



ENROLLMENT INFORMATION 2019/2020

Completion of this form is required for enrollment. This information is necessary for Towne Creek to comply with state child care licensing regulations. Students must be the age of the grade level on or before 9/1/19 in order to enroll in that class (twos and up).

CHILD INFORMATION

First Name		Middle Name	Last Name	Ethnicity
Date of Birth	Age	Gender Female ____ Male ____	Child lives with: Both Parents Mom Dad Guardian	
Child's Home Address (please include city and zip code)				
List family members your child lives with – include names and ages of siblings				
Attendance: 2 Days T/R ____ 3 Days M/W/F ____ 5 Days ____ (There are no exceptions for 2 and 3 day options)				
Daily Pickup: 12:00 PM (1:00 PreK) – ½ day ____ by 2:30 PM (3:15 Kinder) ____ after 2:30 PM – Full Day ____			Home Lunch	School Lunch
			Vegetarian? Check Here	
Program: Infant ____ Toddler ____ Twos ____ Threes ____ Pre-K (4's) ____ Kindergarten (T Creek) ____ Afterschool (K-6) ____				
If Afterschool, which type of transport will be needed? N/A AM Only PM Only AM& PM				
Public School Name: Address:			School Phone	Grade as of 9-1-19
*Please fill in the daily arrival and departure times so that we may staff appropriately: <u>Normally</u> my child will attend Towne Creek School from ____ AM to ____ PM.				

PRIMARY CONTACT AND RELEASE PERSONS (Include parents and guardians)

PRIMARY PARENT/GUARDIAN	Relationship to child	Home Phone	Cell Phone
Home Address (please include city and zip code)		Preferred Email Address (for school contact)	
Employer & Address			Work Phone/Ext
OTHER PARENT/GUARDIAN	Relationship to Child	Home Phone	Cell Phone
Home Address (please include city and zip code)		Preferred Email Address (for school contact)	
Employer & Address			Work Phone/Ext
Primary Parent Driver's License Number:		Other Parent Driver's License Number:	
Parent/Guardian Identification Information (This question will be used to verify parent/guardian identity if a pick up authorization is called in)			
Question: <i>What is the name of your best friend in elementary school?</i> Answer: _____			

EMERGENCY CONTACT AND RELEASE PERSONS (Do not include parents or guardians)

If possible, please notify the school if an Emergency Release Person will pick up your child on a given day.

Name #1	Relationship	Address	Phone	Cell Phone
Name #2	Relationship	Address	Phone	Cell Phone
Name #3	Relationship	Address	Phone	Cell Phone

The Towne Creek School Staff will release your child only to you or to those persons you have listed above. **For the safety of your child, we will request all authorized Release Persons with whom the staff are not familiar to provide a photo ID at time of pickup. Your child will not be released without prior authorization.** In the event you call a pick-up authorization into the school, the Parent/Guardian Identification Information will be used to verify your identity and to authorize the release of your child.



ENROLLMENT INFORMATION 2019/2020 FINANCIAL INFORMATION

Child's Name: _____

TUITION

TUITION IS BASED ON THE SCHOOL YEAR (9 MONTHS) AND NOT ON ATTENDANCE. IT HAS BEEN DIVIDED INTO EQUAL MONTHLY PAYMENTS FOR YOUR CONVENIENCE. We offer three options for payment. Please select and initial your choice.

_____ **OPTION I** I would like to pay the entire year by the first day of the fall semester and will receive a 3% discount off tuition if I do. Should my child not finish the school year, this discount will be charged back to me.

_____ **OPTION II** I would like to make one monthly payment. This payment is due on the 1st of every month and past due on the 4th of the month regardless which day the 1st or 3rd falls on (including weekends and/or holidays). I understand there is a \$45.00 late fee applied on the 4th to past due accounts.

_____ **OPTION III** I would like to make two (2) equal monthly payments. The first payment is due on the 1st of every month and past due on the 4th of the month regardless which day the 1st or 3rd falls on (including weekends and/or holidays). The second payment is due on the 15th of the month regardless which day the 15th falls on. There is a \$45.00 late fee applied to past due payments on the 4th and/or the 16th of the month.

