



**MEADOWS PLACE  
PRESCHOOL**  
INSPIRING HEARTS TO GROW, LEARN, & LOVE

**NAME:** \_\_\_\_\_

## **ENROLLMENT FORMS FOR 2024-2025 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 Drivers' License



# MEADOWS PLACE PRESCHOOL

INSPIRING HEARTS TO GROW, LEARN, & LOVE

## ENROLLMENT FEES 2024 – 2025

**AGES:** 18 Months through 6-Year-Old

**TUITION COSTS:**  \$275.00 Monthly Fee – 2 Day Program (Tuesday/Thursday)  
 (Choose one/no changes)  \$317.00 Monthly Fee – 3 Day Program (Monday/Wednesday/Friday)  
 \$518.00 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 Before and After Care  
 \$10.00 an hour – if not registered for Before and After Care

*\* 5% discount when the 2024 – 2025 annual tuition is paid in full before starting school.*

Tuition is due on the first (1<sup>st</sup>) of the month and is late if not paid on the fifth (5<sup>th</sup>) of the month, September through April. On the 5<sup>th</sup> of the month, any unpaid tuition will incur an automatic late charge of \$25.00 per child. An additional \$5.00 a day will be assessed until tuition is paid. Monthly tuition is required regardless of the number of days missed due to illness, holidays, and other reasons. **May's tuition is due before August 1st as your Security Deposit.** The “prorated” August tuition is due on or before the first day of school. **Tuition payments should be made through the Brightwheel app.** If you set up an ACH, through your bank, each transaction will incur a 0.6% charge, with a minimum of \$.025 and a maximum of \$2.00. If you use a Credit Card, each transaction will incur a 2.95% charge. Tuition invoices are emailed monthly via Brightwheel. Before and After Care invoices are emailed weekly, via Brightwheel, and can be paid weekly or monthly. All account balances should be paid in full by the 5<sup>th</sup> of the following month, or your account will incur a \$25 late fee.

**I understand and accept the financial policies stated above.** This information can also be found in the Parent Handbook available online at [meadowsplacepreschool.org](http://meadowsplacepreschool.org) .

**CHILD'S NAME:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



Registration Fee Paid: \_\_\_\_\_  
Supply Fee Paid: \_\_\_\_\_

## REGISTRATION FORM

**Child's Start Date:** \_\_\_\_\_

### REGISTRATION INFORMATION

**Check One:**       Mon/Wed/Fri (3 days)       Tue/Thurs (2 days)       Mon – Fri (5 Days)

### CHILD INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Home Phone #: \_\_\_\_\_

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: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

### ADDITIONAL INFORMATION

Are there any medical, special care needs or physical limitations (allergies, existing illness, previous serious illness & injuries, hospitalizations during the past 12 months, & any medications prescribed for continuous, long-term use? \_\_\_\_\_

### Signature:

**MOTHER:**

Print Mother's Name: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FATHER:**

Print Father's Name: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EMERGENCY INFORMATION

### CHILD INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: [ ] Male [ ] Female Phone #: \_\_\_\_\_

### EMERGENCY CONTACTS & PEOPLE AUTHORIZED TO PICKUP – IN ADDITION TO PARENTS

#### **1<sup>st</sup> Contact/Pick Up**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

#### **2<sup>nd</sup> Contact/Pick Up**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

### ADDITIONAL PEOPLE WHO MAY BE CALLED IN CASE OF AN EMERGENCY

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### PHYSICIAN AND DENTIST TO CALL IN AN EMERGENCY

#### **PHYSICIAN**

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Medical Plan #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

If parent or physician is not able to be reached, what action should be taken?

\_\_\_\_\_ Call 911 \_\_\_\_\_ Other Explain \_\_\_\_\_

#### **DENTIST**

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Medical Plan #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

If parent or physician is not able to be reached, what action should be taken?

\_\_\_\_\_ Call 911 \_\_\_\_\_ Other Explain \_\_\_\_\_

\* Please refer to the Parent Handbook under Medical Emergencies for Meadows Place Preschool's plan of action

### ADDITIONAL INFORMATION

Is there any additional information that would be helpful? \_\_\_\_\_

#### **Signature:**

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



Registration Fee Paid: \_\_\_\_\_

# EXTENDED CARE REGISTRATION FORM

Child's Start Date: \_\_\_\_\_

## EXTENDED CARE REGISTRATION INFORMATION

### Check One:

- Mon/Wed/Fri (3 days)
- Tue/Thurs (2 days)
- Mon – Fri (5 Days)

### Extended Care – Check One:

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Never

Morning Extended Care Hours Needed: \_\_\_\_\_

Afternoon Extended Care Hours Needed: \_\_\_\_\_

## CHILD INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Home Phone #: \_\_\_\_\_

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: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

## Signature:

**MOTHER:**

Print Mother's Name: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FATHER:**

Print Father's Name: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**VISION AND HEARING IS REQUIRED FOR CHILDREN AGES 4 AND OLDER**

Name and address of Vision and Hearing Screeners:

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

|               |                   |                   |  |                                 |
|---------------|-------------------|-------------------|--|---------------------------------|
| <b>VISION</b> | <b>R 20/_____</b> | <b>L 20/_____</b> |  | <b>Pass _____ Fail</b><br>_____ |
|---------------|-------------------|-------------------|--|---------------------------------|

\_\_\_\_\_  
**Screeener's Signature**

\_\_\_\_\_  
**Date**

**HEARING**

|          |                   |                   |  |                                 |
|----------|-------------------|-------------------|--|---------------------------------|
| <b>R</b> | <b>R 20/_____</b> | <b>L 20/_____</b> |  | <b>Pass _____ Fail</b><br>_____ |
| <b>L</b> | <b>R 20/_____</b> | <b>L 20/_____</b> |  | <b>Pass _____ Fail</b><br>_____ |

\_\_\_\_\_  
**Screeener's Signature**

\_\_\_\_\_  
**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.

