2021-2022
SCP Enrollment Packet

PRESCHOOL CLASSES OFFERED FOR THE 2021-2022 SCHOOL YEAR:

Class-	**Age Requirement-**
Toddlers	Born: September 1, 2019 thru August 31, 2020
Two's	Born: September 1, 2018 thru August 31, 2019
Three's	Born: September 1, 2017 thru August 31, 2018
Four's	Born: September 1, 2016 thru August 31, 2017
Five's	Born: September 1, 2015 thru August 31, 2016

FOR THE 2021-2022 SCHOOL YEAR, TUITION AND FEES ARE AS FOLLOWS:
Monthly Tuition- $240
Registration- $100 due at the time of registration/enrollment
Supply Fees- $100/per semester *(Fall Supply Fee due at time of Registration, Spring Supply Fee due in January)*

*Please note that all fees are non-refundable.
All classes are offered on Tuesday/Thursday for a 2-day a week program.
School hours are 9:00 am – 2:00 pm

REGISTRATION DATES:
February 16 & 18- Returning SCP Students & Siblings
February 23- Members of The Hills Church
March 2- Open Registration

To complete Registration, we must have the following:
- Completed Registration Packet *(attached)*
- Immunization Records
- Payment of the Registration & Fall Supply Fee
- Notarized Medical Release Form *(notaries on site)*

Returning students & their siblings will only be guaranteed classroom placement if registered before February 26 *(with all documentation and fees turned in).*

All student openings during Open Registration will be given out on a first-come, first-served basis.

If you have any questions, please contact the preschool office at 817-479-7780 or email *emily.young@thehills.org.*

TO BE COMPLETED BY SCHOOL OFFICE-

Date Application Received: _____ Date Registration & Supply Fee Received: _____

Check if Received: ____Immunization Records ____Notarized Medical Release ____Policies Agreement

SOUTHLAKE CHRISTIAN PRESCHOOL

Enrollment Application for School Year 2021-2022

I WOULD LIKE TO ENROLL MY CHILD IN THE FOLLOWING CLASS:

Please circle your child's age group: Toddlers Two's Three's Four's Five's

Please circle your child's shirt size: 4T 5T YXS YS YM

CHILD'S NAME: *(First Name)*_____,*(Last Name)*_____*(Name used)*_____

Address: *(Street)* _____ *(City)* _____,TX *(Zip)* _____

Home Phone: (_____)_____ Birthdate: _____ Circle One: Male Female

E-mail Address: _____

FATHER'S NAME: _____

Address: *(if different from child)* _____

Place of employment: _____

Work / mobile phone: _____ Home phone: _____

MOTHER'S NAME:_____

Address: *(if different from child)* _____

Place of employment: _____

Work / mobile phone: _____ Home phone: _____

PARENTS MARITAL STATUS: Married Divorced Separated

DO YOU HAVE A CHURCH HOME? _____ If yes, where? _____

CHILD'S HEALTH INFORMATION:

Does your child have any physical or emotional problems of which the school should be aware? *(This may include special diets, prescriptions, allergies, counseling, or limitations on normal activities.)*.... _____Yes _____No

Do you have any concerns about your child's development?..... _____Yes _____No

Is your child receiving any specialized therapies *(speech, OT, PT, etc.)*?..... _____Yes _____No

Has your child been diagnosed with autism or an autism spectrum disorder?..... _____Yes _____No

If you answered yes to any questions, please give further details: _____

_____

If you are new to Southlake Christian Preschool, how did you learn about our school?_____

_____

Has your child attended a preschool program in the past? _____Yes _____ No

If Yes, where/how long? _____

THIS SECTION MUST BE SIGNED BY PARENT/GUARDIAN TO COMPLETE APPLICATION

By signing below, I verify that I have received, read, and agree to the information contained in the Southlake Christian Preschool Handbook.

_____ _____

Parent/Guardian Signature Date

SOUTHLAKE CHRISTIAN PRESCHOOL

Authorization for Pickup Form

Southlake Christian Preschool's Policies on Student Pick-up: Southlake Christian Preschool will not release your child to anyone who you have not included on this Authorization for Pickup Form. At the beginning of school, please inform your child's teacher who the regular pickup person will be for your child.

