



2018-2019 School Year

Pre-K II (4 years): 8:30am-2pm

- 4 days of School: Mon/Tues/Wed/Thurs monthly tuition: \$360

Pre-K I (4 years): 8:30am-2pm

- 3 days of School: Tues/Wed/Thurs monthly tuition: \$300
- 4 days of School: Mon/Tues/Wed/Thurs monthly tuition: \$360

Three Year Old: 8:30am-2pm

- 3 days of School: Tues/Wed/Thurs monthly tuition: \$300
- 4 days of School: Mon/Tues/Wed/Thurs monthly tuition: \$350

Three Year Old: 4 hr day option - 8:30am-12:30pm

- 3 days of School: Tues/Wed/Thurs monthly tuition: \$250
- 4 days of School: Mon/Tues/Wed/Thurs monthly tuition: \$300

Two Year Old: 8:30am-2pm

- 2 days of School: Tues/Thurs monthly tuition: \$230
- 3 days of School: Tues/Wed/Thurs monthly tuition: \$300

Two Year Old: 4 hr day option - 8:30am-12:30pm

- 2 days of School: Tues/Thurs monthly tuition: \$200
- 3 days of School: Tues/Wed/Thurs monthly tuition: \$250

*Sibling discount of 10% applies to combined total monthly tuition.

*Questions can be addressed to the director via email: acp@wellumc.org or by calling the office at (512) 819-6816.

Note: The 5 1/2 hour day will now include a "rest" period consistent with licensing (a requirement for preschools running more than 5 hours per day)

We look forward to another wonderful year at A Child's Place!



Registration Check List

To register your child you need:

- Completed and signed registration form
- Registration fee II (non-refundable) :
\$75 for 1s, 2s and 3s
\$90 for Pre-K I &
- Signed Discipline & Guidance Policy
- Signed Physician's Statement*
- Copy of current immunizations*
- Copy of Hearing & Vision Screening Results*
(4 years & above only)

*These items may be faxed directly to the school from your physician's office. Our fax number is 512-863-4089.

Child's Place maintains a waiting list for families interested in attending our school

**For More Information, please contact the
ACP Office at 819-6816**



Enrollment Form

For office use only
Start date: _____

Child Information

Last _____ First _____ Middle: _____

Name the student goes by: _____ Male Female

Date of Birth: _____ Age on September 1, 2018 _____

Parent/Guardian Information

Parent/Guardian (This is the 1st person we will contact in case of emergency)

Name _____

Relationship to Child _____

Home Address _____

PRIMARY PHONE _____

(This is the 1st phone number we will use in case of emergency)

Additional Phone _____

E-Mail _____

If separated or divorced, who has primary custody? _____

Programming Options for 1, 2 and 3 year olds

Please choose which hours your child is enrolling in: 8:30-2pm 8:30-12:30 pm

If your child is 3 years old on Sept 1st, please choose a program:

- 3-Day (Tues, Wed, Thurs)
- 4-Day (Mon, Tues, Wed, Thurs)

If your child is 2 years old on Sept 1st, please choose a 2 year old program:

- 2-Day (Tues, Thurs)
- 3-Day (Tues, Wed, Thurs)

Pre K I

- 3-Day (Tues, Wed, Thurs)
- 4-Day (Mon, Tues, Wed, Thurs)

Pre K II

Emergency Contact

Name of local person to call in case of emergency if parents cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Family Information

Other Children in Family:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Other Adults in Household:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Release Authorization

I hereby authorize A Child's Place to allow my child to leave A Child's Place with the following persons:

Name: _____ Phone: _____

Name: _____ Phone: _____

Authorization of Emergency Medical Attention

If I cannot be reached to arrange emergency medical attention at the time of illness or accident, I hereby authorize the A Child's Place staff to take my child to the nearest hospital. I give consent for necessary emergency treatment when my child is in the care of this hospital and/or physician.

Name of Physician: _____ Phone Number: _____

Address: _____

Name of Hospital: _____ Phone Number: _____

Address: _____

Signed: _____ Date: _____

I authorize my child to participate in the following

- Water play activities
- School photographs for school publications, the website and the private Shutterfly site
- Student Directory

Parent Signature: _____

Hearing & Vision Screening

I understand that it will be the parent's responsibility to have all 4 and 5 year-old children tested for vision and hearing with their pediatrician.

Parent Signature: _____

How did you hear about ACP? Website newspaper The View friend _____

Parent Handbook

I have received a copy of the parent handbook.

Parent Signature: _____

SPECIAL INSTRUCTIONS/ ALLERGIES/ LONG-TERM CONTINUOUS MEDICATIONS: My child has these special problems or needs: (include any allergy, existing illness, previous serious illness, hospitalization in the last 12 months, and any medication prescribed for long-term, continuous use.)
(Please specify N/A if none)

Discipline and Guidance Policy for _____

Name of Operation

- ◆ 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.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

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

Signature

Date

Check one please:

parent employee/caregiver household member of child-care home



Physician Statement

This form is required by the Texas Department of Protective and Regulatory Services and must be kept on file at the school before the first day of school attendance.

I have examined _____ within the past year.
He/She is physically able to take part in a school/day care program.

Licensed Physician

Date

A Child's Place
Attn: Stephanie Labay
6200 Williams Dr.
Georgetown, TX 78633
(512) 930-5959

FAX: (512) 863-4089

