

Heritage Preschool

Registration Packet



Heritage School
 2602 Neely
 Midland, TX 79705
 432-683-7343

Thank you for your interest in Heritage Preschool!

ENROLLMENT PROCEDURES

- Parents/guardians need to fill out this set of enrollment forms for their child.
- You may bring a copy of an updated shot record the first day of school if needed.
- Please attach the **\$50.00 registration fee** to secure a spot for your child. The registration fee is non-refundable.
- A **one-time materials fee** (½ month tuition) may be paid at the time of registration or prior to May 31, 2019. Materials fees will be refunded only if a student cancels enrollment at least 2 weeks prior to the start of school and the spot is filled with another student.
- Pre-registration begins February 1st for the following fall.
- Classes are filled on a first come - first serve basis.
- Heritage Preschool is open to all children. They must be at least 3 or 4 years of age prior to September 1st of the school year.
- Parents will be notified in writing of any policy changes at least 30 days prior to the change taking place

2019-2020 Registration & Material Fees

| | 3 years | 4 years | |
|-----|-----------------|-----------------|------------------|
| TT | \$64.00 | \$72.00 | Material Fee |
| | \$50.00 | \$50.00 | Registration Fee |
| | \$114.00 | \$122.00 | Total |
| MWF | \$96.00 | \$108.00 | Material Fee |
| | \$50.00 | \$50.00 | Registration Fee |
| | \$146.00 | \$158.00 | Total |

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| | |
|----------------------------|-------------|
| 3's & 4's | 4's & 5's |
| M/W/F | T/T |
| Arrive | Leave |
| ___ 7:30am | ___ 11:45am |
| ___ 8:45am | ___ 3:00pm |
| Application Date: _____ | |

Child's Full Name _____
Name child is called _____ Sex _____
Date of Birth _____ Home Phone _____
Address _____ Zip _____

FAMILY INFORMATION

Father/Guardian
Name _____
Employer _____
Occupation _____
Business Phone _____
Cell Phone _____
Address (if different from above)

Mother/Guardian
Name _____
Employer _____
Occupation _____
Business Phone _____
Cell Phone _____
Address (if different from above)

| Brothers | Age | Birth date |
|----------|-------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Sisters | Age | Birth date |
|---------|-------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other members of your household not listed above _____
Family church affiliation _____

EMERGENCY INFORMATION

Name of friend or relative _____ Phone _____
Address _____
Physician's Name _____ Phone _____
Address _____

The following persons are authorized to pick up my child. (This is in addition to the parent or parents with whom the child resides.)

Name _____
Relationship _____
Address _____
Phone _____

Name _____
Relationship _____
Address _____
Phone _____

CHILD INFORMATION

Child's birthplace _____

Places of residence since birth _____

Does your child have an allergy? How does it affect him or her? _____

Has your child experienced any family issues, tragedies or major disappointments (death in family, separation, divorce, etc.) _____

Are there any health factors of which the staff should be alerted? _____

Has your child attended a child-centered program before? Yes _____ No _____

Is so, where? _____ How long? _____

What activities does your child enjoy most? _____

Are there any speech, hearing, language or other developmental concerns we should be aware of?

How do you correct your child? _____

How did you find out about Heritage Preschool? (friend, yellow pages, newspaper, etc.)

Please share your reasons for choosing Heritage School for your child: _____

Was any particular person instrumental in your decision in choosing Heritage School? _____

If so, whom? _____

Other helpful information: _____

HERITAGE SCHOOL POLICY

Heritage School policies are available in “A Guide for Parents” available in the cubby room or online. The policies include information pertaining to: hours of operation, release of children, illness, medication & health checks, immunization requirements, discipline policy, suspension/expulsion, vision/hearing screening, meals & snacks, transportation & field trips, animals on premises, emergency preparedness, abuse/neglect reporting & staff training and clothing & supplies needed for school. If you wish to review and discuss any questions or concerns about the policies and procedures of Heritage Preschool, please contact the director.

If you wish to review a copy of the Texas State Minimum Standards and our most recent Licensing inspection report, they are available in the school office or online at the Department of Families and Protective Services website at: www.txchildcaresearch.org. If you wish to contact the local Licensing office, call 432-368-2693. If you wish to contact FPS child abuse hotline, call 800-252-5400.

Parents will be notified by Heritage School of any special needs or problems which become apparent, or of any childhood disease occurring at the school. Communication will be through direct contact, emails or written notes.

When parents enroll their child at Heritage School, it is understood that they invest authority in the school to discipline their child. However, no child will be spanked nor will any other form of corporal punishment be administered. The parents agree that they will cooperate with the school and will help meet the child’s needs.

In the event that the parent cannot be reached to make arrangements for emergency medical care, the parent authorizes Heritage School to call the child’s doctor, or in the event they cannot be reached, to call a doctor of the school’s choice. The parents also authorize the child to be transported to the doctor’s office or the emergency room of the local hospital, if necessary.

