

Hunters Glen Baptist Church Childhood Learning Center

Enrollment Packet

Child's Name _____ Preferred Name _____ Shirt Size _____

Address _____ Date of Birth _____ Age _____

Mother's Name _____ Phone (H) _____ (C) _____

Email _____

Occupation/Employer _____ Business Phone _____

Father's Name _____ Phone (H) _____ (C) _____

Email _____

Occupation/Employer _____ Business Phone _____

Siblings _____

What language does the family speak most of the time at home? _____

Family E-Mail Address

Important for HGBC-CLC communication

Physician Information

Name	Address	Phone

Hospital Information

Name	Address	Phone

EMERGENCY MEDICAL AUTHORIZATION

In the event that child's parents, other persons named above, or named physician cannot be reached at the time of illness or accident; or if emergency is such that time does not permit such contact, I authorize HGBC CHILDHOOD LEARNING CENTER to take aforesaid child to the *nearest* clinic or hospital for any and all necessary emergency medical care.

Mother/Father/Guardian Signature

State of Texas, County of _____

Before me, the undersigned authority, on this day appeared _____ known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Signature _____

CLC Office Use Only:

Start date: _____ Date Pmt received: _____ Amount _____ Check # _____ Recv by _____ Withdraw date: _____

Hunters Glen Baptist Church Childhood Learning Center

Today's Date _____ Start Date _____ Withdraw Date: _____
 Child's Name _____ Child's Date of Birth _____ Age _____ B/G
 Mom's Name _____ Dad's Name _____
 Church membership/attendance () HGBC () Other _____ () None

CLASS PLACEMENT IS BASED ON CHILD'S AGE AS OF SEPTEMBER 1

REGISTRATION FEE \$125 <i>Registration Fee are non-refundable</i>				
SUPPLY FEE				
Two Days \$100	Three Days \$100	Four Days \$150	Five Days \$150	
TUITION CHARGED PER MONTH				
Two Days \$263	Three Days \$333	Four Days \$412	Five Days \$515	
Days Attending				
Monday	Tuesday	Wednesday	Thursday	Friday
EXTENDED CARE AM (7AM – 9AM) CHARGED PER MONTH				
Two Days \$57	Three Days \$79	Four Days \$97	Five Days \$121	
Days Attending				
Monday	Tuesday	Wednesday	Thursday	Friday
EXTENDED CARE PM (2PM-6PM) CHARGED PER MONTH				
Two Days \$121	Three Days \$158	Four Days \$194	Five Days \$242	
Days Attending				
Monday	Tuesday	Wednesday	Thursday	Friday

Tuition is due on the first of the month and will be considered late after the 10th. A late fee of \$10 will be assessed if payment is not received by the 10th. Tuition cannot be adjusted nor will make up days be allowed due to holidays, vacations, illness or bad weather closings.

Emergency Contact & Authorization to Pick Up information (person other than the parent.) HG CLC cannot release a child to anyone not listed as an emergency contact or an authorized pick up person.

Name _____ Phone # _____
 Relationship _____ DL# _____

Name _____ Phone # _____
 Relationship _____ DL# _____

Please list name, telephone number and drivers licensing for each individual. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

My child has an allergy to _____ I will provide an Epi Pen/Benadryl and allergy plan signed by a doctor on or before the first day of school. **I understand my child will not be able to attend CLC w/o an allergy plan signed by a physician.**

- ___ I will provide a current immunization record prior to my child's first day of school.
- ___ If my child is 4 years or older I will provide documentation of a vision & hearing screening upon enrollment.
- ___ I have read the updated Parent Handbook that is online at www.huntersglen.org/CLC/

By signing below, I agree to the terms and conditions stated on this form.

 Parent/Guardian Signature:

 Date:

Shirt size: _____

Hunters Glen Baptist Church Childhood Learning Center

Parent Acknowledgments

Parent Handbook Statement

I have read the Parent Handbook and will abide by the policies and procedures.

Parent Signature

Date

Health /Illness Statement

I have read, understand and agree to the health policies as stated in the Parent Handbook. I understand that Hunters Glen Baptist Church Childhood Learning Center may find it necessary to modify the illness policies during flu or other similar related outbreaks.

Parent Signature

Date

Permission to Photograph or Video

The undersigned gives permission to Hunters Glen Baptist Church Childhood Learning Center to photograph his/her child and use the resulting photographs for any purpose that Hunters Glen Baptist Church Childhood Learning Center deems proper including social media (Facebook, Instagram and twitter).

Parent Signature

Date

Permission to Participate in Water Activities

I give permission for my child to participate in age-appropriate water activities including sprinkler/splash play, wading in small wading pools and water table play.

Parent Signature

Date

Children with Life Threatening Allergies

I will provide a written allergy plan signed by a physician before my child attends Hunters Glen Baptist Church Childhood Learning Center. I will also provide the required medications to administer in case my child has an allergic reaction while in care at Hunters Glen Baptist Church Childhood Learning Center. I give permission for Hunters Glen Baptist Church Childhood Learning Center staff/teachers to administer medication and or Epi pen if necessary.

Parent Signature

Date

Infant Safe Sleep Statement

I have read, understand and agree with the policy on Infant Safe Sleep as stated in the parent handbook.

Parent Signature

Date

Gang Free Zone

I understand that CLC is a Gang Free Zone and have been notified as such.

Parent Signature

Date

Discipline and Guidance Policy for Hunters Glen Baptist Church Childhood Learning Center

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.

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature of Parent or Guardian

Date

Hunters Glen Baptist Church Childhood Learning Center

4001 Custer Road Plano, TX 75023 Phone # (972) 519-0365 FAX #(972) 519-8336

Medical Form & Physician Statement

Child's Name _____ Date of Birth _____

HEALTH INFORMATION & HISTORY *(to be completed by parent)*

Allergies _____

EPI PEN ___ Yes (Hunters Glen Baptist Church Childhood Learning Center must have an allergy action plan on file if Yes is checked) ___ No

Existing Illness _____

Previous Illness _____

Physical or Mental Impairment _____

Special Needs _____

Has your child ever been hospitalized or visited the ER? (Please explain) _____

Before your child attends classes at Hunters Glen Baptist Church Childhood Learning Center, you must present a current immunization record and a statement of good health from the child's physician.

PHYSICIAN'S STATEMENT *(to be signed by a Doctor)*

I have examined the above-named child within the past year and find that he/she is physically able to take part in the preschool program at Hunters Glen Baptist Church Childhood Learning Center.

Physician Signature

Date

Parent Signature

Date