ Birthday _____

Medical History:

Immunizations:

Note: You may submit a machine copy of your child's immunization record as long as it is signed or stamped by a physician or health personnel.

DTAP/DTP/TD 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
OPV 1. _____ 2. _____ 3. _____ 4. _____
MMR 1. _____ 2. _____
HIB 1. _____ 2. _____ 3. _____
HEP B 1. _____ 2. _____ 3. _____
VARICELLA _____
HEP A 1. _____ 2. _____
PCV 1. _____ 2. _____ 3. _____ 4. _____

****Signature or Stamp - Physician or Health Personnel**

Date

The following must be **filled out** and **signed** by a physician:

(Vision and hearing tests are required by state licensing for all four-year-olds enrolled in a childcare facility.)

Vision Test Results:

Left eye _____
Right eye _____
Pass _____ Fail _____

Hearing Test Results:

Pass _____
Fail _____

History of Diseases:

Chicken pox (month/year) _____ Poliomyelitis _____ Mumps _____
Diphtheria _____ Scarlet Fever _____ German Measles _____
Tuberculosis _____ Measles _____ Whooping Cough _____
Other: _____

Existing illnesses _____
Previous illness/injuries which required hospitalization _____
Continuous or long-term medication _____
Allergies, if any, including medication _____

****Doctor's Statement:**

I have examined _____
within the past 12 months and find that he/she is physically able to
take part in the day care program.

****Physician's Signature** _____

Phone _____ Address _____