

# Enrollment Form

## CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Shoe Size (for dance): \_\_\_\_\_

Previous School: \_\_\_\_\_ Reason for Changing Schools: \_\_\_\_\_

## PARENT'S INFORMATION (Father, Mother, or Legal Guardian)

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Legal Guardian's Name (submit form): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is there a custody order on file with the State of Texas?      YES      NO      PENDING

*If YES, a current copy of your court order MUST be attached.*

# AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the Frisco Creative Arts Preschool to take my child (full name) \_\_\_\_\_ to:

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Medical Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

I give consent for the Frisco Creative Arts Preschool to secure any and all necessary emergency medical care for my child. Permission is granted for the release of our health insurance information to cover the cost of emergency care for my child.

Parent comments (known allergies or illnesses that would conflict with emergency care or treatment, personal beliefs, further instructions):

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD'S PRE-ADMISSION HEALTH HISTORY - REQUIRED

List any medical problem that your child may have, such as allergies, existing illnesses, previous serious illnesses, diagnosed learning or social differences (ex. ADD, ADHD, Autism, Spectrum, etc.), injuries and/or hospitalizations within the past 12 months, and medication prescribed for long-term continuous use or currently taking, and any other information of which teachers and school staff should be aware. **If this is not applicable, initial here:** \_\_\_\_\_

1. Current Medications: \_\_\_\_\_

2. Diagnosis: \_\_\_\_\_

3. Past Illnesses: \_\_\_\_\_

4. Allergies: \_\_\_\_\_

5. Other: \_\_\_\_\_

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# Physician's Health Statement

① Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

② I have examined the above child within the past year and find that he/she is able to take part in the preschool program.  
 Health Care Professional Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Fill out or attach copy\***

③	Age	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mo	2-3 yrs	4-6 yrs
Vaccine												
Hepatitis B												
Rotavirus												
Diphtheria, Tetanus, Pertussis												
Haemophilus Influenzae type B												
Pneumococcal												
Inactivated Poliovirus												
Influenza												
Measles, Mumps, Rubella												
Varicella												
Hepatitis A												
Meningococcal												

④ TB Test (if required) *please circle* Positive Negative Date \_\_\_\_\_

⑤ Signature or Stamp of a physician or public health personnel verifying immunization information above.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

⑥ Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

⑦ **\*Must be completed at 4 years of age\***

Hearing: 

Hz				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
R				
L				

 Vision: 

R20/		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
L20/		

 Signature \_\_\_\_\_ Date \_\_\_\_\_

⑧ *Complete ONLY if Applicable*

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 developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.  
 Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Policies and Procedures

Child's Full Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Please initial each box indicating that you have read and understand each policy.**

	A Yearly Membership Fee is required before my child starts at FCAP. I understand this Yearly Membership fee is non-refundable.
	Registration forms (including a copy of my child's immunization records and physician's health statement) must be completed prior to my child's first day.
	Tuition is calculated into a yearly tuition. I understand I have the option to pay this yearly tuition up front or in monthly installments. I understand Thanksgiving Week, two weeks in December, Spring Break, conferences, and in-service days have been factored out of the tuition.
	Tuition is due on the first of each month. Tuition is payable according to the tuition schedule whether or not my child attends. Late fees are assessed if tuition is not paid by the 3 <sup>rd</sup> . I understand my child may not return to school on the 4 <sup>th</sup> if my account is not made current.
	Enrollment is limited and expenses for the school continue regardless of my child's attendance therefore no deduction, credits, or refunds can be made for absences or vacations. If a long absence is anticipated, I will contact FCAP.
	My account must be set up with auto draft for tuition payments. It is my responsibility to notify the school office of any changes to my form of payment on file.
	In the event of an unavailable funds notice, a \$35 service charge will be added to my account, along with a \$5 per diem fee until my tuition is paid. If FCAP receives three (3) or more unavailable funds notices in a one-year period, my enrollment may be terminated.
	If I am late picking up my child at the designated time, a \$25 penalty will be assessed at closing time and \$1 each minute thereafter until my child is picked up. These penalties will be charged to my account.
	I agree to sign my child in and out daily. This is required by State Licensing and will comply with such. I understand that I may be charged \$5 per missed signature.
	Regular attendance is imperative to my child's education. If my child will be absent, I agree to notify FCAP by 8:30 am on that day.
	FCAP follows the Frisco ISD calendar, therefore any days that they are closed unexpectedly (ie: inclement weather or other natural disasters), FCAP will be also. I understand that I will continue to be responsible for my child's tuition payment in the event of school closures.
	I must provide a 30-day notice from the first of the month should I decide to withdraw from FCAP. I understand there is a form I am required to complete and return to the FCAP office by the first of the month. Students who withdraw and then wish to re-enroll in the same calendar year pay an additional yearly membership fee along with appropriate tuition.
	FCAP chooses not to get involved in custody disputes. In the event a court order is on file, FCAP will not acknowledge which party is responsible for payment of tuitions fees. These arrangements must be coordinated between the two parents. Late fees and withdrawal guidelines will still apply regardless of which parent is responsible for tuition fees.
	My child will only be released to a legal guardian or someone I have pre-authorized. Proof of identification will be required of anyone picking up my child.
	My child must be fully potty-trained upon enrollment at FCAP. Diapers and pull-ups are not permitted and will not be changed.
	FCAP will provide my child with a morning snack. If my child is a part of the afternoon extended day program, I must provide a nutritious, peanut-free lunch. FCAP will warm up my child's lunch as needed.
	FCAP uses photographs to document events. Pictures of students may be sent via email to parents or posted in the building. My child's picture may be used for advertising, publicity, or any other lawful purposes. No child will be identified by their full name. I understand it is my responsibility to notify FCAP if I object to having my child photographed.
	I understand and agree that my child's pictures and/or videos will be for the use of FCAP only and will not be published or sold.
	Enrollment may be denied or terminated if my, or a person on my behalf's, behavior is in direct or indirect opposition to policies in place for the safety of its students, teachers, and staff. These behaviors include, but are not limited to: profanity, yelling, threatening, aggressive or violent behavior, intoxication, or failure to follow FCAP policies.
	The only medication FCAP will administer is life-saving medication (ie: epipen, rescue inhalers, etc.) These will be kept in the office in its original containers along with a doctor's note for administration. Medication will be administered in accordance with the doctor's directions.
	My child must be well to attend school. I have been informed of the illness policy and I will be notified to pick up my child should they become ill at school within a reasonable amount of time. If not, FCAP may start calling the authorized persons listed on the emergency contact form and/or enrollment form. In the event that no one can be reached and I have not arrived within a reasonable amount of time, FCAP may contact Child Protective Services.
	FCAP staff is prohibited from participating in outside employment with parents.
	FCAP staff is prohibited from participating in social networking activities with parents and children (ie: Facebook, Snap Chat, Twitter, etc.).
	I have received a copy of the Parent Handbook and understand all the policies therein.
	I have received a copy of the Parent-Child Separation Policies at School Drop off and understand the procedures.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Emergency Contact Form

