



Parkway Hills Baptist Church Weekday Preschool
 2700 Dallas Parkway, Plano, Texas 75093 • www.parkwayhills.org/weekdaypreschool
 972-303-8206 Weekday Office 972-403-1010 Church Office

Enrollment Agreement 2023-2024

Child Information					
Last Name	First Name	Goes by	Date of Birth	Age as of 9/1/2023	Gender
Home Address			City	State	Zip Code
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian			Custody Documents on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent/Guardian Information							
List the best telephone numbers where parents/guardians may be reached while child is in care.							
Mother	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Guardian	Father	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Guardian
Last Name				Last Name			
First Name				First Name			
Home Address (if different from child)				Home Address (if different from child)			
Cell #		Home #		Cell #		Home #	
E-mail Address		Drivers License #		E-mail Address		Drivers License #	
Employer Name		Work Phone #		Employer Name		Work Phone #	

Pick up List (other than parent/guardian)		
I hereby authorize Parkway Hills Weekday Preschool to allow my child to leave ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.		
Name	Cell Number	DL/ID# & State Issued by
1.		
2.		
3.		

Emergency Contact (other than parents)			
Give the name, address and phone number of person to call if parents or guardian cannot be reached.			
Name:	Address:	Phone #:	Relationship

Medical Information

Does your child have diagnosed food allergies: Yes No Plan submitted on: _____

***We must have a food allergy emergency plan from your doctor on file. PLEASE NOTE: We are not a peanut free facility and do not have the ability to maintain a peanut free (or egg free etc.) room. Children with severe allergies or existing medical conditions must meet with office personnel and teacher to discuss the procedure to be followed in case of any emergency.**

Diagnosed food allergies: _____

Food intolerances or sensitivities: _____

Non-food or environmental allergies: _____

Previous serious injuries or illness: _____

Hospitalization during the last 12 months: _____

Any medication prescribed for long-term use: _____

Please describe further any special problems that your child may have, such as special nutritional needs, existing illnesses, injuries and hospitalizations during the past 12 months. Include medications prescribed for continuous, long-term use, and any other information which staff should be aware of:

Immunization Record

- I have provided Parkway Hills Weekday Preschool with a healthcare professional signed or stamped and dated copy of my child's most current immunization record.

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm.

Admission Requirement: One of the following must be presented first when your child is admitted to the school or before attendance. Please check only one option: ***Mandatory for attendance the first day of school**

1. Health care professional's statement: I have examined the above named child within the past year and find that he or she is able to take part in the school program.

_____ Date

Health Care Professional's Signature

2. A signed and dated copy of a health care professional's statement is attached.
3. 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.**
4. I have attached and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.

_____ Date

Parent's Signature

Vision and Hearing Testing: Vision and hearing testing is required for all four and five year old children. Please see your Pediatrician to request the testing be done at your child's annual visit and provide the school with results.

- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize Parkway Hills Weekday Preschool to secure any and all necessary emergency medical care for my child.

Name of Physician:	Address:	Phone Number:
Name of Emergency Hospital:	Address:	Phone Number:
Insurance Company:	Policy Number:	Phone Number:

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

Signature of Parent or Guardian

Authorizations and Acknowledgments

Check all that apply:

- 1) **Water Activities:** I hereby Give Do not give my consent for my child to participate in water activities
 sprinkler play water table play splash pad
- 2) **Preschool Policies:** I have received a copy of the Parkway Hills Weekday Preschool Parent's Handbook including those for discipline and guidance. I have read, understand and agree to abide by the policies as stated in this document.
- 3) **Snacks and Meals:** I understand that the following meals will be served to my child while in care:
 Morning snack and lunch (provided by parents)
- 4) **My child is normally in care on the following days and times:** Tuesday, Wednesday, Thursday 9:00am to: 2:00pm
- 5) **Image Use:** I hereby Give Do not give my consent for my child to have his/her photograph taken and used on bulletin boards, class booklets, and Homeroom (invitation only private class photo app).
- 6) **School Directory:** I hereby Give Do not give my consent for my child's name, address, phone number, and email to be printed in the class roster and/or a school directory.