Meals & Snacks

_____ I understand that the meal and snacks served at Heritage Preschool are provided by the parents of the children and that Heritage Preschool is not responsible for the nutritional value of the food which is provided.

Special Activities

_____ Water Activities: I hereby give my consent for my child to participate in water activities at Heritage. Included in this will be a Splash Day in the Spring in which my child will be allowed to play in sprinklers and a splashing and/or wading pool.

I have read the policies of Heritage School and agree to cooperate with the school in the education and development of my child.

_____ Date _____
Parent or Legal Guardian

MONTHLY TUITION INFORMATION

Please ‘✓’ the appropriate program in which you would like to enroll your child. If you are interested in occasional extended care, and/or early drop-off, in addition to preschool, please ‘✓’ on the appropriate lines.

PRESCHOOL TUITION (8:45 a.m. - 11:45 a.m.)

| | |
|--------------------------------|--------------------------------|
| \$16.00/day for 3's & 4's | \$18.00/day for 4's & 5's |
| _____ T-T \$128.00 per month | _____ T-T \$144.00 per month |
| _____ M-W-F \$192.00 per month | _____ M-W-F \$216.00 per month |

EARLY DROP-OFF@7:30 a.m. \$6.00/day
Includes breakfast if arrival before 8:10a.m.

_____ T-T \$48.00 per month
_____ M-W-F \$60.00 per month

EXTENDED CARE UNTIL 3:00 p.m. \$12.00/day

_____ T - T \$96.00 per month
_____ M - W-F \$144.00 per month

| | |
|------------------------------|-------|
| Tuition | _____ |
| Early Drop-Off | _____ |
| Extended Care | _____ |
| Less Discounts | _____ |
| Total Monthly Tuition | _____ |

PRESCHOOL WITH OCCASIONAL EXTENDED CARE OR EARLY DROP-OFF

_____ \$8.00 per day for early drop-off, as needed.
_____ \$17.00 per day for extended care until 3:00 p.m., as needed.

(NOTE: The fee for occasional extended care needs to be paid on the day that the child stays for the occasional extended care.)

- There will only be ½ the regular tuition charged for December and May. Tuitions are due together in December.
- Families having 2 or more children enrolled in the program will receive a 20% tuition discount on the additional children.
- We serve breakfast (with early drop-off) and a morning snack. Parents are asked to help provide the morning snacks for their child’s class following state nutritional guidelines. Children who stay for extended care bring their own lunch, afternoon snack and a rest mat to school.
- Receive a ½ month tuition credit in December or April by referring a new student to Heritage. The referred student must be currently enrolled and have attended Heritage for more than 2 months.

I understand that the full monthly tuition is due the first of the month and must be paid on or before the 15th of the month or I may be charged a late fee.

Date of Enrollment _____

Child’s Name

Parent or Legal Guardian

Email

Email reminders and news updates. Yes, please email me!

Name

Email Address

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Photo Release

We understand that when participating in Heritage Preschool activities my child may be photographed for print, video or electronic imaging. We understand that no child's name will be published. We understand that the images may be used in promotional materials, news releases and other published formats for Heritage Preschool. We acknowledge that the images will be the sole property of Heritage Preschool.

- Yes, my child may be photographed
- Yes, my child may be photographed with the following exclusions

- No, my child may not be photographed

School Directory

Heritage Preschool provides a school directory to parents each year with student information.

- Yes, my child's name, address, phone and birthday may be published.
- Yes, my child's information may be published with the following exclusions:

- No, my child's information may not be published.

Parent/Guardian Signature

Date

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Permission to Authorize Emergency Medical Treatment and Release from Responsibility

Name of Student _____
Last First Middle

Age _____ Telephone # _____

Address _____
Street City Zip

I, _____
Name Relationship

legal representative of the above named minor student, hereby grant permission to authorize emergency first-aid treatment for the above named student, without liability. I am fully aware that the parents/legal guardians are responsible for all insurance coverage on the above named student.

I hereby release the school from responsibility for any injuries incurred by the above named student while in school or while participating in any activities of Heritage School

Signature of Parent/Legal Guardian

Date

HEALTH STATEMENT

I confirm that _____ has been examined by
(child's name)

_____ at _____
(doctor) (address)

_____ during the past twelve
(city) (state) (zip)

months and is able to participate in the activities of Heritage School.

IMMUNIZATIONS AND HEALTH RECORDS

- I have provided Heritage Preschool with a copy of my child's most current immunization record or affidavit for exclusion. I understand that my child may not start school without this information. (As of April 2017- "all immunizations required for the child's age must be completed by the date of admission")

For children 4 years old on September 1, 2019

- I will provide a copy of my child's hearing & visions testing results to the school

Or

- I will pay to have my child participate in the vision & hearing testing during school in November 2019. (All students will have the opportunity to be tested, including those in the 3's & 4's class.)

Parent/Guardian Signature

Date