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|-----------------------------|
| Office Use Only |
| Date of Admission 2024-2025 |
| Teacher _____ |
| Class _____ |

Bethany Preschool Enrollment Form

| Child Information | | | | |
|-------------------|------------|---------------|-----------------------|--------------|
| Last Name | First Name | Date of Birth | Age as of 9/1/2024 | Sex M / F |
| Home Address | City/State | Zip Code | Home Phone # | |

| Parent/Guardian Information | | | |
|--|------------|--|------------|
| List telephone numbers where parents/guardian may be reached while child is in care. | | | |
| Mother | | Father | |
| Last Name | First Name | Last Name | First Name |
| Home Address (If different from Child) | | Home Address (If different from Child) | |
| E-Mail address | | E-Mail address | |
| Cell phone # | | Cell phone # | |

| Pick Up List (other than parents) | | |
|--|--------|--------------------------|
| I hereby authorize Bethany Preschool to allow my child to leave ONLY with the following persons. Children will be released to a parent or person designated by the parent/guardian after verification of ID. | | |
| Name | Cell # | DL/ID# & State Issued By |
| 1. | | |
| 2. | | |
| 3. | | |

| Authorization for Emergency Medical Attention | | |
|--|----------|----------|
| In the event that I cannot be reached to make arrangements for emergency medical, I authorize Bethany Preschool to secure any and all necessary emergency medical care for my child. | | |
| Name of Physician: | Address: | Phone #: |
| Name of Emergency Hospital: | Address: | Phone #: |

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

X _____ Signature of Parent or Guardian

Emergency Contact (other than parent/guardian)

Give the name, address and phone number of person to call if parent or guardian cannot be reached.

| Name: | Address: | Phone #: | Relationship to child: |
|-------|----------|----------|------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

List any special considerations that your child may have, such as allergies, special nutritional needs, existing illnesses, previous illnesses, injuries and hospitalizations during the past 12 months. Include medications prescribed for continuous, long-term use, and any other information which staff should be aware of.

Check All That Apply:

Current Enrolled Children

() My child attends Bethany Preschool and his/her immunization records are on file at the school and all immunizations are current. I have a current allergy action plan on file if applicable for my child.

Child New to Bethany Preschool

() I have provided Bethany Preschool with a current copy of my child's immunization records. I have a current allergy action plan on file if applicable for my child.

() **Bethany Preschool Policies:** I have downloaded a copy of the Bethany Preschool Parent Handbook and Discipline & Guidance Policies from the Bethany Preschool website. I have read, understand and agree to abide by the policies as stated in these documents.

Image Use Classroom/School: I hereby () give () do not give my consent for my child to have his/her photograph taken and used on the secure, internal Procure school communication app for classroom use and internal school newsletters, bulletin boards, class booklets and other and other educational classroom uses.

Image Use Social Media:

I hereby () give () do not give my consent for my child to have his/her photography taken and used on Bethany Preschool's Facebook and Instagram.

School/Class Directory: I hereby () give () do not give my consent for my child's name and address to be printed in the Class Roster. I hereby () give () do not give my consent for the following to be printed in the Class Roster:

Mom's cell _____ Mom's email _____

Dad's cell _____ Dad's email _____

Permission to Text: I give () do not give () Bethany Preschool permission to text me at the following

cell phone number(s): _____ cell phone carrier: _____

Financial Agreement:

By signing the Parent-School Financial Agreement, I recognize that tuition and fees must be current in order to ensure continuous enrollment. I understand tuition is due by the 10th of the month. Payments received after the 10th will incur a \$15 late fee.

X _____ **Parent / Guardian Signature**

I understand that all forms and requirements must be complete before my child will be admitted to Bethany Preschool.

X _____ Parent / Guardian Signature

Parent Tuition & Acknowledgment Form

Bethany Preschool

Acknowledgment of Policies and Procedures

(please read, check each box and sign below)

I understand that the policies described in the Parents Handbook contain important information regarding Bethany Preschool. If at any time I have questions regarding these policies or would like to review and discuss them, I should contact the Bethany Preschool Director.

My relationship to Bethany Preschool is voluntarily entered into and is subject to termination by me or the Bethany Preschool staff at will, with or without cause, at any time that either the staff or I believe such action is appropriate. Such termination shall be subject to all the policies relating to termination of services.

I acknowledge that I have received, read and understand the policies contained in the Parent Handbook. I further agree to comply with these policies.

Tuition Agreement

I agree to make my child's monthly tuition payment. This payment must be received in the Bethany Preschool office by 1:00 p.m. on the 10th of every month. Each payment is applied to the following month's tuition.

I understand that a \$15.00 late fee will be charged should my payment be received after the 10th of the month. I also understand that I will be charged a \$25.00 insufficient funds fee should my check not clear at the bank. I agree to pay any fees incurred within the calendar month in which they are charged.

X _____ Parent / Guardian Signature

Bethany Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at this school.

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature of Parent or Guardian

Date

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>