

NAME:
ENROLLMENT FORMS FOR 2023-2024 SCHOOL YEAR
The following forms must be completed and on file before your child can attend Meadows Place Preschool as required by Texas state licensing:
Enrollment Fee Acknowledgment
Registration Form
Emergency Form
Extended Care Registration Form
Health Statement
Vision and Hearing Screening (age 4 years old and older)
Copy of Immunization (updated as new shots are given)
Discipline and Guidance Policy
Permission to Participate and Receive Emergency Care
Photo and Media Release & Facebook Agreement
Parent Handbook Acknowledgment
Additional Family Information
Copy of Mom's Drivers' License

Copy of Dad's Drivers' License



ENROLLMENT FEES

2023 - 2024

AGES:	18 Months through 6-Year-Old
TUITION COSTS: (Choose one)	\$260.00 Monthly Fee – 2 Day Program (Tuesday/Thursday) \$302.00 Monthly Fee – 3 Day Program (Monday/Wednesday/Friday) \$494.00 Monthly Fee – 5 Day Program (Monday – Friday)
HOURS:	9:00 a.m. — 2:00 p.m Monday — Thursday 9:00 a.m. — 12:00 p.m Friday
REGISTRATION FEE:	\$125.00 per Child Due at the Time of Registration (Non-Refundable)
SUPPLY FEE:	\$125.00 per Child Due at the Time of Registration (Non-Refundable)
BEFORE AND AFTER CARE	:
Registration Fee:	\$25.00 per Child Due at the Time of Registration (Non-Refundable)
Before and After Hours:	7:30 a.m. – 9:00 a.m. Monday – Friday 2:00 p.m. – 4:00 p.m. Monday – Thursday 12:00 p.m. – 4:00 p.m. Friday
Before and After Charges:	\$ 6.00 an hour – if registered for Extended Care \$10.00 an hour – if not registered for Extended Care
* 5% discount when th	e 2023 – 2024 annual tuition is paid in full before starting school.
April. On the 5th of the month, any u May's tuition is due on or before Au before the first day of school. Month holidays, and other reasons. Tuition through Brightwheel. If paying with through Brightwheel incur a \$0.90 ch 2.9% charge. Tuition invoices are em	month and is late if not paid on the fifth (5 th) of the month, September through appaid tuition will incur an automatic late charge of \$25.00 per child. Ingust 1st as your Security Deposit. The "prorated" August tuition is due on or ally tuition is required regardless of the number of days missed due to illness, payments can be paid by check, money order, cashier's check, or credit card a check, please list your child's name on the memo line. ACH transactions tharge with your payments. Credit Card transactions through Brightwheel incur a ailed monthly via Brightwheel. Extended Care invoices are emailed weekly, on a Care invoices can be paid weekly or monthly but must be fully paid by the 5th ant will incur a \$25 late fee.
I understand and accept the finar	ncial policies stated above.
CHILD'S NAME:	
PARENT SIGNATURE:	DATE:



Print Father's Name:

Father's Signature: ____

REGISTR	ATIO	N FORM
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Registration Fee Paid:	
Supply Fee Paid:	

	REGISTRAT	HON FORM	L
Child's Start Date:			
	REGISTRATION	N INFORMATION	
Check One: [] Mon/We		Tue/Thurs (2 days)	[] Mon – Fri (5 Days)
	CHILD INF	ORMATION	
First Name:			
Address:			
			ne #:
Does child live with both parents?	If not, who does th	ne child live with?	
List any existing medical conditions and	d/or enecial attention your c	shild may raquira?	
List any existing incurcal conditions and	J/01 Special attention your c	mild may require:	
	P A DESIGNATION	EODA A ETON	
Mother's First Name:		FORMATION Last Name:	
Address:			
Cell Phone:			
			fice Phone:
		J 1	
Father's First Name:		Last Name:	
Address:		City/Zip:	
Cell Phone:	Email:		
			fice Phone:
Work Address:	Cit	.y/Zip:	
	ADDITIONAL	INFORMATION	
Are there any medical, special care need			
hospitalizations during the past 12 mont	ths, & any medications pres	scribed for continuous, lon	ng-term use?
	Signs	ature:	
MOTHER:	~ ~	<u> </u>	
Print Mother's Name:			
Mother's Signature:			
FATHER:			

_ Date: __



Parent Signature:

