



God's Kids Preschool

A Ministry of The Woodlands Christian Church
 1202 N. Millbend Drive
 The Woodlands, TX 77380
 281-367-7139 Fax 281-292-8881
 godskids@twcc.org

Registration Form 2024-2025

Today's Date _____

Child's Full Name _____

Age as of September 1st, 2024 _____ Boy _____ Girl Birth date ____/____/____

Parent's Names _____ Home Phone _____

Address: _____

Cell Phone _____ E-mail _____

Tuition is calculated on an annual amount that is divided into 9 equal payments.

Please Choose the Program your Child Will Be In:

Program	Days	Tuition
_____ Drop In Fee (must be enrolled in program)	F	\$40 per week
_____ 2 Day Toddlers (18 months by Sep 1 st)	T/Th	\$370 per month
_____ 3 Day Toddlers	T, W, Th	\$460 per month
_____ 3 Day Two Year Olds	T, W, Th	\$460 per month
_____ 4 Day Two Year Olds	T-F	\$515 per month
_____ 3 Day Three Year Olds	T, W, Th	\$455 per month
_____ 4 Day Three Year Olds	T-F	\$510 per month
_____ Pre-K (Four Year Olds)	T-F	\$510 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: \$120

(Non-refundable, due at enrollment)

Supply Fee: \$85 2 day program
 (Due in Sept and Jan) \$105 3 day program
 \$125 4 day program

How did you hear about our school?

_____ Woodlands Online _____ Internet _____ Woodlands Greeter Service _____ Other

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

Do you attend a home church, if so where _____

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	Father's Telephone Numbers	Guardian's Telephone Numbers	
cell:	cell:	cell:	
work:	work:	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.			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported and supervised by the operation's employees for emergency care.			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in water activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> water table play			
I hereby <input type="checkbox"/> give <input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> I acknowledge receipt of the Parent Handbook and policies including those for discipline and guidance.			
<input type="checkbox"/> 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:			
<input type="checkbox"/> Mondays from 9am to 2pm		<input type="checkbox"/> Wednesdays from 9am to 2pm	
<input type="checkbox"/> Tuesdays from 9am to 2pm		<input type="checkbox"/> Fridays from 9am to 2pm	
<input type="checkbox"/> 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: _____

Child 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 God's Kids _____ with a copy of my child's most current immunization record.	
<input type="checkbox"/> I understand that I am to provide God's Kids _____ with an updated copy of my child's immunization record 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 God's Kids _____ with a signed affidavit as required by the State of Texas.	
For More informations 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"/> My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statment and will submit it to God's Kids.	

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.			Screening is also offered at God's Kids each fall.	
<input type="checkbox"/> I have provided God's 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	
R				<input type="checkbox"/> Fail	
L					
_____ Health Care Professional's Signature		_____ Date			

Signature – Parent or Legal Guardian
Date

GOD'S KIDS



PRESCHOOL

Parent Handbook Acknowledgement

I _____ parent/guardian of _____
acknowledge God's Kids Preschool has made available to me the state required access to licensing
information and the related telephone numbers and website addresses.

I am aware that I may visit God's Kids Preschool at any time without making prior arrangements.

I have received the God's Kids Preschool Parents Handbook, have read and agree to abide by these
policies and that we will be notified in writing of any changes done to these policies.

Parent Signature

Date

Parents please sign this acknowledgement to the Parent Handbook and return it to the God's Kids office.

Discipline and Guidance Policy for God's Kids Preschool

Name of Operation

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

parent

employee/caregiver

household member of child-care home