

# 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, 2020. 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 3<sup>rd</sup> 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 1<sup>st</sup> of the school year.
- Parents will be notified in writing of any policy changes at least 30 days prior to the change taking place

#### 2020-2021 Registration & Material Fees

3 years      4 years

TT	\$64.00	\$72.00	Material Fee
	\$50.00	\$50.00	Registration Fee
	<b>\$114.00</b>	<b>\$122.00</b>	<b>Total</b>
MWF	\$96.00	\$108.00	Material Fee
	\$50.00	\$50.00	Registration Fee
	<b>\$146.00</b>	<b>\$158.00</b>	<b>Total</b>

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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	Mother/Guardian
Name _____	Name _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Business Phone _____	Business Phone _____
Cell Phone _____	Cell Phone _____
Address (if different from above) _____	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 _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
Phone _____	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](http://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	_____
<b>Total Monthly Tuition</b>	_____

**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.

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.

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### 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, 2020

- 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 September or October 2020. (All students will have the opportunity to be tested, including those in the 3's & 4's class.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date