



# Preston Hollow UMC Child Development Center

2020 - 2021 Student Application Form

\$350 nonrefundable holding fee/per child \_\_\_\_\_  
Fee applies for prospective families and enrolled families adding an impending sibling.  
**Checks only**  
(made out to PHUMC/CDC)

Class Applying For: Infants Toddlers Two's Three's PreK

**Student Start Date:** \_\_\_\_\_ **(School year starts 9/1/2020)**

**Child's Information:**

Child's Last Name      First Name      Preferred Name      Date of Birth      Sex: M/F

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FAMILY INFORMATION**

**Father's Name:** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_

Occupation: \_\_\_\_\_ Business: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_

Occupation: \_\_\_\_\_ Business: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Admission to the PHUMC/CDC is based on understanding and agreeing to the following:

- I have visited the school for a tour.
- I am aware the \$300 Annual Student Registration Fee along with the Student Application Form must be returned by Monday, February 28, 2020 in order to secure a spot for the 2020-2021 school year.
- I am aware all fees are non-refundable.
- I agree to the 2020 - 2021 Tuition Policy of PHUMC/CDC.
- I was given a copy of the 2020 - 2021 Parent Handbook and agree to adhere to the school's policies.
- I understand PHUMC/CDC is a tree nut/nut free school.
- I am aware that PHUMC/CDC is not, nor cannot be, free of food items and non-food items that may lead to an allergic reaction.

**Tuition Policy**

Monthly tuition payment is due whether your child is present or not. Your tuition allows us to purchase supplies, food and provide opportunities for your child. Therefore, payment is due on the 1st of each month.

A \$30 late fee will be imposed if payment is made after the 3rd and increase to \$50 after the 10th. If payment for the month is not paid by the 15th, your child will be excluded from the program.

**Parent/Guardian Signature**

\_\_\_\_\_

Date: \_\_\_\_\_



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## 2020-2021 Tuition

With the exception of the Infant classrooms, Preston Hollow UMC Child Development Center believes in moving children from one room to another **ONCE** a school calendar year. However, there some occasions when we may need to move a child. This is at the discretion of the Administrators.

### TUITION RATES

Class	Tuition	Non-Refundable Registration Fee
Infant Room (Starts at 3 months of age)	\$1,365 / Month	\$300
Transitional Class (older infants/young toddlers)	\$1,285 / Month	\$300
Toddler Room	\$1,205 / Month	\$300
Two Year Old Room	\$1,100 / Month	\$300
Three Year Old Room *(3 years old by September 1 <sup>st</sup> )	\$1,025 / Month	\$300
Four Year Old Room *(4 years old by September 1 <sup>st</sup> )	\$1,000 / Month	\$300

*\*Child must be able to take care of ALL restroom needs.*

### Tuition Policy

Your child is considered officially enrolled at Preston Hollow UMC Child Development Center when the Annual Student Registration Fee is received along with all other required forms. The non-refundable Annual Student Registration Fee is for each child. The fee for each child is \$300.00.

Tuition is priced on a yearly average, month to month basis and must be paid in full on the 1<sup>st</sup> of every month. There is **NO REDUCTION** for holidays, school closures due to inclement weather, school maintenance issues, family vacation credit, absences or Christmas holiday break.

There are 3 forms of payment we accept for your child's tuition. It can either be paid through auto bank draft, money order or by personal check. Payment in full is due the 1<sup>st</sup> of every month and not split in half.

I agree to promptly pay \_\_\_\_\_ in monthly tuition on the first day of each month. I also understand it is my responsibility to notify the front office a week before monthly billing if I change my form of tuition payment.

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

\_\_\_\_\_  
Date



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## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Emergency Medical Facility \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

I give consent for the facility to secure any and all emergency medical care for my child.

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



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## MEDICAL INFORMATION

Childs Name: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Please attach a copy of your child's most recent official immunization record. The record must include the child's name and birth date; the number of doses and vaccine type; the date the child received each vaccination; and the signature of the person who administered the vaccine. Student has the following known allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize the health care provider listed below to share information with the PHUMC CDC program if needed in an emergency.