If regular pickup person changes: We ask that if your regular pickup person changes on any school day and someone on your authorized list will be picking up, please send in a note or call the school office to make us aware of the change so we will know who to expect at the end of the day. However, if you have not notified us of the change and someone from your authorized list comes to pick up, we will release your child to this person after verifying their picture I.D. without calling you first.

If the pickup person is not on your authorized list: If the pickup person is not on your authorized list, we will require a written note be sent in before the end of the school day with your signature authorizing the non-listed person to pick up. We cannot accept phone call pickup changes if it will be someone not on your authorized list. You will be notified immediately if someone not on your list comes to pick up your child and we have not received a written note with your authorization.

Picture I.D. required: Please notify the people on your list that picture I.D. will be asked for by the teacher prior to releasing your child, so be sure to bring it with them. This also applies to anyone you authorize in a written note to pick up.

Please Note: If a spouse of child of a person listed below comes in to pick up your child, we WILL NOT release the child to that person. Your child will only be released to the person named on your list and after verifying the person with their picture I.D.

We know that emergencies and unusual situations happen, however, we ask that you try to limit the people who pick up to the ones on the Authorization for Pickup Form. All these precautions for releasing students are to insure the safety of your child and are not meant to cause intentional inconvenience for parents. We very much appreciate your understanding and cooperation with our policies on student pickup. If changes need to be made to this list during the course of the school year, please come to the school office to complete a new form.

_____ _____

Student's Name Parent's Name

I authorize the persons listed below to pick up my child from Southlake Christian Preschool. Please include names of both parents or guardians on this list.

	Name	Phone Number	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

By signing below, I verify that I have read and agree to the Student Pickup policies described on the Authorization to Pickup Form, and authorize Southlake Christian Preschool to release my child to the above listed persons.

_____ _____

Parent's Signature Date

SOUTHLAKE CHRISTIAN PRESCHOOL

Parental Authorization And Consent For Emergency Medical Treatment

I, the undersigned, attest and warrant that I have the legal authority *(_____parent, _____legal guardian)* to authorize emergency medical treatment for _____, a minor, and do hereby authorize The Hills Church to secure such treatment for this child in the event of an emergency.

In the event of an emergency, I hereby authorize the administration, staff, and duly authorized volunteers of The Hills Church *("Church")* to take whatever steps deemed necessary to obtain emergency medical care for my child.

This includes:

1. Consent to transport by medical emergency vehicle to the nearest Emergency Medical Facility.
2. Consent to any emergency medical treatment deemed necessary by Church in the event of emergency situations.
3. Consent for surgery and anesthesia in event of life threatening situations as the attending physical may deem necessary and as related to Church.
4. Consent for physicians, nurses, technicians and other qualified medical or hospital personnel to administer medical and surgical treatment in emergency situations.
5. Release of The Hills Church, its successors, assigns, representatives, council members, Board of Directors, Deacons, employees, and agents from any financial liability incurred during emergency treatment.

PARENTAL AUTHORIZATION AND CONSENT FOR PARTICIPATION IN ACTIVITIES

I authorize and give my consent for my child to participate in all Preschool activities, including indoor and outdoor playground.

HOLD HARMLESS INDEMNITY AGREEMENT

I, the undersigned, in consideration for The Hills Church permit our child to participate in activities occurring on the Church premises including recreational and all other activities of any and every kind of nature whatsoever; do hereby agree to hold The Hills Church harmless and agree to indemnify fully The Hills Church for any and all judgments and damages rendered against it and including costs, attorney's fees, regardless of whether or not there is litigation and including mediation and arbitration proceedings which result from or that are in any way connected with monetary, physical, mental, emotional, or other type of injury to my child that is claimed or asserted.

_____ _____

Child's Name Date

These authorizations and agreements are expressly granted from the date above until expressly revoked in writing by me.

_____ _____

Parent or Legal Guardian *(Please Print)* Signature

STATE OF TEXAS
COUNTY OF TARRANT

Sworn to and subscribe before me on the _____day of _____, 20____ by _____

To certify which witness my hand and official seal.

