

Child's Name: _____



TUITION OPTION PAGE FOR 2026/2027 SCHOOL YEAR

All accounts must be current to enroll for the School Year Sessions.

TUITION IS BASED ON THE SCHOOL YEAR 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 3rd of the month regardless of which day the 1st or 2nd falls on (including weekends and/or holidays). I understand there is a \$45.00 late fee applied on the 3rd 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 3rd of the month regardless of which day the 1st or 2nd falls on (including weekends and/or holidays). The second payment is due on the 15th of the month regardless of which day the 15th falls on. There is a \$45.00 late fee applied to past due payments on the 3rd and/or the 16th of the month.

TOWNE CREEK POLICIES

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. ***If my child is 4, I must submit the results of his/her vision and hearing test within 30 days of their 4th birthday (or by their first day of school if a new student).***
- _____ **School year tuition is based on the school year and not on attendance. No refund or adjustment will be made if I take an extended vacation or my child is out sick during the school year.**
- _____ discounts of any kind (sibling, teacher, military, etc.) will be withdrawn if timely payments are not made on a timely basis.
- _____ Towne Creek will accept check or money order as form of payment. You may also set up automatic payments with ACH or a credit card via your SmartCare Account. There is a convenience fee associated with using ACH, credit or debit card.

NEW STUDENT AND REGISTRATION FEES

- _____ there is a **one-time** \$100.00 New Student 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 New Student fee, you do not pay it again. This fee is NON-REFUNDABLE if my child does not attend. New Student Fees are due when enrollment paperwork is submitted.
- _____ there is a Registration Fee for Infants through Towne Creek Kindergarten. 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 with enrollment paperwork.
- _____ there is an annual security fee of \$250 that is assessed on September 1 of each School Year.

Child's Name: _____

SCHEDULE CHANGES/WITHDRAWING A STUDENT

- _____ a two-week written notice is required when changing to fewer days of attendance during the school year 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 I withdraw my child after March 31st during the school year, I am responsible for tuition for the remainder of the school year.**
- _____ 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.
- _____ there will be no fee reduction due to absences of any kind. This includes illness, vacation, holidays, pandemics, 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).
- _____ Should I take my child(ren) on an extended vacation during the school year, I have two options:
- 1) Continue to pay my full tuition during my child's absence and guarantee that the space will be saved or
 - 2) Give a paid two week- notice of withdrawal. Upon return, I will pay a \$75 re-enrollment fee if the space is still available. My child's space will not be guaranteed.
- _____ failure to make timely tuition payments may result in a withdrawal requested by **The Towne Creek School**.
- _____ should I choose a 2 Day (Tue/Thu) or 3 Day (Mon/Wed/Fri) monthly schedule for my child, these days must stay the same throughout the month.

EXTENDED TIME RATE

- _____ when a child is registered to leave at 12:00, 1:00, 2:30, or 3:15 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 a \$12 hourly charge for any hour, or portion thereof, that my child is at school past their designated pick-up time. (SEPARATE RATES APPLY TO END OF DAY EXTENDED PICK-UP TIME).

END OF DAY EXTENDED HOURS PICK-UP RATE

- _____ if I pick up my child after the Towne Creek closing time, I will be charged, per child, as follows:
a) 0 TO 5 MIN \$10.00 b) 6 TO 10 MIN \$20.00 c) 11 TO 15 MIN \$30.00 d) More than 15 \$2.00 per minute extra

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 and approval is based on classroom availability. A rate sheet is available at the front office.

AFTER SCHOOL PICK UP (SCHOOL YEAR)

- _____ if The Towne Creek School vans pick up my child, I am required to call the office before 2:00 PM 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.

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. These may include school lunches (if not included in tuition payments), t-shirt purchases, field trips, Towne Creek in-house field trips and any other expenses that directly pertain to my child. These expenses will only occur with my permission.

Child's Name: _____

PHOTOGRAPHS/VIDEOTAPE

I give permission 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 (students could be photographed by both Towne Creek Staff and possibly other parents). |

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's consent, for the purpose of illustration, advertising, publication, or promotion.
- ___ ___ I also give consent to use my child's name in the newsletter, website, Facebook, newspaper, or as described above. Last names will not be used without signed parent consent.

FIELD TRIPS, TRANSPORTATION, WATER ACTIVITIES

- ___ if a student 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 and the drop-in rate.
- ___ Field trips are part of the curriculum and if my child does not wish to attend, I will need to make other childcare arrangements for that day. A refund will not be issued.
- ___ If my child attends a field trip, he/she must wear their Towne Creek T-shirt.
- ___ Students must ride the Towne Creek van both to and from the field trip. Parents are not allowed to drop their child off at, or pick their child up from the field trip site.
- ___ I give consent for my child to leave the school for outdoor exercise and educational purposes, with the understanding that my child will always be accompanied by Towne Creek Staff and under proper staff supervision. If my child is leaving school campus, I will be given a specific permission slip to sign for each field trip.
- ___ I give consent for my child to be transported by The Towne Creek School via school vans in case of emergency evacuation or on field trips (PreK and older). I will be given a specific permission slip to sign for each field trip.
- ___ I give consent for my child to participate in the following water activities (water table and sprinkler play) while at the Towne Creek School. I will be given a specific permission slip for wading and swimming pool play.

**ENROLLMENT INFORMATION 2026/2027
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, COVID-19, dispensing medication, appropriate dress, confidentiality, meals and food service practices, release of children, 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 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.

School Closures/Holidays throughout the year

- _____ **The Towne Creek School** will be closed August 10 & 11, Labor Day (Sept 7th), Thanksgiving Day & the Friday after (Nov 26 & 27), December 24th through December 31, January 1, MLK Jr. Day, (Jan 18), Good Friday (March 26th) and Memorial Day (May 31)
- _____ **The Towne Creek School** will close early the day before Thanksgiving, on Family Night, on Open House days and possibly up to 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, student attendance is optional and the activities for these days will be enrichment and recreational, rather than required.
- _____ that there will be a charge for Afterschoolers to attend Towne Creek on the following days FBISD is closed (9/25, 10/9, 10/12-10/16, 2/12 2/15, 3/5, and 4/10).
- _____ notification of school closures (excluding those due to hazardous weather or other conditions) will be given at least three months in advance.
- _____ 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. **If FBISD is closed due to weather, Towne Creek will be closed as well.** 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 ft. of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity is subject to harsher penalties.

Illness/Allergy

- _____ **if my child is exhibiting signs of illness and/or has a morning doctor appointment due to illness, I will keep them home until they feel better or I have a doctor's note stating they are not contagious.**
- _____ 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. 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 2026/2027
PARENT AGREEMENT**



Child's Name: _____

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 for Toddlers and up.

____ 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.

____ 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

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.

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.



ENROLLMENT INFORMATION 2026/2027

ALLERGIES/SPECIAL NEEDS

Child's Name: _____

PRESCRIPTION MEDICATION: I understand that all prescribed medications must be given to the front office and a medical authorization form filled out. Medication must be in its original container with the child's name on it 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.

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, FARE 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 a 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, 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: If I cannot be reached to plan 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 _____ Date: _____

Signature of Parent or Guardian _____ Date: _____



ENROLLMENT INFORMATION 2026/2027
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	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)					

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 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 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.

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: _____ Nickname (if applicable) _____ Boy____/ Girl____

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

My Parents are:

Mother: _____ Father: _____

My Stepparents are: _____

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

Siblings: Please list all siblings' names and ages:

My Pet(s) is/are:

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:

Does your family have special holidays or celebrations that you observe throughout the year? If so, please share:

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 2026/2027 TOWNE CREEK SCHOOL PARENT HANDBOOK,
AND ENROLLMENT 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. 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 and the 2026/2027 School Year Enrollment Packet 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 the Handbook.

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

Signature of Parent or Guardian _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

For Office Use Only

Account Clear for Enrollment: _____
New Student Paid: _____

Registration Fee Paid _____
Classroom Assigned: _____

Information Entered: _____
First Date of Attendance: _____