



The Christian School at Castle Hills
Preschool Application

2018-2019



PRESCHOOL TUITION AND FEES FOR 2018-2019

PRESCHOOL FEES - 18 Month-2 Years	Tuition & Fees
Annual Registration Fee	\$200.00
Fees for supplies, yearbook & special events	\$87.00
18 month-2-year-old full time pre-k (potty trained)	\$754.00 / month
18 month-2 year-old full time pre-k (not potty trained)	\$804.00 / month
Lunch and Snacks	\$55.00 / month
Snacks Only	\$35.00 / month
Technology Fee: classroom security camera and Data Management System	\$5.00 / month

PRESCHOOL FEES - 3 & 4 Year Old	Tuition & Fees
Annual Registration Fee	\$200.00
Fees for supplies, yearbook, special events	\$165.00
3 and 4-year-old pre-k 5 morning	\$495.00/month
3 and 4-year-old pre-k full day	\$743.00/month
Lunch and Snacks	\$55.00/month
Snacks Only	\$35.00/month
Technology Fee: classroom security camera and Data Management System	\$5.00 / month

TWO AND THREE-DAY PART TIME CLASSES AVAILABLE (SPACE LIMITED)

TUITION POLICIES

All tuitions payable in advance. No part is refundable in case of absence or holidays.

- Registration fees are non-refundable
- Tuition payments are due on the 1st of each month.
- Payments received after the 10th will be charged a 10% late fee.
- TECHNOLOGY FEE - \$5/month per student
- Extended Care available for half day students at \$6.50/hour, maximum of \$28.00/day.
- 3 year olds not potty trained will remain in the 2 ½ year old class until trained.
- Preschool summer drop in rate: \$55.00 per day.

CREDIT/DEBIT PAYMENTS

- Credit/Debit Card payments are assessed a 2.5% processing fee.

TUITION DISCOUNTS

- Families with more than one child attending full time will receive a \$10 per child monthly discount for the 2nd and 3rd child.

Train up a child in the way he should go
[teaching him to seek God's wisdom
and will for his abilities and talents],
Even when he is old he will not depart from it.
Proverbs 22:6 AMP

ADMISSIONS INFORMATION

Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:		Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Admission:		Date of Withdrawal:	
Mother's Name:	Mother's Cell Phone:	Mother's Work Phone:	
Mother's Email Address:			
Father's Name:	Father's Cell Phone:	Father's Work Phone:	
Father's Email Address:			
EMERGENCY CONTACT (other than parents)			
Name:	Cell Phone:	Work Phone:	Relationship:
Address:			
Name:	Cell Phone:	Work Phone:	Relationship:
Address:			
INDIVIDUALS PERMITTED TO PICK UP			
I authorize the child care operation to release my child to leave Castle Hills Preschool ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
CHECK ALL THAT APPLY:			
1. TRANSPORTATION			
I give consent for my child to be transported and supervised by The CHS Preschool Staff: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips (Summer K-6 th only)			
2. FIELD TRIPS (Summer K-6th only)			
<input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> I do not give consent for my child to participate in field trips.			
Comments:			
3. WATER ACTIVITIES			
I give consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools (Summer K-6 th only)			
4. DIRECTORY INFORMATION			
The directory will be distributed throughout the preschool. It will include you and your child's name, address and telephone number.			
<input type="checkbox"/> I give consent for my child's information to be included in the school directory. <input type="checkbox"/> I do not give consent for my child's information to be included in the school directory.			

5 PHOTOGRAPHY FOR CLASS PROJECTS, YEARBOOK, OR SCHOOL DISPLAY

- I give consent for Castle Hills Preschool to photograph or videotape my child
- I **do not** consent for Castle Hills Preschool to photograph or videotape my child

6 PHOTOGRAPHY FOR SOCIAL MEDIA AND WEBSITE

- I give consent for my child to be photographed or videotaped for use on social media (Facebook, Instagram, newsletters, website)
- I **do not** consent for my child to be photographed or videotaped for use on social media.

CONSENT INFORMATION**CHECK ALL THAT APPLY:****7. RECEIPT OF WRITTEN OPERATIONAL POLICIES**

I acknowledge receipt of The Christian School at Castle Hills Preschool operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

8. MEALS

I understand that the following meals will be served to my child while in care:

- None A.M. and P.M. Snack Lunch

9. DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

ADMISSIONS REQUIREMENTS

One of the following must be presented when your child is admitted to The Christian School at Castle Hills Preschool within one week of admission.

Please check only one option:

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 day care program.

Health Care Professional's Signature:

Date Signed:

2. A signed and dated copy of a health care professional's statement is attached.

3. 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 statement and submit it to the child care operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

CHILD'S ADDITIONAL INFORMATION

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

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

Signature - Parent or Legal Guardian:

Date Signed:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

If 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 Number:

Name of Emergency Care Facility:

Address:

Phone Number:

I give consent for The Christian School at Castle Hills Preschool to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

REQUIREMENTS FOR EXCLUSION

I have attached a signed 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.