\_\_\_\_\_  
Primary Caregiver Signature

\_\_\_\_\_  
Date

## HEALTH CARE PROFESSIONAL'S STATEMENT

I have examined the above named child within the past year and find that he/she is physically and mentally able to take part in the PHUMC-CDC Program.

Date of last examination (M/D/Y): \_\_\_\_\_

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name / Title (printed)



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## PARENT ENROLLMENT AGREEMENT

### Overview:

- It's my responsibility to read and understand all communications from the school, including signing up for Text By Choice, emails, written communication in my child's folder, the yearly school calendar, the Family Handbook and notices posted in the Front Office, classroom doors and sign-in desk.
- It's my responsibility to read and understand the 2020-2021 school calendar when the school is closed for holidays, events, teacher training days, etc.
- By enrolling in Preston Hollow UMC Child Development Center, I give permission for my child's photo to be used in Preston Hollow UMC Child Development Center's publications, unless the school has been given a written request to the contrary.
- Family participation and involvement is highly encouraged and very important to Preston Hollow UMC Child Development Center. Active participation is welcomed.
- While I understand Preston Hollow UMC Child Development Center has an open door policy and I may visit any time during normal hours of operation, I also understand teachers are supervising/teaching children. If I must speak to my child's teacher for a length of time, I must schedule a conference for this.
- I understand biting occurs occasionally in centers for young children and each incident is handled on an individual basis and in accordance with procedures recommended by Licensing.
- I understand the school cannot be held responsible for personal belongings, including jewelry, money, toys and/or special items brought to school.
- I understand Preston Hollow UMC Child Development Center is a nut/tree nut free school.
- Preston Hollow UMC Child Development Center is unable to care for sick children. I agree to comply with the program's written policies concerning illness, which include compliance with the Communicable Disease Appendix of the Minimum Standard Rules for the State of Texas.
- If my child becomes ill or is injured, I authorize Preston Hollow UMC Child Development Center to obtain emergency medical treatment and I hereby release said program and its agents from liability for action taken pursuant to this release. In case of a security emergency, I authorize Preston Hollow UMC Child Development Center to transport my child to a secure location.
- According to Texas Family Code, the Preston Hollow UMC Child Development Center staff is obligated to report any suspicion of child abuse.
- A child may be dismissed from the program if Preston Hollow UMC Child Development Center is unable to meet the physical, mental, or emotional needs of the child, or the parents do not comply with Preston Hollow UMC Child Development Center school policies.
- It's my responsibility to inform Preston Hollow UMC Child Development Center concerning special health, physical, social, or emotional needs my child may have, including those present before enrollment. This includes medications, allergies, existing or pre-existing illnesses, injuries, hospitalizations or other conditions and information from diagnostic testing.
- Medication prescribed by a doctor and with a label on the medication will be administered only if a medication form is filled out at the front office. Front office personnel are the only ones to administer medication. Nonprescription medication will only be administered with a doctor's note.
- I understand I must have my 4 year old screened for vision & hearing mandated by Licensing.

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Parent Signature

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Date



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### EMERGENCY/AUTHORIZED PICK-UP INFORMATION

Please list the names of at least two (2) persons to whom the child may be released in case the primary caregiver(s) CANNOT be contacted to pick-up their child. You must provide a photo copy of the picture i.d. along with the emergency/authorized pick-up information. You can take a picture with your cell phone and send it to the school email address: [cdc@prestonhollowumc.org](mailto:cdc@prestonhollowumc.org).

Name & Address	Driver's License #	Phone #	Relationship
1)			
2)			
3)			

**Yes** or  **No**; Are there person(s) who are explicitly not allowed to pick up the child. Specific reason(s) should be discussed with the PHUMC-CDC Director. If yes, the school must have copies of the legal documentation including divorce decree if person is a parent.