

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 _____ Cell phone carrier _____
Occupation/Employer _____ Business Phone _____

Father's Name _____ Phone (H) _____ (C) _____
Email _____ Cell phone carrier _____
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 _____

Hunters Glen Baptist Church Childhood Learning Center

Today's Date _____ Start Date _____ Withdraw Date _____
Child's Name _____ Child's Date of Birth _____ Age _____ Boy/Girl _____
Church membership/attendance () HGBC () Other _____ () None

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

REGISTRATION FEE \$125 *Registration Fee is non-refundable*

SUPPLY FEE Two Days or Three Days \$100 Four Days or Five Days \$150

TUITION CHARGED PER MONTH

Two Days \$268 Three Days \$340 Four Days \$420 Five Days \$525

Days Attending

Monday Tuesday Wednesday Thursday Friday

EXTENDED CARE AM (7AM – 9AM) CHARGED PER MONTH

Two Days \$58 Three Days \$81 Four Days \$99 Five Days \$123

Days Attending

Monday Tuesday Wednesday Thursday Friday

EXTENDED CARE PM (2PM-6PM) CHARGED PER MONTH

Two Days \$123 Three Days \$161 Four Days \$198 Five Days \$247

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) HGBC CLC cannot release a child to anyone not listed as an emergency contact or an authorized pick up person.

Name _____ Phone # _____

Relationship _____ DL# _____

Address _____

Name _____ Phone # _____

Relationship _____ DL# _____

Address _____

I authorize the child care operation **to release** my child to leave the child care operation **ONLY** with the above persons. Please list name and telephone number for each. 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.

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

Parent/Guardian Signature

Date

CLC Office Use Only:

Start date: _____ Date pmt received: _____ Amount _____ Cash/Check # _____ Withdraw date: _____

Hunters Glen Baptist Church Childhood Learning Center

Parent Acknowledgments

Please initial by each statement and sign at the bottom of this page. A copy of the parent can be viewed online at www.hunterglen.org/clc/

Parent Handbook Statement

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

Health and Safety Statement

____ I have read, understand and agree to the health policies as stated in the Parent Handbook.

Illness Policy

____ I have read, understand and agree to the illness policies as stated in the Parent Handbook. I understand that Hunters Glen Baptist Church Childhood Learning Center teachers will complete an incident/illness report that will notify the reason/s a child is excluded from care and when the child can return to care. In most cases it is 24-hours fever free and/or symptom free without the aid of any medication. We will do our best to inform parents of confirmed cases of illness in a classroom through email or text. The health and safety of children is our number one priority, we reserve the right to amend or exclude from care or alter our illness policies during flu season or other similar related health outbreaks or concerns.

Permission to Photograph or Video

____ I give permission to Hunters Glen Baptist Church Childhood Learning Center to photograph my 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).

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.

Children with Life Threatening Allergies

____ I will provide a written allergy plan sign 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.

Infant Safe Sleep Statement

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

Gang Free Zone

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

Parent/Guardian 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