

_____ App/Reg Fee Paid
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_____ Check number
_____ Date of Check

Creative Kids Preschool

208 Hwy 79 East, Hutto, TX 78634
512-846-2021
www.creativekidstexas.com

Application for Preschool Enrollment

Date of Enrollment _____

Name of Child _____ Sex M / F _____ Date of Birth / /

Address _____ Zip _____ Phone ()

Mother's Name _____ Employer _____ Wk # () Cell # ()

Father's Name _____ Employer _____ Wk # () Cell # ()

Email Address _____

Required Pick-up Authorizations:

Name _____ Phone ()

Name _____ Phone ()

Required Emergency Contacts:

Name _____ Relationship _____ Address _____ Phone ()

Name _____ Relationship _____ Address _____ Phone ()

Toddler – Young 5's

Remember to consider your child's age as of August 1st or the school year for which you are applying.

<p style="text-align: center;">Toddlers (18-24 mos)</p> <p>_____ M/W/F</p> <p>_____ T/TH</p> <p>_____ M-F</p>	<p style="text-align: center;">Three Year Old Class</p> <p>_____ M/W/F</p> <p>_____ T/TH</p> <p>_____ M-F</p>
<p style="text-align: center;">Two Year Old Class</p> <p>_____ M/W/F</p> <p>_____ T/TH</p> <p>_____ M-F</p>	<p style="text-align: center;">Four-Five Year Old Class</p> <p>_____ M/W/F</p> <p>_____ T/TH</p> <p>_____ M-F</p>

<p style="text-align: center;">Tuition Rate:</p> <p style="text-align: center;">\$ _____</p> <p style="text-align: center;"><input type="checkbox"/> week <input type="checkbox"/> month</p>
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Does your child have any problems such as allergies, existing illness, previous serious illness or injury, any medication prescribed for long-term continuous use and/or any other information our staff should know? **If YES, please attach a report.**

This is an application only and should be submitted with a non-refundable application/registration/supply fee. If classes are full, this application will remain on our waiting list until an opening is available. When you are notified of an opening, you will have 48 hours to accept and submit your tuition. If you do not respond within 48 hours your application will be returned to the waiting list.

Non-discrimination Policy

Creative Kids Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school.

_____ Initial – I understand that the registration/supply fees and any deposits are **non-refundable**.

_____ Initial – I understand that there is a required written **30-day notice of enrollment withdrawal or schedule/program change request** regardless of attendance. Students removed without notice will be billed 30 days of tuition at the agreed upon rate unless other arrangements are approved by the management of Creative Kids Preschool. Any past due accounts for 90 days may be submitted to agencies for collections. This registration form constitutes a contract for 30 days of paid tuition commencing on the first day of enrollment.

Signed _____ Date _____

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Good Health Statement

Child's Name _____ Date of Birth _____

THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN

Is the child free from communicable disease? YES NO

Is the child able to participate in group care? YES NO

Please list any medications and/or drugs taken regularly by the child:

Other special physical or medical conditions:

The above information is correct as of: _____

Date

Physician information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____

Physician Signature: _____

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Statement of Policy Understanding

I, _____ parent/guardian of
Parent name

_____ have read the Creative Kids Preschool Handbook.
Child's name

I understand the policies and will comply with the written document.

Parent(s) Signature

Date

Discipline and Guidance Policy for

Creative Kids Preschool

Name of Operation

Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;

and

- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.		
_____ Signature	_____ Date	
Check one please:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Employee/Caregiver	<input type="checkbox"/> Household member of childcare home

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director Nombre del Dueño o Director del Centro de Cuidado de Niños Jackie Procasky, Creative Kids Preschool

to take my child (or children):

a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

to:

a:

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

or to:

o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

Signature-Parent or Legal Guardian
Firma-Padre o Tutor

Date/Fecha

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Voluntary Photo Release Form

Creative Kids Preschool frequently updates our website and internal computer monitors with random pictures of our school, students and staff in classroom settings.

I, _____ as parent of _____

allow or do NOT allow

Creative Kids Preschool permission to use school setting
photographs of my child on their website and/or within the school.

Parent(s) Signature

Date

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Allergy Alert

MY CHILD IS ALLERGIC TO:

Foods: _____

Medicine: _____

Animals/Insects: _____

Plants: _____

Child's Name: _____

Child's Teacher: _____