PLEASE READ AND INITIAL ALL OF THE POLICIES LISTED BELOW.

I HAVE READ, HAD THE OPPORTUNITY TO ASK QUESTIONS AND UNDERSTAND THAT:

_____ my enrollment paperwork will not be accepted if I have an outstanding balance on my account.

_____ if my child has a diagnosed food allergy, I must provide a Food Allergy Emergency Plan prior to my child's first day at school. My child will not be allowed to attend school unless a current Food Allergy Emergency Plan is on file.

_____ I must provide an updated vaccination record and medical statement signed by my child's doctor prior to my child's first day of school. My child will not be allowed to attend school until these are on file at the school

_____ tuition is based on a 9 ½ -month school year and not on attendance. No refund or adjustment will be made if I take vacation during the school year.

_____ discounts of any kind (sibling, teacher, Towne Creek, etc.) will be withdrawn if timely payments are not made

_____ Towne Creek only accepts check or money order as forms of payment. You may set up automatic payments with ACH or a credit card via your SmartCare Account. There is a convenience fee associated with using a credit or debit card. No cash payment over \$30 will be accepted.

REGISTRATION AND SUPPLY FEES

_____ there is a **one-time** \$100.00 Registration Fee for your child. A sibling receives a \$50.00 sibling discount. There is a family maximum of \$150.00. Once you have paid your child's Registration fee, you do not pay it again. The Registration Fee is **NON-REFUNDABLE** if my child does not attend. Registration Fees are due when enrollment paperwork is submitted.

_____ there is a Supply Fee for the school year*. Supply Fees vary, based on age. Supply fees combined with Registration Fees (if applicable), hold a place in the program for my child and are **NON-REFUNDABLE** if my child does not attend. All Supply Fees are due when enrollment paperwork is submitted.

_____ there is an activity fee for twos through Kindergarten. This will be charged the first day of September and covers certain activities throughout the school year.

Child's Name: _____

SCHEDULE CHANGES

_____ a two-week written notice is required when changing to fewer days of attendance and a \$75 administration fee is incurred. **There will be no reduction of tuition should this change occur after March 31st.**

_____ a two-week written notice is required when withdrawing my child for any reason. I will be responsible for tuition for two weeks after giving notice that my child will be withdrawing. **If withdrawing my child after March 31st, I am responsible for tuition for the remainder of the school year.**

EXTENDED TIME RATE

_____ when a child is registered to leave at 12:00, 1:00 or 2:30 and needs to stay longer on a specific day or when a child is not picked up at his/her designated pick-up time, there is an \$12 hourly charge for any hour, or portion thereof, that my child is here past their designated pick up time. (THIS DOES NOT APPLY TO THE 6:30 PM PICK UP TIME).

DAILY DROP-IN RATES

_____ there is a Daily Drop-In Rate available for the child who does not come five (5) days a week and I need The Towne Creek School services for an additional day on an occasional basis. Drop-Ins must be approved by the front office. A rate sheet is available the front office.

AFTER SCHOOL PICK UP

_____ if The Towne Creek School vans pick up my child, I am required to call the office before 2:00PM if my child/children will not be riding the van to The Towne Creek School on that day. Failure to call before 2:00 PM or failure to call will result in a \$15.00 charge.

AFTER HOURS (6:30 PM) PICK-UP RATE

_____ if I pick up my child after the Towne Creek closing time of 6:30 PM, I will be charged, per child, as follows:
a) 6:30 – 6:35 \$10.00 b) 6:36 – 6:40 \$20.00 c) 6:41 – 6:45 \$30.00 d) After 6:46 an additional \$2.00 per minute

RE-ENROLLMENT FEE

_____ if I withdraw my child for any reason during the school year, * there will be a \$75.00 re-enrollment fee if I want my child to return to The Towne Creek School during the same school year.

NSF Fees

_____ there is a \$35.00 NSF fee for any returned check. After two returned checks, we will require payment by cashier check or money order.