CHII D INEODMAT	OTANI
CHILD INFORMAT	HON
First Name: Last N	Vame:
Address:	City/Zip:
Date of Birth: Gender: [] Male [] Female	Phone #:
EMERGENCY CONTACTS & PEOPLE AUTHORIZED T	TO PICKUP – IN ADDITION TO PARENTS
1st Contact/Pick Up	
Name: Cell Phone:	
Relationship to the Child: Address:	
2 nd Contact/Pick Up	
Name: Cell Phone:	
Relationship to the Child: Address:	
ADDITIONAL PEOPLE WHO MAY BE CALLED	D IN CASE OF AN EMERGENCY
First Name: Last N	Jame:
Relationship:	
realitions.	
First Name: Last N	Vame:
First Name: Last N Relationship:	
First Name: Last N Relationship:	
Relationship:	Cell Phone:
Relationship:	Cell Phone:
PHYSICIAN AND DENTIST TO CALI PHYSICIAN	Cell Phone: L IN AN EMERGENCY
PHYSICIAN AND DENTIST TO CALI PHYSICIAN Dr. Name: Phone:	Cell Phone: L IN AN EMERGENCY Medical Plan #:
PHYSICIAN AND DENTIST TO CALL PHYSICIAN Dr. Name: Phone: Address:	Cell Phone: L IN AN EMERGENCY
PHYSICIAN AND DENTIST TO CALI PHYSICIAN Dr. Name: Phone: Address: If parent or physician is not able to be reached, what action should be taken?	Cell Phone: L IN AN EMERGENCY Medical Plan #: City/Zip:
PHYSICIAN AND DENTIST TO CALI PHYSICIAN Dr. Name: Phone: Address: If parent or physician is not able to be reached, what action should be taken? Call 911 Other Explain	Cell Phone: L IN AN EMERGENCY Medical Plan #: City/Zip:
PHYSICIAN AND DENTIST TO CALI PHYSICIAN Dr. Name: Phone: Address: If parent or physician is not able to be reached, what action should be taken? Call 911 Other Explain DENTIST	Cell Phone: L IN AN EMERGENCY Medical Plan #: City/Zip:
PHYSICIAN AND DENTIST TO CALI PHYSICIAN Dr. Name: Phone: Address: If parent or physician is not able to be reached, what action should be taken? Call 911 Other Explain DENTIST Dr. Name: Phone: Phone:	Cell Phone: L IN AN EMERGENCY Medical Plan #: City/Zip: Medical Plan #:
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PHYSICIAN AND DENTIST TO CALI PHYSICIAN Dr. Name: Phone: Address: If parent or physician is not able to be reached, what action should be taken? Call 911 Other Explain DENTIST Dr. Name: Phone: Address: If parent or physician is not able to be reached, what action should be taken? Call 911 Other Explain	Cell Phone: L IN AN EMERGENCY Medical Plan #: City/Zip: Medical Plan #: City/Zip: ws Place Preschool's plan of action

Date: _____



Registration Fee Paid:	
= 77	

EXTENDED CARE REGISTRATION FORM

Child's Start Date: EXTENDED CARE REGISTRATION INFORMATION Check One: Extended Care – Check One: Morning Afternoon _____Never [] Mon/Wed/Fri (3 days) Morning Extended Care Hours Needed: [] Tue/Thurs (2 days) Afternoon Extended Care Hours Needed: [] Mon – Fri (5 Days) CHILD INFORMATION First Name: _____ Last Name: ____ City/Zip: _____ Address: Gender: [] Male [] Female Home Phone #: _____ Date of Birth: Does child live with both parents? _____ If not, who does the child live with? _____ List any existing medical conditions and/or special attention your child may require? PARENT INFORMATION Mother's First Name: Last Name: City/Zip: Address: Email: Cell Phone: Employed By: _____ Office Phone: ____ Occupation: Work Address: _____ City/Zip: ____ Father's First Name: Last Name: City/Zip: Email: _____ Cell Phone: Occupation: _____ Employed By: _____ Office Phone: _____ ____City/Zip: Work Address: Signature: MOTHER: Print Mother's Name: Mother's Signature: _____ Date: ____ **FATHER:** Print Father's Name: Date: Father's Signature:



HEALTH STATEMENT 2023-2024



CHILI	D'S NAME:	DOB:	
<u>ADMI</u>	SSIONS REQUIREMENTS		
One of Presch	the following must be on file when yo ool:	ur child is admitted to Meadows	Place
1.	Health Care Professional's Statemen within the past year and find that he program at Meadows Place Preschool	/she is able to take part in the pr	
	Health Care Professional's Signat	ture Date	
	Name and address of Health Care Pro	ofessional:	
2.	A signed and dated copy of a health	care professional's statement is a	nttached.
3.	Medical diagnosis and treatment con recognized religious organization, what attached a signed and dated affidavir	hich I adhere to or am a member	
	Signature of Parent or Legal Guardi	Date	
<u>IMMU</u>	NIZATION RECORD		
	provided Meadows Place Preschool w nization record.	ith a copy of my child's most cur	rrent
	Signature of Parent or Legal Guardi	ian Date	

