



ENROLLMENT CHECKLIST FOR NEW STUDENTS

Thank you for enrolling your child at Promiseland Preschool/Christ Fellowship for the 2019/2020 school year. Below is a list of what we will need prior to the start of school. **School starts Tuesday September 3, 2019. All admission forms and supply fee are due on or before Meet the Teacher, Aug 30, 2019.**

- Completed Admission Form
- Child/Family Information Sheet
 - information for your classroom teacher to know specific to your child
- Current immunizations Record or State Exemption notarized form
- Health Statement-signed statement from your physician that your child has been examined and can participate in preschool.
- Allergy/medical needs form, Allergy action plan and Epi- Pen authorization form if applicable.
- Read through the Preschool operational policies (Parent Handbook)
 - The handbook is located on the preschool website and available in the preschool offices
- Tuition Express Authorization –
 - This must be received by Aug. 30 to be processed on Sept 10. Forms received after Aug. 30 will start EFT on October 10.
 - Tuition Express/EFT is for tuition only. Supply Fees must be paid with cash or check.

FAMILIES THAT ARE NEW TO PROMISELAND PRESCHOOL CAN ATTEND THE PARENT INFORMATION NIGHT ON THURSDAY AUGUST 22, 2019, 7:00PM.

Contact information:

Christ Fellowship church- main number-972-547-7000
Preschool Admin/Stay and Play reservations-972-547-7095
Preschool Director-972-547-7021

Preschool Summer office hours are Tuesday and Thursdays- 10:00am-2:00pm



Child's Name: _____ Birthdate: _____ Child's Home Phone # _____

Child's Home Address: _____

Admission Date: _____ Withdrawal Date: _____ Days and hours child will be in care _____ 9am – 2pm

Parent/Guardian Name: _____ Email: _____

Cell Phone#: _____ Home Phone# _____

Address (if different than child's): _____

Parent/Guardian Name: _____ Email: _____

Cell Phone#: _____ Home Phone#: _____

Address (if different than child's): _____

Is there a custody order on file with the State of Texas? YES NO PENDING
*if checked YES, a current copy of your court documents MUST be attached.

Emergency Contact Person: Give the name, physical address and phone number of a person to call in case of an emergency if parents/guardian cannot be reached. **This must be someone other than a parent.**

Name: _____ Relationship: _____

Street Address: _____ Phone #: _____

City, State, Zip _____

Release Information (other than a parent/guardian): I hereby authorize Promiseland Preschool to allow my child to leave the childcare operation ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. Children will not be released to a minor.

Name (required)	Phone Number(required)	Relationship

- I give permission for my child to participate in water table activities and/or sprinkler activities.
- I agree to provide lunch and snack for my child daily based on the daily food needs chart. I release Promiseland Preschool from any nutritional liability for my child.
- Photo release-I give consent for photos/videos to be taken of my child while at Promiseland Preschool. Photos may be used for the class scrapbook and the school's Facebook account. (No names will be published)
- Class Directory – I give consent to print my contact information (name, phone, email) in a class directory.
- I acknowledge that I have received and read the 2018-2019 preschool operational policies (Parent Handbook) including those for discipline and guidance. Additional copies of the Parent Handbook are available in the preschool office.



ALLERGIES & MEDICAL NEEDS

List any special problems your child may have, such as diagnosed food allergies**, 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 caregiver's should be aware of: **(If nothing applies, please put "n/a" in the blank)**

Physician Diagnosed Food Allergies: _____

Food Intolerances: _____

List any special medical needs: _____

**** Please see attached Allergy note and Food Allergy Action Plan if applicable**

Parents of children with severe allergies will be provided with our policy and appropriate authorization forms for emergency administration of Epinephrine Auto Injector (Epi-Pen). If your child has such severe allergies, it is important that you bring them to the attention of the Director. We will discuss any limitations or restrictions that may be necessary for your child's teachers to be aware of. You may not leave an Epi-Pen or any other medication in your child's backpack or classroom. All Epi-Pen's will be kept in the director's office.