MISCELLANEOUS FEES

_____ there are additional fees which may occur during the school year. These may include school lunches (if not included in tuition payments), t-shirt purchases, field trips and any other expenses that directly pertain to my child. These expenses will only occur with my permission.

I have read, understood and initialed the above policies and charges that might impact my financial obligations to The Towne Creek School.

Parent Signature

Date

Parent Signature

Date

For Office Use Only

Account Clear for Enrollment: _____
Registration Paid: _____

Supply Fee Paid _____
Classroom Assigned: _____

Information Entered: _____
First Date of Attendance: _____

**ENROLLMENT INFORMATION 2019/2020
PARENT AGREEMENT**



Child's Name: _____

PARENT AGREEMENT

Please initial each item below indicating that you have been made aware of **The Towne Creek School's** policies and procedures.
I HAVE READ, HAD THE OPPORTUNITY TO ASK QUESTIONS AND UNDERSTAND...

- _____ all policies contained within **The Towne Creek School** Parent Handbook, found on the website (www.thetownecreekschool.com/admissions . I agree to abide by all policies including but not limited to code of conduct, immunizations, procedures to visit Towne Creek, illness and exclusion criteria, dispensing medication, appropriate dress, toys to be left at home, meals and food service practices, release of children, suspension and expulsion, emergency plans, safe sleep, procedures to discuss concerns with director, discipline and guidance, toilet training practices, field trips, etc.
- _____ the philosophy of **The Towne Creek School**.
- _____ that Child Care Licensing regulations are on file at the school are available to review upon request. I may also visit the website at www.dfps.state.tx.us/Child_Care/ and click on Minimum Standards then Day Care Regulations then Chapter 746.
- _____ that arriving five to ten minutes before the opening activity may be helpful in smoothing the transition from home to school and will ensure that my child is in attendance for the opening activity.
- _____ that children enrolled in the preschool programs for ages three and up must be fully toilet trained.
- _____ that field trips are part of the curriculum and if my child does not wish to attend, I will need to make other childcare arrangements that day.
- _____ that students must ride the Towne Creek van both to and from the field trip. Parents are not allowed to drop their child off or pick their child up from the field trip site.

Schedule Changes/Withdrawing a Student

- _____ that my child attends only on his/her registered days. There is no exchanging one day for another.
- _____ a two-week written notice is required when changing to fewer days of attendance and a \$75 administration fee is incurred. During the school year there will be no reduction of tuition should this change occur after March 31st.
- _____ a two-week written notice is required when withdrawing my child for any reason. I will be responsible for paying tuition two weeks from the day a withdrawal notice is given. **During the school year if I withdraw my child after March 31st, I will be responsible for tuition for the remainder of the school session.**
- _____ that there will be no fee reduction due to absences of any kind. This includes illness, vacation, holidays, or weather conditions. (Towne Creek will close if FBISD closes due to weather. The Towne Creek School reserves the right to close when there are possible hazardous weather conditions.
- _____ failure to make timely tuition payments may result in a withdrawal requested by **The Towne Creek School**.

School Closures/Holidays throughout the year

- _____ **The Towne Creek School** will be closed December 23, 2019 – December 27, 2019, New Year's Day, on MLK Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the Friday after, and one Make Ready Day before the summer and two Make Ready Days before the fall.
- _____ **The Towne Creek School** will close early the day before Thanksgiving, on New Year's Eve (if open), on Family Night, on Open House days and one day per month for Staff Development during the school year.
- _____ that on Fort Bend ISD teacher-in-service days, as well as on bank holidays (excluding those listed above), **The Towne Creek School** will be open. On these days, attendance is optional and the activities for these days will be enrichment and recreational, rather than required.
- _____ notification of school closures (excluding those due to hazardous weather or other conditions) will be given at least three months in advance.
- _____ that students enrolled in half day (12:00 or 1:00) programs do not attend **The Towne Creek School** during Winter Break and Spring Break.
- _____ Parents will be notified of closures due to weather or emergency via group text, email, the website home page and Facebook. No refunds will be made for closures due to weather.