HILD'S NAME:			DOB:	
		REQUIRED FOR CHILD Vision and Hearing Screen	DREN AGES 4 AND OLDER ners:	
VISION	R 20/	L 20/	Pass Fail	
	Screener's Sig	nature	Date	
EARING				
R	R 20/	L 20/	Pass Fail	
L	R 20/	L 20/	Pass Fail	
	Screener's Sig	nature	 Date	



Discipline and Guidance Policy

It is important for a child's development to be nurtured through caring, patience and understanding. Discipline must be individualized and consistent for each child, appropriate to the child's level of understanding, and directed toward teaching the child acceptable behavior and self-control. However, while caring for your children, Meadows Place Preschool may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

<u>In response to misbehavior, Meadows Place Preschool will:</u>	
□ Respect your child	
☐ Establish clear rules	
☐ Be consistent in enforcing rules	
☐ Use positive language to explain desired behavior	
☐ Speak calmly while bending down to your child's eye level	
☐ Give clear choices	
☐ Redirect your child to a new activity	
☐ Move your child to a time-out chair for no longer than one m necessary	inute per year of your child's age, if
In response to misbehaviors, Meadows Place Preschool will	NOT use:
☐ Threats or bribes	
☐ Physical punishment, threat of physical punishment or corpor	ral punishment
☐ Deprive a child of food or other basic needs such as nap time	or toilet training
☐ Humiliation or isolation	
$\hfill \square$ Yelling at a child, or using harsh, abusive, profane language	
☐ Putting anything in the child's mouth	
☐ Placing child in locked or dark room, bathroom, or closet wit	h closed door
☐ Require child to remain silent or inactive for inappropriately	long periods of time for the child's age
If your child's behavior is very disruptive or harmful to himself issue with you privately. If the situation can be resolved, the claresolve the issue, you may be asked to make other childcare arrange.	hild may remain enrolled. If we are unable to
Child's Name	Date of Birth
Parent's Signature	Date



Permission to Participate and Receive Emergency Medical Care

Child's First Name	Child's Last Name	Date of Birth
I hereby grant permission for my child to Meadows Place Preschool.	o use all the play equipment and particip	pate in all the activities of
I hereby grant permission for my child understand that I will be given prior not the Texas Department of Human Service	ice about the activities and that the staff	child ratio established by
I hereby grant permission for my child to in the event of an emergency.	be transported and supervised by Meado	ows Place Preschool Staff
As a parent or guardian, I do hereby rele of liability for accidents or injuries occur		ar Grove Church of Christ
I hereby grant permission for the Direct obtain emergency medical care if warran	_	
 4. If we cannot contact you or your a. Call another physician or b. Call an ambulance 5. Any expenses incurred under #4 6. The school will not be responsible given at the time of enrollment. 	cian. ardian through numbers listed on emerge child's physician, we will do any one or paramedics will be borne by the child's family. The for anything that may happen as a result. NOT assume responsibility for a child we have a child	all the following:
Parent Signature	Date	
State of Texas, County of Fort Bend Subscribed and sworn to before me, the	day of,	,·

Notary Public



Photo and Media Release

My child,, has my permission to have classroom related photos or video taken during the school year. I understand the pictures may be placed or included or				
the Procare C	Connect app and in classroom artv	vork, memory books or end of year slide shows.		
Please circle	or initial your permission for the	following:		
YES or NO	TES or NO Classroom photos and/or videos of my child my be used on Meadows Place Presbrochures or advertising along with Facebook advertising for the school.			
YES or NO	Classroom photos and/or video Preschool Community private	s of my child may be shared on the Meadows Place group Facebook page.		
	_	assroom photos or videos shared on Meadows Place advertising, Facebook, or Meadows Place Preschool a page.		
Parent Signat	ture	Date		
school webs: Meadows Pla families, as v private Facel- our classes in Facebook pa Preschool wo Please do not reserve the ri Place Prescho	ace Preschool (MPP) has an advite. MPP uses our advertising I ace Preschool. Our school website well as current students and familiation pook page, Meadows Place Preschool action to give parents a glimping is only for currently enrolled build love for our parents to committee our private Facebook page as			
Child's Name	e	Date		
Parent Signat	ture	Parent's Printed Name		



PARENT HANDBOOK ACKNOWLEDGMENT 2023-2024

Please initial.	
I acknowledge that I have received a Parent Handbook <i>electronically</i> and I have be the Meadows Place Preschool website under	
We ask that you read the Parent H	andbook and use it as a reference.
The policies and procedures in this handledescription of what parents may expect of Meadows Place Preschool expects of parents. to comply with Texas State Licensing.	Meadows Place Preschool and what
I understand that the policies and pro	cedures must be followed.
HANDBOOK AMENDMENTS	
The Meadows Place Preschool administration handbook, including waiving and/or deviating just cause, at his or her discretion.	
Parents/guardians will be given prompt notifi	cation if changes are made.
Child's Name	Date
Parent's Signature	Parent's Printed Name



ADDITIONAL FAMILY INFORMATION REGISTRATION FORM

The following information will enable us to better serve our current and future families.