_____

Notary Public, State of Texas

SOUTHLAKE CHRISTIAN PRESCHOOL

Policy Agreement

PHOTOGRAPHY AUTHORIZATION

The undersigned individual hereby authorizes and grants to The Hills Church (the "Ministry") and its successors and assigns, the perpetual and irrevocable right to use the Child's name, likeness, voice, biography and history, factually or otherwise, and under a real or fictitious name, in connection with the Ministry's operations, as the operations may be changed from time to time. Such grant includes use in advertising in connection with the foregoing, and use in any and all media, whether now existing or hereafter devised, throughout the universe. It also includes the right to make changes, fictionalizations and creative choices as the Ministry may decide in its sole discretion. Such grant may also include the perpetual and irrevocable right to use the name, likeness, voice, biography, and history, factually or otherwise, and under a real or fictitious name, of any or all of the undersigned's minor children or of any or all minor children for which the undersigned is the temporary or permanent legal guardian, in connection with the Ministry's operations, as the operations may be changed from time to time.

The undersigned individual: (I) agrees not to bring any action or claim against the Ministry, or its successors, assigns and affiliated organizations, or any officer, director, elder, member, employee, agent or representative of any of the foregoing (individually and collectively, the "Benefitted Parties"), or allow others with the undersigned's control to bring such an action or claim, based on the depiction of the Child or the use of the Child's name, biography or history in any materials relating to the Ministry's operations or as otherwise described above, and (II) releases the Benefitted Parties, individually and collectively, from and waive any and all such actions and claims that the undersigned may have now or in the future.

The undersigned acknowledges receipt of good and valuable considerations for the authorization, release and other grants and agreements made herein, and the undersigned understands that the Ministry and the other Benefitted Parties are relying on them in proceeding with the Ministry's operations, and the elements thereof, as authorized above. The undersigned warrants that the use of the rights granted here-under and of any material supplied by the undersigned will not violate the rights of any third party.

Any photography limitations must be emailed to *emily.young@thehills.org*.

PAYMENT POLICIES

$200 is due at the time of enrollment *($100 for Registration & $100 for the Fall Supply Fee)*. All Registration & Supply fees are non-refundable. The Spring Supply Fee of $100 will be due in January 2022.

The annual tuition to attend the Southlake Christian Preschool for the 2021-2022 school year is $2,160 per child. The annual fee is divided into 9 equal payments of $235 each. Due to our fee structure, the full tuition is due each month regardless of the number of preschool days in any specific month.

Any customer account that is not paid in full by the 16th of the month will incur a $20 late fee.

I am aware of the SCP Parent handbook policy that requires any withdrawal after March 29th of the school year will still be obligated for the April and May tuition payments.

I acknowledge that I understand and will follow the Southlake Christian Preschool Payment Policy.

DIRECTORY PERMISSION

I authorize the Southlake Christian Preschool to release the following information to the other student's in my child's class:

Child's Name, Parent's Name*(s)*, Email Address, Phone Number

Any Directory limitations must be emailed to *emily.young@thehills.org*.

ILLNESS POLICY

In an effort to better partner with you in keeping ALL of our children as safe and healthy as possible, we are asking you to please read the illness policy below. Please sign to acknowledge that you have read it and will abide by it while your child/children are in our care.

Any child who has had fever, diarrhea or vomiting within the past 24 hours WILL NOT be admitted into child care. ALL children should be fever-free, without the assistance of fever reducing medication, for at least 24 hours before being attending. A doctor's note may be required.

In order to provide a safe, healthy environment for all our children, we will not admit children who exhibit the following symptoms:

- Fever within the previous 24 hours
- Vomiting and/or diarrhea within the previous 24 hours
- Any symptoms of childhood diseases such as Scarlet Fever, Measles, Mumps, Chicken Pox, or Whooping Cough
- Runny nose with colored discharge
- Sore throat
- ANY unexplained rash - If your child has any type of rash you must submit a doctor's note stating that your child may still participate in group care.
- Any skin infection
- Pink eye and other eye infections

The Southlake Christian Preschool staff will not administer any medication. Medication should NOT be left in your child's bag. Any medication found by a staff member will be taken to the Director's office.

We ask that you be diligent in following these procedures to help keep all of our children as healthy as possible. Also, please note that if the CDC or any state regulating agency changes the illness policy for public schools and daycares, our policies will change as well.

I acknowledge that I have received a copy of these policies, read them and agree to abide by them while my child/children are in the care of the Southlake Christian Preschool.

INSURANCE INFORMATION

If there is medical or hospitalization insurance which provides benefits for this child please indicate:

Name of Insurance Co._____

Policy No. of Insurance Policy_____

Name of Policy Holder_____

Phone Number of Insurance Co. ( )_____

Family Physician:_____ Phone:_____

_____ _____

Signature Date