Gang Free Zone

- _____ Under the Texas Penal Code, any area within 1,000 ft. of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity is subject to harsher penalties.

**ENROLLMENT INFORMATION 2019/2020
PARENT AGREEMENT (continued)**



Child's Name: _____

Illness/Medication

- _____ if my child is exhibiting signs of an unhealthy condition; I will be called to pick up my child immediately. **I understand that Licensing requires the parent, (or other authorized person), to pick up the sick child from the school within one hour of being notified.**
- _____ if my child is sent home due to fever, vomiting or diarrhea, they will not be allowed to return until they are **symptom free** for at least 24 hours without the aid of fever reducing or other medications. **NO EXCEPTIONS WILL BE MADE. If your child has been diagnosed with a communicable disease, he/she will not be allowed back to school without a doctor's note stating they are no longer contagious.**
- _____ **The Towne Creek School** will only administer medication prescribed for my child by a physician. (Over-the-counter medications will only be given if deemed medically necessary by a physician and are accompanied by a doctor's note.) Medication will be dispensed at 11:30 a.m. and 3:30 p.m. ONLY.
- _____ If my child has a diagnosed food allergy, I must submit a Food Allergy Emergency Care Plan, signed by my child's physician and me and that this form must be submitted prior to my child's first day of school. If I do not supply this form, my child will be unable to attend school until it is on file at Towne Creek.

Lunch Program

- _____ I may enroll my child in the lunch program monthly during the school year and I am responsible for payment for the entire month. Any notification to enroll or withdraw from the lunch program must be made in writing, no later than the last Friday of the month before the enrollment or withdrawal is to take place.
- _____ I understand that if my child has specific dietary requirements that Towne Creek is unable to meet with our menus, I will send a lunch and/or snack that does fulfill his/her needs.
- _____ If I choose to provide a home lunch, Towne Creek will not be held responsible for its nutritional value or for meeting my child's daily food needs. Please note: We are unable to warm any food items brought from home.
- _____ I may purchase a school lunch for my child with advance notice. (Lunches must be ordered at least 2 days prior to the day they will be needed.)
- _____ I understand that an AM and PM snack are included in my tuition. Information on school lunch and snacks can be found on our website and menus are posted in my child's classroom.

Suspension/Expulsion

When a child exhibits a pattern of consistent aggression, we will use our knowledge and resources to guide those aggressive tendencies into positive behaviors. Knowing that behaviors cannot change overnight, we must also set a time frame within which we will allow these inappropriate behaviors to continue.

- _____ a child who, because of inappropriate behavior, requires the teacher's attention and time to an extent where other children's needs are not being met, will be refused continued attendance.
- _____ a child who causes disturbance and bodily harm to other children, adults, or to school property, may be refused continued attendance at Towne Creek.
- _____ a child who is deemed unable to learn in the school environment may be refused continued attendance at Towne Creek.
- _____ tuition is NON-REFUNDABLE in the event a child is asked to withdraw from the school or is suspended for any length of time.

I certify that I have read, understand and accept all the terms and conditions described in the Parent Handbook and Parent Agreement

Signature of Parent or Guardian _____ **Date** _____

ENROLLMENT INFORMATION 2019/2020 AUTHORIZATION FORM



Child's Name: _____

Please read through the items below and check the appropriate consent boxes.

Walking Trips

I give consent for my child to leave the school for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by Towne Creek Staff and under proper staff supervision at all times. If my child is leaving school campus, I will be given a specific permission slip to sign for each field trip.

____ Yes ____ No

Transportation

I give consent for my child to be transported by The Towne Creek School via school vans (unless otherwise authorized by me) and supervised by the Towne Creek Staff:

____ on field trips (a specific permission slip will be given for each field trip) ____ to and from public school

____ in case of emergency evacuation

Water Activities

I give consent for my child to participate in the following water activities while at **The Towne Creek School**:

____ water table play ____ sprinkler play ____ splashing/wading pools (age 3 & up) ____ swimming pool (PreK & up)

Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency care, I authorize **The Towne Creek School** to give consent for all necessary emergency medical treatment for my child while in the custody of **The Towne Creek School**. In addition, the person in charge may accompany my child to the medical facility should the need arise.