Personal History

Schools previously attended	Years attended	Dismissed
		<input type="checkbox"/> Yes <input type="checkbox"/> No

- 1) Does your family attend church? Yes / No If yes, what church? _____
- 2) What is the primary language spoken in the child's home? _____
- 3) Are there any other problem regarding your child's health and/or behavior which you feel we should be aware of? _____

- 4) Has your child received a recommendation or has your child been given testing for any developmental delays, speech delays, and/or sensory issues? _____

- 5) Please check any of the following that pertain to your child:

<input type="checkbox"/> Right-handed	<input type="checkbox"/> Left-handed	<input type="checkbox"/> Strong-willed	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Well coordinated	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Fearful	_____
<input type="checkbox"/> Excitable	<input type="checkbox"/> Speaks well	<input type="checkbox"/> Restless	_____
<input type="checkbox"/> Good self-image	<input type="checkbox"/> Poor self-image	<input type="checkbox"/> Shy	_____
- 6) Please list any additional information about your child you feel would be helpful in a group setting (Such as play, eating, sleeping habits, toileting terms, likes, dislikes, etc.): _____

Sibling Information

Name: _____ Age: _____	Name: _____ Age: _____
Name: _____ Age: _____	Name: _____ Age: _____

Referrals

If someone referred you to our program, please state their name(s):

Statement of Faith

In order to foster clear communication between families with students attending Parkway Hills Weekday Preschool and the staff, these are the core beliefs by which Parkway Hills Weekday Preschool will operate.

- We believe the Bible to be the authoritative Word of God, inerrant and infallible. (**II Timothy 3:16, II Peter 2:21**)
- We believe there is only one true God, manifested in three distinct Persons known as the Trinity: the Father, Son, and Holy Spirit (**Genesis 1:1, John 10:30**). We believe these distinct Persons are omnipresent and unchanging. (**Hebrews 13:8**)
- We believe in the deity of Jesus Christ, who is the second person of the Trinity and that He possesses all the attributes of the Father. He was born of a virgin and He is God incarnate (both God and man). He will return in glory to judge all mankind. Christ is God and always was God. (**Matthew 16:27**)
- We believe the Holy Spirit, the third member of the Trinity, possesses all the attributes of the Father and the Son. The Holy Spirit indwells, instructs, and empowers all believers for spiritual service. (**Matthew 28:19**)
- We believe in the creation of man by the direct act of God and man was made in His image. (**Genesis 1:26, Genesis 5:1-2**)
- We believe that man is sinful by nature and that regeneration by the Holy Spirit through the blood of Jesus Christ is essential and an absolute necessity for salvation. (**1 John 1:7**)
- We believe that the term "marriage" has only one meaning, and that is marriage sanctioned by God, which joins one man and one woman in a single, exclusive, covenantal union, as delineated in Scripture. (**Genesis 2:24**)
- We believe that any form of sexual immorality such as adultery, homosexual or bisexual conduct, use of pornography, attempt to change one's gender, is sinful and offensive to God. (**Galatians 5:18-21, I Thessalonians 4:2-4, 1 Corinthians 6:8-10**)
- We believe that all who place their faith in Jesus Christ alone are placed by the Holy Spirit into the spiritual body of believers known as the Church with Christ as the head. Genuine salvation will show itself by righteous attitudes and edifying conduct as a believer submits himself or herself to the Word of God, the Bible. (**1 Peter 1:13-15**)
- We believe in the bodily resurrection of the saved and the lost, the saved to eternal life and the lost to eternal punishment. (**John 5:28-29**)
- We believe that eternal life is a free gift of grace for all who believe. (**Ephesians 2:8**)

Tuition and Fees

Non-Refundable Registration Fee	Spring Supply Fee	Tuition 3 Days: T W TH
\$225	\$175	\$475 per month \$4275 annual
Due: When you turn in this registration form	Due: First Tuesday of school after Christmas break	Due: The monthly payment is due the first of every month

*Note: Late payment for tuition will be charged an additional \$25 late fee.

Financial Agreement

By signing the Parent-School Financial Agreement, I recognize that tuition and fees must be current in order to ensure continuous enrollment. I understand tuition is due on the 1st of the month and past due by the 10th. *Payments received after the 10th will incur a \$25 late fee. If payment in full is not received by the end of the month, student will not be allowed to attend Parkway Hills Weekday Preschool until balance of tuition and all fees are paid in full. At that time, the student will be allowed back in school, if space is available. If your child must be absent from our program for an undetermined amount of time, tuition must be paid in full for the time your child is away in order to hold their space in the classroom.

I have also submitted the required non-refundable fee and paperwork in order to secure placement for my child for the 2023-2024 school year. By signing this document, I agree and understand the registration fee is non-refundable. I also understand that my signature on this document indicates my acknowledgment and understanding of the Parkway Hills Weekday Preschool beliefs and the agreement to these beliefs being taught to my child at school.

X

Parent or Legal Guardian Signature

Print Name

Date

X

Parent or Legal Guardian Signature

Print Name

Date

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