OFFICE USE ONLY

PRESCHOOL AT THE HILLS - WEST FORT WORTH

2021-2022

Preschool Registration Packet

** Please note that accepting this packet does not guarantee your child a place in our program. Places are limited and are filled on a first come, first served basis. Your child's place will only be guaranteed when this completed packet, the registration fee ($100), supply fee ($100) and immunization records are submitted.
ALL FEES ARE NON-REFUNDABLE.

School days: Tuesday/Thursday 9:00am to 2:00pm

CHILD'S NAME (1):

_____

CHILD'S NAME (2):

_____

CHILD'S NAME (3):

_____

**We will be happy to honor ONE of the following requests.

CLASSROOM REQUEST:

_____

FRIEND REQUEST:

_____

CHILD'S NAME (1): _____ , _____
(Last name) (Name to be called)

Address: _____City: _____ Zip: _____

Birthday: _____ Sex: _____ Age: (on Sept. 1, 2021) _____

CHILD'S NAME (2): _____ , _____
(Last name) (Name to be called)

Address (if different): _____City: _____ Zip: _____

Birthday: _____ Sex: _____ Age: (on Sept. 1, 2021) _____

CHILD'S NAME (3): _____ , _____
(Last name) (Name to be called)

Address (if different): _____City: _____ Zip: _____

Birthday: _____ Sex: _____ Age: (on Sept. 1, 2021) _____

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: _____

Father's church _____ Mother's church_____

FAMILY/BEST CONTACT EMAIL ADDRESS: _____

_____
Parent's Signature

PRESCHOOL AT THE HILLS - WEST FORT WORTH

Pick up Authorization Form

It is important that the registering parent notify the preschool office of all possible persons that may be authorized to pick up the child(ren). Anyone picking up your child should be prepared to show proper identification, (i.e.: Driver's License) to the teacher before the child will be released. For divorced parents, it is important that the registering parent indicate who has legal custody and if both parents are authorized to pick up the child.

We will not release a child to anyone who is not authorized to pick up. It is the registering parent's responsibility to notify the preschool office, in person or in writing, of any changes to the Pick-Up Authorization form.

The following people are authorized to pick up my child(ren) _____.
Child's Name

Please list people on this pick up list that will be available to pick up your child in case we cannot contact you directly.

	NAME	PHONE NUMBER	RELATIONSHIP
1.			
2.			
3.			

The following people are not authorized to pick up my child under any circumstance.

	NAME	RELATIONSHIP
1.		
2.		

_____ _____
Parent's Signature **Date**

HOLD HARMLESS INDEMNITY AGREEMENT

I, the undersigned, in consideration for Preschool At The Hills - West Fort Worth [PATH WFW] permit our child to participate in activities occurring on the Church premises and including sports, recreational and all other activities of any kind and every nature whatsoever, do hereby agree to hold PATH WFW harmless and agree to indemnify fully PATH WFW for any and all judgments and damages rendered against it and including mediation and arbitration proceedings which result from or that are in any way connected with monetary, physical, mental, emotional or other type claim of injury to my child that is claimed or asserted.

_____ _____

Child's Name **Date**

_____ _____

Child's Name **Date**

_____ _____

Child's Name **Date**

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

_____ _____

Parent, Guardian Print **Signature**

STATE OF TEXAS X

X

COUNTY OF TARRANT X

SWORN to and subscribed before me on the _____ day of _____

To certify which witness my hand and official seal.

_____

Notary Public, State of Texas

AUTHORIZATION AND/OR RELEASE TO/OR NOT TO VIDEO AND/OR PHOTOGRAPH

BASIC INFORMATION

Preschool At The Hills - West Fort Worth
2828 Longvue Avenue
Fort Worth, TX 76108

AUTHORIZATION AND RELEASE

I the undersigned authorize PATH WFW staff to video tape and/or photograph my child(ren), _____

_____ _____
Child's Name (1) **Child's Name (2)** **Child's Name (3)**

OR

Please do not video tape and/or photograph my child(ren),

_____ _____ _____
Child's Name (1) **Child's Name (2)** **Child's Name (3)**

_____
Printed Name

_____ _____
Signature **Date**

My child's picture may be included on the private PATH WFW Facebook page.

____Yes _____
Parent signature

____No _____
Parent signature

PRESCHOOL AT THE HILLS - WEST FORT WORTH

The Hills Church Group Medical Release

If your child needs medical, dental or hospital services, you as a parent / guardian must give permission. It is the law. In an emergency, your child can only be treated without your consent if a physician determines that your child's life or health is at risk. Complete the form carefully. Give a copy of the completed form to the adult(s) you are having act on your behalf. If your child needs unexpected treatment, the authorized party should present this document to the physician, dentist or hospital representative.

Being the parent or legal guardian of the child named below, I do hereby appoint PRESCHOOL AT THE HILLS - WEST FORT WORTH/THE HILLS CHURCH to act on my behalf in authorizing medical, dental, surgical care and/or hospitalization for my child while he/she is participating in activities with their group. I, _____ also, release PATH WFW /THC or its sponsors from any liability for any illness or injury to the below named person.

This document shall be presented to a physician, dentist or appropriate hospital at such time as may be required.

Name of child: _____ **Birthdate:** _____
Name of child: _____ **Birthdate:** _____
Name of child: _____ **Birthdate:** _____

****Allergies:** _____

Medications needed: _____**Special conditions:** _____

First person to contact in case of emergency: _____**Phone #** _____

Alternate emergency contact: _____ **Phone #** _____

Insurance information: _____

Policy # _____ **Group #** _____

Name of insured: _____

Child's doctor: _____ **Phone #** _____

_____ **Relationship:** _____
(Signature of Person Legally Responsible)

STATE OF TEXAS X
X
COUNTY OF TARRANT X

SWORN to and subscribed before me on the _____ day of _____, _____ to certify which witness my hand and official seal.

_____
Notary Public, State of Texas

PRESCHOOL AT THE HILLS - WEST FORT WORTH

Tuition Agreement 2021-2022

To participate in the PATH WFW program, **please read the following** and sign that you have read and agree to our tuition terms.

For your convenience, the yearly tuition is averaged out over the nine months that we are in school. **This monthly tuition rate remains the same regardless of how many days school is in session each month for simplicity.**

FOR THE 2021-2022 SCHOOL YEAR, TUITION AND FEES ARE AS FOLLOWS:

Registration- $100 due at the time of registration/enrollment
Semester Supply Fees- $100 due at the time of registration and $100 due in January

*Please note that all fees are non-refundable.

TUITION RATE:

Two Day Program- $220/month

When two or more children are enrolled in the program, a $20 discount per child will be applied to the youngest child/children.

Late fees - $20 charged only if tuition is not paid on time.

As a non-profit organization, PATH WFW does not carry a large surplus of cash from month to month. Our cash flow is dependent upon tuition payments, and when those are paid late, it compromises our ability to provide the level of quality we desire in our curriculum as well as extra events. It would greatly benefit our school and your child if all tuition payments are made at the beginning of each month when due.

If at the end of school, your account has a balance, ME Books will be held until the balance is paid in full. While we are dependent upon your payments to remain in operation, we also understand that occasionally circumstances arise that make it difficult to remit payment when due. If this is ever the case, please contact the preschool office and we will be happy to make other temporary arrangements

_____	_____	_____
Child's Name (1)	**Child's Name (2)**	**Child's Name (3)**

_____	_____
Parent Signature	**Date**