Yes ____ No ____

Photographs/Videotape

I give permission for my child to be photographed and videotaped at the school and during program functions and field trips. I understand that photographs/videos may be taken by Towne Creek School staff or by other parents.

Yes ____ No ____

Public Relations

I give permission for photographs or video of my child to be used by **The Towne Creek School** and/or others with The Towne Creek School consent, for the purpose of illustration, advertising, publication or promotion. I also give consent to their use of my name in the newsletter, website, Facebook, newspaper, or as described above.

Yes ____ No ____

I certify that I have read, understand and accept all of the terms and conditions described in this Enrollment Packet.

Signature of Parent or Guardian _____ subscribed and sworn to before me, on this _____ day of _____, 20____. Fort Bend County, State of Texas.

Notary Public _____ My commission expires on _____

ENROLLMENT INFORMATION 2019/2020 FIRST AID/ALLERGIES



Child's Name: _____

FIRST AID

I hereby authorize the Towne Creek School to administer the following medications(s) and/or first aid treatment(s) in the event of an incident that may occur at school. This consent will also include any off-campus situation (i.e. field trips) while a child is in the custody of the Towne Creek School. There is an understanding that every effort to contact the parent will be made; however, in the event that the parent/guardian cannot be reached, treatment is always documented and placed in the child's file folder so as to be retrieved by the parent at their convenience.

PRESCRIPTION MEDICATION: I understand that all prescribed medications must be signed in at the front office and a medical authorization form filled out. Medication must be in its original container with the child's name on it in order to be administered by The Towne Creek School. Over-the-counter medications will only be administered if prescribed by a physician and accompanied by a doctor's note. Medication times are 11:30 a.m. and 3:30 p.m. ONLY.

FIRST AID: Please indicate the items that may be administered to your child if the need arises while at school.

- Antiseptic Wipes
 Cotton Balls
 Bandages
 Thermometer
 Vinyl gloves
 Mosquito Repellent (non-aerosol)
 Sunscreen (non-aerosol)

***Please Note:** Splinters cannot be removed by Towne Creek Staff. We will clean the area and contact the parent to notify them of the presence and location of the splinter.

Items such as lotions, ointments, teething medication, powders, baby wipes, sunscreen and insect repellent (non-aerosol spray only) are not provided by The Towne Creek School. If you bring them for your child, please let their teacher know as these must go home weekly. By supplying these items, you are giving consent for Towne Creek to apply them to your child.

ALLERGIES and/or SPECIAL NEEDS: List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, injuries and hospitalizations during the past 12 months and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No If yes, plan submitted on:						
Medications:	N/A ____	MILD	MODERATE	SEVERE	LIFE THREATENING	REACTION
Foods/Other:	N/A ____					
Special Needs:	N/A ____	If yes, please describe below				

For any special needs or diagnosed allergies that are either severe or life threatening, please provide specific instructions as to the actions to be taken. (Food Allergy Emergency Care Plan signed by physician and parents). **PLEASE NOTE: Medication cannot be administered without a physician's note AND a signed medical authorization on file.**

CHILD'S MEDICAL CARE PROVIDER

Primary Care Physician (PCP) name		Practice/Clinic Name	
PCP Address:		Phone:	
Preferred hospital/Clinic for emergency care:			
Health Insurance Provider and Policy Number:			

I understand that if my child has a severe allergy of which I am aware, an epinephrine pen and/or any other medication deemed medically necessary will be provided and left at the front office of the school. In case of a medical emergency, I give The Towne Creek School my permission to use the prescribed medications.

Emergency Medical Attention: In the event that I cannot be reached to make arrangements for emergency care, I authorize **The Towne Creek School** to give consent for all necessary emergency medical treatment for my child while in the custody of **The Towne Creek School**. In addition, the person in charge may accompany my child to the medical facility should the need arise.

Signature of Parent or Guardian _____ subscribed and sworn to before me, on this _____ day of _____, 20____. Fort Bend County, State of Texas.

Notary Public _____ My commission expires on _____.



**ENROLLMENT INFORMATION 2019/2020
MEDICAL INFORMATION**

Child's Name: _____

Date of Birth: _____

**THIS FORM MUST BE SIGNED BY YOUR CHILD'S PEDIATRICIAN PRIOR TO ENROLLMENT IN
THE TOWNE CREEK SCHOOL**

IMMUNIZATION HISTORY- Fill in below or attach the most recent copy of your child's immunization record					
Required	1st	2nd	3rd	4th	5th
DTP/DtaP					
Polio IPV or OPV					
MMR					
PNEUMOCOCCAL					
HEPATITIS A					
HEPATITS B					
*VA RICELLA					
INFLUENZA					
MENINGOCOCCAL					
HAEMOPHILUS INFLUENZAE TYPE b					
TB TEST (if required)					

NOTE: A vision and hearing screening must be completed within 30 days of a child turning 4 years old					
VISION	Right 20/ _____	Left 20/ _____		Pass	Fail
SIGNATURE: _____				DATE: _____	
HEARING	1000 Hz	20000 Hz	4000 Hz	Pass	Fail
Right					
Left					
SIGNATURE: _____				DATE: _____	

HEALTH CARE PROFESSIONAL STATEMENT

I have examined the above-named child and find that he/she is physically able to be in attendance at the Towne Creek School.

Health Care Professional's Signature Date

PARENT OR GUARDIAN STATEMENT

**My child had varicella disease (chicken pox) on or about _____ and does not need the varicella vaccine.* Date

PARENT OR GUARDIAN OF AFTERSCHOOLERS

*My child has a current immunization record on file at _____
(Name, Address and Phone of Public School)*

***If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs or may be injurious to your child or family, you must sign an affidavit to that effect or obtain a certificate by health care professional and attach it to this form.*

Parent/Guardian Signature Date

All About Me (Infants thru Towne Creek Full Day Kindergarten Only)

Dear Parents:

Please take a few minutes to tell us about your child. This information will aid in a smoother adjustment period and help ensure that we provide the best quality education and care for your child.

My name is: _____ **Boy**____/ **Girl**_____

Date of Birth: _____ **Hair Color:** _____ **Eye Color:** _____

My Parents are:

Mother: _____ **Father:** _____

My Stepparents are: _____

Siblings: Please list all siblings' names and ages:

My Pet(s) is/are:

Other schools and/or childcare facilities attended: Please list name(s) and reason for leaving.

Please list any special needs or allergies that your child's teacher should be aware of. Note any specific care needed (For diagnosed food allergies, you must fill out the Food Allergy Emergency Care Plan. This must be signed by both the physician and the parent):

In the space below, please tell us about your child's interests, hobbies and any fears they might have:

Please Share any information about your child that you believe would help us in working with him/her: (i.e.; personality, character traits, when upset I.., favorite/least favorite foods)

THE TOWNE CREEK SCHOOL PARENT HANDBOOK



PARENT/GUARDIAN ACKNOWLEDGEMENT PAGE

Child's Name: _____

We feel that it is very important that both parents, if applicable, are familiar with the policies and procedures of the school. Thus, we ask that both parents, if applicable, sign this Parent Acknowledgement Form. Please sign below. We truly appreciate your participation in understanding the organization of our school.

I acknowledge that I have read, understand and had the opportunity to ask questions about The Parent Handbook provided by The Towne Creek School on their website.

www.thetownecreekschool.com/admission/

I understand the philosophy of education and the policies involved in planning the curriculum and the organization of the school. I agree to abide by all policies stated in the Parent Handbook as well as updated policies that I receive from The Towne Creek School. I will keep a copy of all updated policies and consider them part of this Handbook.

Parent Signature _____ Date _____

Parent Signature _____ Date _____