

# Hunters Glen Baptist Church Childhood Learning Center Enrollment Packet 2020-2021

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

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Church membership/attendance ( ) HGBC ( ) Other \_\_\_\_\_ ( ) None  
Mother's Name \_\_\_\_\_ Phone (C) \_\_\_\_\_ Cell phone carrier \_\_\_\_\_  
Occupation/Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone (C) \_\_\_\_\_ Cell phone carrier \_\_\_\_\_  
Occupation/Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Siblings \_\_\_\_\_

## Family E-Mail Address

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

## Emergency contact & authorization to pick up information (person other than the parent)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_

I authorize the **Hunters Glen Baptist Church Childhood Learning Center** to release my child to leave the childcare operation **ONLY** with the above persons after verification of ID.

## 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 **HUNTERS GLEN BAPTIST CHURCH 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 \_\_\_\_\_

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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

### Tuition Information

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

**SUPPLY FEE:**

Two Days or Three Days \$125  Four Days or Five Days \$175

**TUITION CHARGED PER MONTH:**

Two Days \$274  Three Days \$346  Four Days \$429  Five Days \$536

**Days Attending:**  Monday  Tuesday  Wednesday  Thursday  Friday

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

Two Days \$59  Three Days \$82  Four Days \$101  Five Days \$126

**Days Attending:**  Monday  Tuesday  Wednesday  Thursday  Friday

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

Two Days \$126  Three Days \$164  Four Days \$202  Five Days \$252

**Days Attending:**  Monday  Tuesday  Wednesday  Thursday  Friday

*Tuition is due on the first of the month and will be considered late after the 10<sup>th</sup>. A late fee of \$25 will be assessed if payment is not received by the 10<sup>th</sup>. Tuition cannot be adjusted nor will make up days be allowed due to holidays, vacations, illness or bad weather closings.*

### Allergy Statement:

My child has a  sensitivity  intolerance  allergy to \_\_\_\_\_.

**If allergy is indicated above, I will provide:**

allergy plan signed by a doctor  Epi Pen with prescription  Benadryl

I understand I must provide the above items before the first day of school. **I understand my child will not be able to attend HG 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: \_\_\_\_\_

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

## Parent Acknowledgment

*Please initial by each statement and sign at the bottom of this page. A copy of the Parent Handbook can be viewed online at [www.hunterglen.org/clc/](http://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 an illness report will serve as notification of 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 (Homeroom App, 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 HG CLC is a Gang Free Zone and have been notified as such.

## Snack Policy

\_\_\_\_\_ I understand that HG CLC provides snacks for children 12 months and older. Food/snacks are served every 3 hours per licensing. Snacks served at HG CLC (due to allergies) will be: Cheerios, Chex Mix, Goldfish, Cheez-its, Graham Crackers, Veggie Straws. If you choose to provide your own snacks all snacks must be preapproved with the classroom teacher.

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

\_\_\_\_\_  
Date

## Discipline and Guidance Policy

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

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## 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