MEDICAL TREATMENT AUTHORIZATION

Name of Physician: _____ Physician's phone #: _____

Physician Address: _____

I give consent for Promiseland Preschool to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I understand 911 will be called and my child will be taken to the facility designated by emergency medical professionals. (Closest facility – Medical Center of McKinney, 4500 Medical Center Drive, McKinney, TX 75069, 972-569-8000)

Child's Name: _____

Child's Birthdate: _____

HEALTH ADMISSION REQUIREMENTS

All THREE sections must be completed

IMMUNIZATIONS:

- I have attached a copy of my child's Current Physician Immunization Record.

OR

- I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form (must be original) developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years.

CHICKEN POX:

- My child has had the Chicken Pox vaccine (Varicella) as notated on the attached immunization record.

OR

- My child had chicken pox (Varicella) disease on or about (date) _____ and does not need the chicken pox (Varicella) vaccine.

HEARING & VISION FOR 4 & 5 YEAR OLDS (State of TX Requirement)

- I have attached a copy of my child's Hearing and Vision Results

Hearing Results must include hearing frequencies (1000, 2000, & 4000 Hertz)
Vision must include distance acuity (20/20, 20/30, etc)

OR

- I will use the vision and hearing service Promiseland Preschool provides for a nominal fee.

OR

- Hearing & Vision Requirements are not applicable to my child because he/she is under 4 years of age.

**SIGN
HERE** 

Signature of Parent/Guardian: _____ Date: _____

2019-2020 School Year
Admission Information
New Students



2801 Orchid Drive, McKinney TX, 75072
Church Phone: 972-547-7000 preschool@cfhome.org CHome.org/preschool

Karen Roam, Director
Director Phone: 972-547-7021
Admin Phone: 972-547-7095

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2801 Orchid Drive, McKinney TX, 75072
Church Phone: 972-547-7000 preschool@cfhome.org CFhome.org/preschool

Child's Name: _____ Child's Birthdate: _____

HEALTH ADMISSION REQUIREMENTS

HEALTH STATEMENT:

- Physician's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the program.

Healthcare Professional's Signature

Date

OR

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

*****These forms must be turned in before your child can attend Promiseland Preschool*****



Child/Family Information Sheet

In order for us to get to know your child better and to encourage a smooth transition into school, please fill out the following information and return with admission forms.

Child's Name: _____ Nickname: _____ Date of Birth: _____

Are any languages other than English spoken at home? _____

Allergies: _____

Fears: _____

Siblings and Ages: _____

Pets and their names: _____

Describe your child's personality: _____

When your child is upset what helps calm him/her down: _____

What are some of your child's favorite activities when playing with others: _____

3 strengths of your child: _____

As a parent, what is one thing you would like to see improved/strengthened: _____

Other relevant information (recent losses, moves, etc.): _____

Your goal for this school year: _____



Tuition Express

Tuition Preferred Payment Method

Dear Parents,

At Promiseland Preschool we are always looking at ways to improve the service we provide you and your children. With this in mind, we are pleased to share with you our preferred method of processing tuition payments via Electric Funds Transfer (EFT).

Tuition Express is part of the Procure Software system we use to manage the preschool. It allows us to process tuition payments via EFT, quickly and efficiently. In a matter of minutes we can accomplish what previously took us much longer to complete – leaving us even more time to spend with the children.

Tuition Express is a PCI Level 1 Service Provider. Your personal account information could not be safer. Automated tuition only payments are proven safer than paying by check – the potential for check fraud and identity theft are eliminated.

We want **Tuition Express** to become the way we process tuition payments at Promiseland Preschool. By completing the **Tuition Express Automated Payment Processing Form**, on the reverse side of this paper you will help us make tremendous strides in simplifying our tuition payment processing.

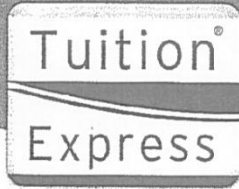
Withdrawals for EFT will occur on the 10th of each month.

Forms must be received by Friday, August 30 in order to be processed for tuition on September 10.

If you choose not to enroll in **Tuition Express**, we ask that you pay tuition by cash or check at the preschool office by the 10th of the month. Tuition is considered late by the 15th of the month.

Thank you for your support,

Promiseland Preschool



Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize Christ Fellowship Promiseland Preschool (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	
Address _____		City _____	State _____ Zip _____
Bank or Credit Union Name _____			
Bank or Credit Union Address _____		City _____	State _____ Zip _____
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____	
Signature _____		Date _____	

For Official Use Only

Date Received
Employee Signature



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