VISION EXAM RESULTS

R 20/	L 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:		Date Signed:

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:			Date Signed:	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1–2 months (second dose) 6–18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15–18 months (fourth dose) 4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6–18 months (third dose) 4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose) 4–6 years (second dose)	
Varicella	12–15 months (first dose) 4–6 years (second dose)	
Hepatitis A	12–23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	

PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION

Signature or stamp of physician or public health personnel verifying immunization information above:

Signature:

Date Signed:

VARICELLA (CHICKENPOX)

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.

Parent's Signature:

Date Signed:

ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

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

GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

SIGNATURES

Child's Parent or Legal Guardian: X	Date Signed:
Center Designee: X	Date Signed:

Castle Hills Preschool Entry Questionnaire

Child's Name _____ Birthdate _____ Current Age _____

Previous Preschool/Daycare Attended _____ How Long? _____

Reason for Leaving? _____

1. We are very grateful for your interest. Please explain how you came to choose CHS and why.

2. At what age did your child begin to crawl? _____

3. At what age did your child begin to walk? _____

4. At what age did your child begin to talk? _____

5. Please list significant illnesses your child has experienced: _____

6. Please list any hospitalizations your child has experienced since birth and the reasons for each:

7. Does your child see a pediatrician on an annual basis for "well child" check-ups? _____

8. What is your philosophy on early childhood education? _____

9. Do you prefer playtime or structured learning for your child? _____

10. To be "ready" to learn, your child must be able to follow directions and instructions. Consequently, if your answer is structured learning, on a scale of 1 to 10 (1 being the best), is your child developmentally ready to follow directions and instructions for academic progress? _____

11. In terms of emotional development, on a scale of 1 to 10 (1 being the best), does your child demonstrate self-control, a cooperative attitude and adjust to setbacks?

self-control _____ cooperative _____ attitude _____ adjust to setbacks _____

12. To be "ready" to learn and allow others/peers to learn, appropriate behavior is very important. On a scale of 1 to 10 (1 being the best), how well behaved is your child? _____

13. In terms of cognitive development and maturity, will your child have the ability to understand what will be expected of him/her to complete the expectations of the curriculum in the classroom?

14. Would you describe your child as being strong-willed or compliant? _____

Easily angered or calm? _____

15. What is your philosophy on discipline for children? _____

16. How do you correct your child?

Redirection

Warnings _____ # of warnings before action is taken

Time Out _____ Length of time out

Corporal Punishment

17. If your child's teacher begins to have discipline problems with your child, how will you support the teacher?

Please be specific. _____

18. Do you use a reward system with your child? If so, please be specific. _____

19. Does your child share? Yes No

20. Is your child generally kind towards his/her peers? Yes No

21. Does your child have chores/responsibilities at home? Yes No

22. Does your child respect authority/adults? Yes No

23. Is your child an auditory (hearing) learner? Yes No

24. Is your child a visual (sight) learner? Yes No

25. Is your child a kinesthetic (touch) learner? Yes No

26. Is your child more active or generally quiet? Circle One

27. Will your child prefer small group time or large group time? Circle One

28. Is your child empathetic/caring? Yes No

29. What is your child's greatest quality? _____

30. What is your child's greatest need? _____

School Uniforms

PK-3 & PK

It is time for your precious PK 3's and 4's to move into the world of "little people" uniforms! The uniform is khaki colored or jeans and solid polo of either black, navy blue, or white.

A PK-4 little girl's uniform will consist of:

Either black, navy blue, or white polo shirt

Either a khaki colored skirt, dress, pants, shorts or blue jeans.

White socks, tennis shoes

Black sweater or jacket for the winter months

A PK-4 little boy's uniform will consist of:

Either black, navy blue, or white polo shirt

Either khaki colored pants, khaki colored shorts for the spring or blue jeans

White socks, tennis shoes

Black sweater or jacket for the winter months

If you have any questions, please call 210-878-1070

SUPPLIES

Please bring the following supplies with you when you attend the parent orientation.

- 2 packages of Crayola Classic Markers (washable only)
- 2 bottles of glue (4oz.)
- 2 boxes of 24ct Crayola crayons for 3 and 4-year-old classes
- 12 Elmer's Glue Sticks
- 2 sets of water colors (**Crayola Brand**)
- 1 pair of **Fiskar** Scissors- 3 and 4-Year-Old Classes
- 1 box Ziploc gallon
- 1 box Ziploc quart
- 2 containers of baby wipes
- 2 boxes of tissues – 3 and 4-Year-Old Classes
- 4 boxes of tissues - Toddler Rooms
- 1 school box (8"X5" for markers, crayons, pencils, etc.)
- 1 canister of disinfectant wipes
- 1" binder (for artwork)

Don't forget your child needs a complete change of clothes at all times.

Two (2) rest mats. Bring one in August and the other in January. They **do not** wear well. The State requires that torn mats be discarded. This will give your child one mat for the fall and one for spring. Please note that mats are difficult to find after school starts.

Also, a **small** cover and a **small** pillow for all fulltime students, marked with the student's name. Stuffed animals to sleep with should be **small**, nothing larger than one that would fit in a backpack.

Please note the following:

- Kindermats 1" thickness measure
- Covers/Blankets should measure @ 40" L X 30" W
- Pillows should measure @ 12" X 10"

Please, no cots or sleeping bags due to our limited storage!