<b>CHILD</b>	Name:	Birthdate:	Allergies:
	Address:	City:	Zip:
<b>FATHER</b>	Name:	Phone:	Email:
	Address:	City:	Zip:
<b>MOTHER</b>	Name:	Phone:	Email:
	Address:	City:	Zip:

## PERSONS WHO MAY BE ***CALLED*** IN AN EMERGENCY

Name	Address	Phone	Relationship to child

## PHYSICIAN TO BE CALLED IN AN EMERGENCY

Physician:	Facility Name:	Phone:	Medical plan/number:
<b>IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?</b>			
<input type="checkbox"/> CALL EMERGENCY HOSPITAL <input type="checkbox"/> OTHER: _____			
If I cannot be reached, I give my permission for FCAP to seek medical attention for my child in the event of an emergency, and to hold harmless and release FCAP from all liability. Sign here: _____			

## PERSONS AUTHORIZED TO ***PICK-UP CHILD*** FROM FACILITY

(Child will not be allowed to leave with any other person without written authorization from parent or legal guardian)

Name	Phone	Relationship to child

## Parent-Child Separation Policies at School Drop Off:

Most children have a smooth transition into the routine of arriving at school. However, some separation tears and "I don't want to go to school" anxieties are very understandable for young children.

Please help our Teachers by following this routine to help your child assimilate into their classroom each day.

1. Attend the school in advance of the first school day for a full tour, showing your child the classrooms, talking about the routine of the school day, etc.
2. Attend MEET THE TEACHER day to again prepare your child in advance for their new school environment, meet their classmates and teachers, etc.
3. Prepare your child with many conversations before school starts, speaking with them about the morning routine (dressing, breakfast, driving to school) and about how you will be giving them a hug and kiss and wave good bye in their classroom each morning, and **be back later** to pick them up.
4. Then, stick with the plan when you arrive at school, even if we have some tears and drama (the teachers will nurture and comfort your child and help them get started in the class activities with their friends). We may have some tearful times for a short while, but we find that students usually settle down quickly when they see their friends happy at class.

Here are a couple of testimonials we found about dropping off children at school:

- *I'm not sure that the approach of having a parent staying with the child at school actually works. In fact, I've seen it spectacularly fail, resulting in NO preschool experience for the child, because the mom refused to leave an anxious child. That sends a message to the child that mommy thinks you need mommy at school, when the message should be that mommy knows you will be fine at school without her. So the key is to find a school where the teachers are willing to cuddle an anxious child all morning and where the school day is busy enough that the child doesn't have downtime to remember his/her anxiety. Busy and fun! Most schools let the child spend an hour or two at school with mommy, then the next time they come, mommy gives a hug and a bright smile and leaves. anonymous*
- *My older son started preschool soon after his 3rd birthday. At first he was so excited; there were no issues. After a few days, the waterworks started. And this was consistent with many of his peers at other schools, too, where the children adjusted to the novelty at first but then cried for mommy. I know my son was disruptive to the class a number of times. The teachers were amazing. They helped him transition at drop off each morning. They coached us to ship out quickly and not linger. The best advice I got, though, was from a mom blog. A contributor wrote that she joked with her kids about them missing her. I gave it a go. At pick up, when my son whined about missing me all day, I cheered! "Yay! You missed Mommy!" He found this strange, so he said he didn't miss me. So, I cried and complained that he didn't miss me. The reverse psychology worked like a charm. In a matter of days, my son completely shifted. At drop off I'd ask if he would miss me and make a frowny face. If he said "yes" I would smile, if "no," I would frown. Either way, he thought it was funny. After school, he loved telling me he didn't miss me to see me pretend to cry, since he thought it was so funny. Then he said he did miss me to see me cheer, and then he didn't miss me, and I would frown, etc. It was a game. Years later, and he still gets a kick out of it. I am so thankful to the mom who contributed the idea! Good luck with your next go-around! anonymous*