ETHINICITY AND RACE		
Ethnicity: Check All That Apply American Indian or Alaska NativeAsianBlack or African AmericanHispanic or Latino Native Hawaiian or Other Pacific IslanderWhite		
Native Hawanian of Other Facilic Islanderwinte		
Race: Check All That Apply American Indian or Alaska NativeAsianAsian IndianBlack or African American		
Church/Religious Preference Information		
Do you currently practice any form of religion?YesNoIf yes, what?NoNoNo		
Connection Information		
How did you hear about Meadows Place Preschool? (Please circle all that apply.) Friend or Family Neighbor Facebook Google Advertisement Other Website Other: What were the deciding factors in choosing Meadows Place Preschool? (Please circle all that apply.)		
Proximity to work or home Extended Care Hours Available Curriculum Facility Loving/ Friendly Environment Other:		
What are you looking for in a preschool program for your child? (Please circle your top two.) Kindergarten Prep Curriculum Christ-Centered Curriculum Chapel Well-trained Teachers Extended Care Other:		
How do you prefer we communicate regarding upcoming events or news? (Please circle your top two.) Website Updates Email Newsletters Facebook Texts Posted Reminders		



WHAT YOUR CHILD NEEDS EVERY DAY!!

(We are a peanut and nut free environment.)

CLOTHING AND OTHER SUPPLIES

All children should bring a backpack. Please no purses or mini backpacks.

Label "all" your child's belongings with their name including clothes, snacks, and water cups.

Children in the Butterfly Class, and Lady Bug Class

- One (1) change of clothing, including socks, underwear, and shoes (if possible). Please check your child's extra set of clothing periodically to ensure that it is size and season appropriate. (Remember, some children may require two (2) or three (3) sets of clothing for the day especially when potty training.)
- Large plastic zip lock bag for any soiled items.
- Disposable diapers or Pull-Ups for potty training and Wipes
- A spill proof cup (No water bottles)
- Lunch with needed utensils and a drink (if needed)
- Morning Snack (Bring separate from lunch, in a labeled zip-lock bag or labeled container)
- Afternoon Snack (Bring separate from lunch, in a labeled zip-lock or labeled container if staying for extended care)

Children in the Duck class, Owl class, and Explorers class

- One (1) change of clothing, including socks, underwear and shoes (if possible). Please check your child's extra set of clothing periodically to ensure that it is size and season appropriate. (This is intended for food, drink, or activity accidents.)
- Large plastic zip-lock bag for any soiled items.
- A spill proof cup (No water bottles)
- Lunch with needed utensils and a drink (if needed)
- Morning Snack (Bring separate from lunch, in a labeled zip-lock bag or labeled container)
- Afternoon Snack (Bring separate from lunch, in a labeled zip-lock or labeled container if staying for extended care)

SHOES

Dress your child in comfortable play clothes and **closed toe shoes**, such as tennis shoes or shoes that stay on the feet. **Please do not send your child in flip flops, sandals, or crocs of any kind.** Your child will be painting, cutting, gluing, playing outdoors, and feeding themselves, so please dress them appropriately. (We are not responsible for damaged clothes).

PERSONAL BELONGINGS

Please do not allow your child to bring any personal toys from home to school or class, (unless advised to do so). These items create a distraction in the classroom and Meadows Place Preschool will not be responsible for these items. Activities and toys will be available to your child all day at school.

NAPTIME AND REST TIME

After lunch, naptime is **provided for children in the Butterfly Class and the Lady Bug class.** Please provide a rest mat for your child. A **personal size roll-up mat with pillow and blanket all in one**, that will need to be machine washed at home on a regular basis, is what we recommend. All items must to be labeled with your child's name. **Nap mats must be taken home daily.**

A "rest time" will be provided in the **Duck class** with either a quiet book or video for the children. If your child falls asleep during rest time, they will be allowed to nap. Those children that do not fall asleep will resume working quietly in the class. Please talk with Ms. Jennifer, the teacher in the Duck class, if you feel your child needs to nap. The Pre-K class and KinderBridge class will have a quiet time after lunch but no nap time.

Examples:

