

Director: Kathy Gaughan

SUMMER 2025 ENROLLMENT ATTENDANCE INFORMATION

INSTRUCTIONS: All accounts must be current for your enrollment forms to be accepted. Summer Supply Fee is due when you turn in your Summer Enrollment Forms. The Twos thru PreK (4) students must have been that age on 9-1-2024 to enroll in the corresponding program.								
CHILD INFORMATIO	ON							
First Name		Middle Nan	ne	Last Nan	าย		Ethnicity	
Date of Birth	Age	GENDER:		Child Liv	es With:			
		Female	Male	Both Par	ents	Mom	Dad	Guardian
PROGRAM								
(Kindergarten Summer								
Infant Toddler If your child attended FB								
II your child attended FB	015D III 20.	24/2025, piea	se provide so	chool name, ac	uress, prio	ne and grade at		4/25 SCHOOL year.
School Name:		Addre	SS:			Phone	:	Grade:
NUMBER OF DAYS	ATTENI	DING						
2 Days T/R (N	lo infan	ts)	3 Days	M/W/F	(No infa	ants)	5 Days	
DAILY PICKUP		-	-					
Half Day (by 12:00) (Too	ddler – Pre	K only)	Extended D	Day (by 2:30) _	(Todo	dler-6th Only)	Full Day (Af	ter 2:30)
LUNCH HOME SCHOOL								
*Please fill in the approximate daily arrival and departure times of your child so we may staff appropriately.								
Normally, my child will	attend To	owne Creek S	chool from		_AM to	F	РМ	

Please choose the Monthly or Weekly plan for the Summer 2025						
I choose to enroll my child for the ent pay the monthly rate. (Infants-PreK or		Monthly Rate: Lunch (if applica	\$ able): \$			
I choose to enroll my child on a week (Twos -6^{th} Grade) I have indicated the			+ Lunch \$X			
will attend in the section below Please indicate the weeks your child	will attand (if you	Number of Wks				
Please indicate the weeks your child		· · · ·	ite).			
Wk 1: June 2 to June 6	Closed July 4 Wk 5: June 3		Week 9: July 28 to August 1			
Wk 2: June 9 to June 13	Wk 6: July 7-	July 11	Week 10: August 4 to August 8			
Wk 3: June 16 to June 20	Wk 7: July 14	to July 18	Week 11: August 11-13			
			Closed Aug 14 & 15 Make Ready Days			
Wk 4: June 23 to June 27	Wk 8: July 21	L to July 25				



SUMMER ENROLLMENT 2025

PARENT/GUARDIAN INFORMATION

Child's Name: ____

PARENT/GUARDIAN CONTACT INFORMAT	TION				
Parent/Guardian completing the form:	Relationship to child	Home Phone	Cell Phone		
Home Address (please include city and zip code)	Preferred email addre	ess (to be used for s	school contact)		
Employer and Address			Work Phone/Ext		
Driver's License Number					
Secondary Parent/Guardian	Relationship to child	Home Phone	Cell Phone		
Home Address (please include city and zip code)	Home Address (please include city and zip code) Preferred email address (to be used for school contact)				
Employer and Address		Work Pho	one/Ext		
Driver's License Number					
Identification Information: What is the first name o	of your best friend in ele	mentary school?			

EMERGENCY CONTACT AND RELEASE INFORMATION (Do not include Parent information)

If possible, please notify the school if an Emergency Contact will be picking up your child on any given day.					
Name #1	Relationship	Address	Phone	Cell	
Name #2	Relationship	Address	Phone	Cell	
Name #3	Relationship	Address	Phone	Cell	
Name #4	Relationship	Address	Phone	Cell	

The Towne Creek School Staff will release your child to leave Towne Creek only to the people listed above. For the safety of your child, we will request all Emergency Contacts with whom the staff is 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 into the school to authorize someone different to pick up your child, the identification information you listed above will be used to verify your identity and to authorize the release of your child.

Child's	Name: TUITION PLAN AND POLICIES 2025	K
	All Accounts must be in good standing to accept enrollment in the new session.	
	PLAN I (Only if you are registering for four weeks or less for the summer) I have registered my child for four weeks or less for the summer and will pay my entire tuition by June 2, 2025.	
	PLAN II (Available to students attending 5 weeks or more for the summer) I would like to make monthly payments. This payment is due on the 1 st of every month and past due on the 3 rd of the month regardless of which day the 1 st or 2nd falls on (including weekends and/or holidays). There is a \$45.00 late fee applied on the 3 rd to past due accounts.	
	PLAN III (Available to students attending 5 weeks or more for the summer) I would like to make two (2) equal monthly payments. The first payment is due on the 1 st of every month and past due on the 3 rd of the month regardless of which day the 1 st or 2 nd falls on (including weekends and/or holidays). The second payment is due on the 15 th of the month regardless of which day the 15 th falls on. There is a \$45.00 late fee applied to past due payments on the 3 rd and/or the 16 th of the month.	
I HAVE	PLEASE INITIAL ALL OF THE POLICIES LISTED BELOW 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.	
	Discounts of any kind will be withdrawn if timely payments are not made.	
	Towne Creek accepts checks or money orders as forms of payment, or you may set up automatic payments with ACH or credit card through the SmartCare App. There is a convenience fee associated with using a credit card. No cash payment over \$30 will be accepted.	
	REGISTRATION FEES	
	there is a Registration Fee for the twos through Summer Camp during the 2025 Summer Session. Registration fees hold a place in the program for my child/children and are NON-REFUNDABLE if my child/children do not attend. Registration fees are to be submitted w enrollment paperwork. *There is no registration fee for Infants or Toddlers as theirs is an annual fee.	/ith
	SCHEDULE CHANGES/ WITHDRAWING A STUDENT should I need to reduce the number of days or hours my child attends The Towne Creek School, at any point after May 9, 2025, I will be charged a \$75.00 change fee. There is no change fee if I increase my child's days/hours 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. my child attends only on his/her registered days. There is no exchanging one day for another. I will be charged a drop-in fee if my child attends on an unscheduled day. should I choose a 2 day or a 3-day monthly schedule for my child, these days must stay the same throughout the entire summer. Any change will result in a \$75.00 change fee. failure to make timely tuition payments may result in a withdrawal requested by The Towne Creek School .	,
	EXTENDED TIME RATE when a child is registered to leave at 12:00 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 hourly charge of \$12 for any hour, or portion thereof, that my child is here past his/her designated pick-up time. (THIS RATE DOES NOT APPLY TO END OF DAY HOURS).	
	END OF DAY AFTER HOURS PICK-UP RATE	
	if I pick up my child after the Towne Creek closing time, or after the early closing time, I will be charged per child, as follows: a) 0 to 5 minutes \$10.00 b) 6 to 10 minutes \$20.00 c) 11 to 15 minutes \$30.00 d) 16+ min add \$2.00/ minute	

Child's Name: ______ TUITION PLAN AND POLICIES 2025 (continued)



		DAILY DROP-IN RATES
	an occasio	Daily Drop-In Rate available if I need The Towne Creek School services for an additional day on nal basis. Drop-Ins must be approved by the front office and are approved based on classroom . There is a drop-in rate sheet available at the front office.
		NSF Fees
	_ there is a s	\$35.00 NSF fee for any returned check. After two returned checks, I must pay tuition by cashier's check or money order.
		MISCELLANEOUS FEES
	_	dditional fees which may occur during the summer. These may include school lunches (if not included in tuition payments), chases, field trips and any other expenses that directly pertain to my child. These expenses will only occur with my permission.
		FIELD TRIPS, TRANSPORTATION, WATER ACTIVITIES
	if a student and the dro	t drops in on an unscheduled day and there is a field trip that day, they will be charged both the price of the field trip
	- ·	are part of the curriculum and if my child does not wish to attend, I will need to make other childcare arrangements y. A refund will not be issued.
		attends a field trip, he/she must wear their Towne Creek T-shirt. A summer camp T-shirt is included in the tuition of en through 6 th grade Summer Campers.
		nust ride the Towne Creek van both to and from the field trip. Parents are not allowed to drop their child off at, or hild up, from the field trip site.
	child will a	ent for my child to leave the school for outdoor exercise and educational purposes, with the understanding that my Iways be accompanied by Towne Creek Staff and under proper staff supervision. If my child is leaving school will be given a specific permission slip to sign for each field trip.
		ent for my child to be transported by The Towne Creek School via school vans in case of emergency evacuation or os (Kindergarten and older). I will be given a specific permission slip to sign for each field trip.
		ent for my child to participate in the following water activities (water table and sprinkler play) while at the Towne ol. I will be given a specific permission slip for wading and swimming pool play.
	pgraphs/Vid permission	eotape for my child to be photographed and videotaped at the school for (Initial all that apply)
Yes	No	
		Classroom labeling and posters
		Sharing with parents on the SmartCare Parent App
		During program functions and field trips (could be photographed by both Towne Creek staff and possibly other parents).
Public	c Relations	
Yes	No	
		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's consent, for the purpose of illustration, advertising, publication, or promotion.
		I also give consent to the use of their name in the newsletter, website, Facebook, newspaper, or as described above. (Last names will not be used without signed parent consent).



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 (<u>www.thetownecreekschool.com/admissions</u>). 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, meals and food service practices, suspension and expulsion, emergency plans, safe sleep, procedures to discuss concerns with director, discipline and guidance, field trips, etc.

_____the philosophy of The Towne Creek School.

_____that Child Care Licensing regulations are on file at the school and are available to review upon request. I may also visit their website at https://www.dfps.texas.gov and click on standards and regulations.

_____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.

School Closures/Holidays throughout the Summer

_____**The Towne Creek School** will be closed July 4th and August 14th & Aug 15th (for Fall Make Ready Days)

The Towne Creek School reserves the right to close when there are possible hazardous weather or health conditions and parents will be notified of closures due to weather or emergency via group text, email, the website home page, and Facebook. If FBISD is closed due to weather, Towne Creek will be closed as well. There will be no tuition refunds for weather closures.

there will be no fee reduction due to absences of any kind if you choose the monthly rate. This includes illness, vacation, holidays, pandemics, or weather conditions. Refunds for extended closures due to a pandemic or other disaster will be determined by the owner.

Gang Free Zone

_____Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone. Criminal offenses related to organized, criminal activity is subject to harsher penalties.

Illness/Allergy

_____if my child exhibits any signs of illness, or they have a doctor's appointment in the morning to determine the source of their illness, I will not bring them to school until they are feeling better, or I have a doctor's note stating when they can return to school.

_____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 <u>symptom free</u> 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. If a child is diagnosed with COVID-19, you will need to follow current CDC COVID guidelines before returning.

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.

ENROLLMENT INFORMATION SUMMER 2025 PARENT AGREEMENT (continued)



Child's Name:

Lunch Program

- I may enroll my child in the lunch program monthly during the Summer and/or 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 one week 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.
- _____ School lunch is included in Toddler tuition.

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.

FIRST AID

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

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, if the parent/guardian cannot be reached, treatment is always documented and placed in the child's file folder to be retrieved by the parent at their convenience.

Antiseptic Wipes

Cotton Balls

Bandages

Thermometer

Vinyl gloves

Sunscreen (non-aerosol)

Mosquito Repellent (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.

PRESCRIPTION MEDICATION:

______I understand that all prescribed medications must be signed in at the front office and an Authorization for Dispensing Medication form filled out. Medication must be in its original container with the child's name on it, the dosage and date and expiration 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 stating why the medication is necessary. Medication times are 11:30 a.m. and 3:30 p.m. ONLY.

Items such as lotions, ointments, teething medication, powders, baby wipes, 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.



ENROLLMENT INFORMATION 2025 ALLERGIES/SPECIAL NEEDS

Child's Name: _

ALLERGIES and or SPECIAL NEEDS: List any special needs that your child may have, such as environmental allergies, food intolerances, existing						
illness, injuries and ho	illness, injuries and hospitalizations during the past 12 months and any other information which caregivers should be aware of:					
Does your child have d	liagnosed food	allergies?	Yes No)	If yes, FARE plan s	submitted on:
Medication/Food	N/A	MILD	MODERATE	SEVERE	LIFE	REACTION
Allergies					THREATENING	
	-					
Special Needs: N/A If yes, please describe any special care or accommodations that must be provided:						

For any special needs or diagnosed allergies that are either severe or life threatening, you must provide specific instructions as to the actions to be taken. <u>A Food Allergy Emergency Care Plan</u> signed by physician and parents must be on file, prior to the child's first day, for any child diagnosed with a food allergy. PLEASE NOTE: Medication cannot be administered without a physician's note AND a signed Authorization for Dispensing Medication form 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, 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.

Parent Signature:		Date:	
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ENROLLMENT INFORMATION 2025 MEDICAL INFORMATION

Child's Name: _____

Date of Birth: _____

THIS FORM MUST BE SIGNED BY YOUR CHILD'S PEDIATRICIAN PRIOR TO ENROLLMENT IN TH CL

łΕ	TC)W	NE	CREEK	SCHO	C
	I C	<i>,</i> , , ,	INL	CULLI	JUID	

IMMUNIZATION HISTORY- Fill in below or attach the most recent copy of your child's immunization record						
Required	1 st	2 nd	3 rd	4 th		5 th
DTP/DtaP						
Polio IPV or OPV						
MMR						
PNEUMOCOCCAL						
HEPATITIS A						
HEPATITS B						
*VA RICELLA						
INFLUENZA						
MENINGOCOCCAL						
HAEMOPHILUS						
INFLUENZAE TYPE b						
TB TEST (if						
required)						
For additional info reg	arding immunization	s, visit TX Dept. of Sta	te Health Services at	www.dshs.state.tx.us	/immuniz	e/pulic.shtm
NOTE: A vision an	nd hearing screeni	ng must be compl	eted within 30 da	ys of a child turnin	g 4 year	s old
VISION	Right 20/	Left	20/		Pass	Fail
	_					
SIGNATURE:		DA	ATE:			
HEARING	1000 Hz	2000	00 Hz 40	00 Hz	Pass	Fail
Right						
Left						
SIGNATURE:	·	D	ATE:	·		

HEALTH CARE PROFESSIONAL STATEMENT

I have examined the above-named child and find that he/she is physically able to attend 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	l Phone of Public School)
**If medical diagnosis and treatment and/or immunization	n and TB testing cor	nflict 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.



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:	Nickname (if applicable)		Воу	/ Girl
Date of Birth:	Hair Color:	Eye Color:		_
My Parents are:				
Mother:		Father:		
My Stepparents are:				_
Other schools and/or ch	nildcare facilities atte	nded: Please list name(s) and reaso	n for leaving.	
Siblings: Please list all si	blings' names and ages:			
My Pet(s) is/are:				
• •	osed food allergies, yo	your child's teacher should be av ou must fill out the Food Allergy B e parent):		
In the space below, ple	ase tell us about your	child's interests, hobbies, and a	ny fears they n	night have:
Does your family have s	special holidays or cele	ebrations that you observe throug	hout the year?	If so, please
share:				
•	•	d that you believe would help us in , favorite/least favorite foods)	n working with	him/her: (i.e.,



THE TOWNE CREEK SCHOOL PARENT/GUARDIAN ACKNOWLEDGEMENT PAGE

We feel that it is very important that both parents, if applicable, are familiar with the policies and procedures of the school. 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 handbook as well as the enrollment packet. I agree to keep a copy of all updated policies which will be distributed either by email or via hard copy.

I certify that I have read, understand, and accept all the terms and conditions described in the Parent Handbook and this enrollment packet I understand that registration fees are NON-REFUNDABLE and there will be a \$75.00 change fee if I reduce the number of days or hours that my child attends after May 9, 2025. Any reduction in schedule will result in a recalculation of the tuition rate. There is no reduction in tuition due to absences of any kind or holiday or school closures.

Please find my registration fee payment of \$_____ attached to the registration form.

Parent Signature

Date

Parent Signature

Date



Summer 2025 Splash & Free Swim Permission Slip Two of our favorite summer activities at Towne Creek are Splash Days and Free Swim! Your permission must be granted in order for your child to participate. Iwos use Sprinklers Only on Splash Day Threes use Sprinklers, kiddie pools, or the water slide for Splash Day PreK thru 6th grade will utilize all of the above on Splash Day. They also have scheduled Free Swim Days at our pool. The pool is always monitored by lifeguards whenever children are present.

Water activities begin June 2, 2025

Please print clearly

My child, ______ has permission to play in the sprinklers, splash in the "kiddie pools", slide on the water slide and/or swim in the pool on his/her designated water days for the dates of June 2, 2025, through August 8, 2025.

I will send a towel, sunscreen, swimsuit, and swim shoes on each day that my child plans to participate. I understand that sunscreen should be applied at home and can be sent with my child in a labeled, original container. (No aerosol sprays are allowed). Teachers can reapply as needed.

Print Parent's Name: _____

Parent Signature:

Date:	
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