### **In response to misbehavior, Meadows Place Preschool will:**

- 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 minute per year of your child's age, if necessary

### **In response to misbehaviors, Meadows Place Preschool will NOT use:**

- Threats or bribes
- Physical punishment, threat of physical punishment or corporal punishment
- Deprive a child of food or other basic needs such as nap time or toilet training
- Humiliation or isolation
- 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 with 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 or other children, the director will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other childcare arrangements.

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Child's Name

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Date of Birth

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Parent's Signature

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Date







## 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 on the Procure Connect app and in classroom artwork, memory books or end of year slide shows.

Please circle or initial your permission for the following:

YES or NO Classroom photos and/or videos of my child may be used on Meadows Place Preschool brochures or advertising along with Facebook advertising for the school.

YES or NO Classroom photos and/or videos of my child may be shared on the Meadows Place Preschool Community **private** group Facebook page.

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

\_\_\_\_\_  
Date

## Meadows Place Preschool Facebook Agreement

Meadows Place Preschool (MPP) has an advertising Facebook page, a private Facebook page, and a school website. MPP uses our advertising Facebook page to attract new students and families to Meadows Place Preschool. Our school website and public Facebook page are for potential students and families, as well as current students and families to be able to locate information about our school. Our private Facebook page, Meadows Place Preschool Community, is used to share pictures and videos of our classes in action to give parents a glimpse into our school and keep you updated. This private Facebook page is **only** for currently enrolled parents, teachers, and board members. Meadows Place Preschool would love for our parents to comment on posts and connect with teachers and other parents. Please do not use our private Facebook page as a forum to post negative or inappropriate comments. We reserve the right to block, or limit access to the Meadows Place Preschool Facebook page and Meadows Place Preschool Community private Facebook page at any time.

Please sign to acknowledge you have read the above statement:

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent's Printed Name



## **PARENT HANDBOOK ACKNOWLEDGMENT 2024-2025**

**Please initial.**

\_\_\_\_\_ I acknowledge that I have received a copy of the Meadows Place Preschool Parent Handbook *electronically* and I have been informed that it can be accessed on the Meadows Place Preschool website under the Parent Portal.

\_\_\_\_\_ **We ask that you read the Parent Handbook and use it as a reference.**

The policies and procedures in this handbook are written to provide a clear description of what parents may expect of Meadows Place Preschool and what Meadows Place Preschool expects of parents. These guidelines have been developed to comply with Texas State Licensing.

\_\_\_\_\_ I understand that the policies and procedures must be followed.

### **HANDBOOK AMENDMENTS**

The Meadows Place Preschool administration retains the right to amend the handbook, including waiving and/or deviating from all disciplinary regulations, for just cause, at his or her discretion.

Parents/guardians will be given prompt notification 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.

### ETHNICITY AND RACE

**Ethnicity: Check All That Apply**

\_\_\_\_\_ American Indian or Alaska Native    \_\_\_\_\_ Asian    \_\_\_\_\_ Black or African American    \_\_\_\_\_ Hispanic or Latino  
 \_\_\_\_\_ Native Hawaiian or Other Pacific Islander    \_\_\_\_\_ White

**Race: Check All That Apply**

\_\_\_\_\_ American Indian or Alaska Native    \_\_\_\_\_ Asian    \_\_\_\_\_ Asian Indian    \_\_\_\_\_ Black or African American  
 \_\_\_\_\_ Hispanic or Latino    \_\_\_\_\_ Middle Eastern    \_\_\_\_\_ Native Hawaiian or Other Pacific Islander    \_\_\_\_\_ Unknown

### Church/Religious Preference Information

Do you currently practice any form of religion? \_\_\_\_\_ Yes \_\_\_\_\_ No    If yes, what? \_\_\_\_\_

Do you currently attend a church / religious service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where? \_\_\_\_\_

I attend services (Please Circle):    Rarely                  Once a Month                  Several Times a Month                  Regularly

I would like more information on Sugar Grove Church of Christ and possible programs and services it offers. \_\_\_\_\_ Yes \_\_\_\_\_ No

### 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 Frog class, Duck class, and Owl 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. All items must be labeled with your child's name. **Nap mats must be taken home daily.**

A **“rest time”** will be provided in the **Frog class** and 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. Juleana, the teacher in the Frog class, or Ms. Jennifer, the teacher in the Duck class, if you feel your child needs to nap.

**The Pre-K class will have a quiet time after lunch but no nap time.**

### Examples:

