

God's Kids Preschool Admission Information

Child's Full Name		Child's Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Home Address		Child's Home Telephone Number	
Date of Admission	Date of Withdrawal	Mother's Email Address Father's Email Address	
Parent's or Guardian's Name		Address (if different from child's address)	

List of telephone numbers below where parents/guardian may be reached while child will be in care:

Mother's Telephone Numbers cell: work:	Father's Telephone Numbers cell: work:	Guardian's Telephone Numbers cell: work:
Give the name, address and phone number of person to call in case of emergency if parents /guardian cannot be reached:		Relationship

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons.

Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after ID verification.

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I hereby give do not give consent for my child to be transported and supervised by the operation's employees for emergency care.

I hereby give do not give consent for my child to participate in water activities: sprinkler play water table play

I hereby give do not give God's Kids Preschool permission to photograph or videotape my child during school activities. These photos may be used for bulletin boards, crafts and special event slideshows.

- I hereby release God's Kids Preschool, all officers, directors, and staff from any liability in the event of an accident of injury occurring on the premises.
- I acknowledge receipt of the Parent Handbook and policies including those for discipline and guidance.
- I understand that God's Kids Preschool will provide a morning snack for my child and that a lunch that I provide will be served to my child in the afternoon.

MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS:

- Mondays from 9am to 2pm Wednesdays from 9am to 2pm Fridays from 9am to 2pm
- Tuesdays from 9am to 2pm Thursdays from 9am to 2pm

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone #:
Name of Emergency Medical Care Facility:	Address:	Phone #:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injury and hospitalization during the past 12 months, any medications prescribed for long term continuous, and any other information which caregiver should be aware of:

Does your child have diagnosed food allergies? YES NO If yes plan submitted on: _____

Day Care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation maybe practicing discrimination in violation of Title III you may call the ADA Information Line at 800-514-0301 (voice) or 800-514-0383 (TTY).

Signature - Parent or Legal Guardian

Date

Immunization and Physician's Statement

Immunization Record:	The Texas Department of Public Safety requires us to have an up to date copy of your child's immunization record.
<input type="checkbox"/> I have provided Community Kids with a copy of my child's most current immunization record.	
<input type="checkbox"/> I understand that I am to provide Community Kids with an update copy of my child's immunizations each time he/she receives them.	
<input type="checkbox"/> I am excluding my child from immunizations due to religious beliefs or reasons of conscience. I have provided Community Kids with a signed affidavit as required by the State of Texas.	
For More information regarding immunization exemption please visit the Texas Department of State Health Services at: www.dshs.state.tx.us/immunize	

Physician's Statement:	One of the following must be presented within one week of admission.
Please check an option:	
1. <input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the child care program.	
_____	_____
Health Care Professional's Signature	Date
2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.	
3. <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.	

Vision and Hearing Screening:	The Texas Health and Safety Code requires that children 4 years and older must be screened or have a professional examination for possible hearing and vision problems.
<input type="checkbox"/> I have provided Community Kids with a vision and hearing screening signed by a health care professional.	
Vision	R 20/ _____ L 20/ _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Health Care Professional's Signature _____ Date _____	
Hearing	1000 Hz 2000 Hz 4000 Hz <input type="checkbox"/> Pass <input type="checkbox"/> Fail
R	_____
L	_____
Health Care Professional's Signature _____ Date _____	

Signature – Parent or Legal Guardian

Date

God's Kids



Preschool

God's Kids Preschool

A Ministry of The Woodlands Christian Church
1202 N. Millbend Drive
The Woodlands, TX 77381
281-367-7139 Fax 281-292-8881
godskids@twcc.org

Registration Form 2020-2021

Today's Date _____

Child's Full Name _____

Age as of September 1st, 2020 _____ Boy _____ Girl Birth date ____/____/____

Parent's Names _____ Home Phone _____

Address: _____

Cell Phone _____ E-mail _____

Please Choose the Program your Child Will Be In:

Program	Days	Tuition
_____ Mother's Day Out Toddlers and Two's	F	\$35 per week
_____ 2 Day Toddlers (18 months by Sep 1 st)	T/Th	\$300 per month
_____ 3 Day Toddlers	T, W, Th	\$375 per month
_____ 2 Day Two's	T/Th or W/F	\$300 per month
_____ 3 Day Two's	T, W, Th	\$375 per month
_____ 4 Day Two's	T-F	\$420 per month
_____ 3 Day Three's	T, W, Th	\$375 per month
_____ 4 Day Three's	T-F	\$420 per month
_____ Pre-K	T-F	\$420 per month

* 15% sibling discount on tuition * 15% discount for paying whole year in full
* 10% discount for paying each semester in full (**only one discount can be used**)

Registration Fee: \$110

(Non-refundable, due at enrollment; no registration fee due for MDO)

Supply Fee: \$65 2 day program
(Due in Sept and Jan) \$85 3 day program
\$105 4 day program

How did you hear about our school?

_____ Woodlands Online _____ Internet _____ Phone Book _____ Woodlands Greeter Service _____ Other

If you were referred by one of our families please let us know who so we can thank them _____