

Bluebonnet Methodist Preschool



2023-2024 Registration Form

Child's Full Name _____ DOB _____

Age of Child on August __, 2023 _____ Home Phone _____

Home Address/City and Zip Code _____

Date of Admission _____ Date of Withdrawal _____

Parent's Names _____

Address if different from above _____

Mother's Telephone Number _____ Father's _____

Email addresses _____

Emergency Contact if parents can't be reached:

Name _____ Relationship _____

Phone Number _____ Address _____

Names of people authorized to leave the preschool with my child.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

***Children will only be released with authorized persons with verification of ID.**

My child will be enrolled on the following days and hours. Initial by the schedule you are selecting. A \$150 non-refundable registration fee is due at the time of registration. August tuition is due on August 1, 2023 & September tuition is due on September 1, 2023

___ Monday through Friday	Infants	7:30 – 5:30	\$705 Month
___ Monday through Friday	Toddler and 2 year olds	7:30 – 5:30	\$695 Month
___ Tuesday, Wednesday, Thursday	Toddler and 2 year olds	7:30 – 5:30	\$460 Month
___ Tuesday, Wednesday, Thursday	Toddler and 2 year olds	8:30 – 2:30	\$410 Month

____ Monday through Friday 3 & 4/5 year olds 7:30 – 5:30 \$670 Month
____ Tuesday, Wednesday, Thursday 3 & 4/5 year olds 7:30 – 5:30 \$430 Month

Authorization for Medical Attention (Full information below is required.)

Physician _____ Address/Required _____

Phone Number _____

In case of an emergency my preferred Hospital is _____

I will provide the Director of BMP a copy of my child's Vision and Hearing Results for my 4/5 year old.

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

Parent Signature _____

List any special issues your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long term use, and any other information which caregivers should be aware of. **If no allergy or medical condition, please write NONE.**

I have provided the childcare operation with a copy of my child's most current immunization record. Initial _____

I understand that I will provide peanut- free snacks and lunch for my child. Initial _____

My child had varicella disease (chickenpox) on or about (date) _____ and does not need the varicella vaccine.

Parent Signature _____ **Date** _____

If you are excluding your child from immunization requirements for reasons of conscience, including a religious belief, please attach an official notarized affidavit form issued by the Department of State Health Services. This form is valid for 2 years.

Yes, this does apply. Initial _____ **No, this does not apply. Initial** _____

For additional information regarding immunizations, please contact the Department of State Health Services at: www.dshs.state.tx.us/immunize/public.shtm

My child has been examined within the past year by a healthcare professional and is able to participate in the preschool. I will obtain a copy of the healthcare professional's signed Wellness Statement and will submit it to the preschool within one week of admission.

Signature of Parent or Guardian _____ **Date** _____

Acknowledgement of Parent Handbook of Operational Policies

I have read and agree with the Parent Handbook of Operational Policies for Bluebonnet Methodist Preschool. I understand that all of the questions regarding the handbook should be discussed with the director.

I am choosing to provide my child's snacks and lunch from home and understand that Bluebonnet Methodist Preschool will not be responsible for the nutritional value of my child's meals or for meeting my child's daily food needs.

Parent/Guardian

Date

Permission for Photographs and Sharing of Information

I give my permission to Bluebonnet Methodist Preschool for my child to be photographed in the course of the activities at BMP with the understanding that these photographs may be used by BMP for the purpose of enriching the program and sharing events and happenings with parents and the community. I also give my permission for BMP staff to provide other parents with my child's name and phone number so that other parents may provide or obtain information about children's parties.

Parent/Guardian

Date