

**Holy Cross Kids Preschool and Children's Day Out**  
**5653 West River Park Drive, Sugar Land, TX 77479**  
**281-633-2000 ext. 106 281-633-2003 Fax**  
**hckids@holycrosschurch.com**

**REGISTRATION INFORMATION 2011 – 2012**

Thank you for your interest in Holy Cross Preschool and Children's Day Out. We're so excited that you have chosen to join Holy Cross Preschool! This letter is to provide you with information regarding our program for the 2011 – 2012 School Year. We are a ministry of Holy Cross Church and love what we do.

- Ages:** 10 months thru age 5 (*on or before September 1st*)
- Days:** 2 – Day Program: Mon. and Wed. (10 – 14 months)
- 2 – Day Programs: Mon. and Wed. (15 – 23 months)  
 Tues. and Thurs. (15 – 23 months)
- 3 – Day Programs: Mon./Tues./Wed.  
 (Young Twos through Old Threes / Young Fours)
- 4 – Day Programs: Mon. through Thurs.  
 (Young Twos through Old Threes / Young Fours)  
 Mon. through Thurs. (Kinder Prep.)

**Times:** 9:00 a.m. – 1:00 p.m. (The school schedule does not permit naps)

**Registration Fee:** \$100.00 New Student Registration  
 \$ 75.00 Continuing Student Registration  
*Due at the time of registration (non-refundable)*

**Tuition Costs:** \$175.00 Monthly Tuition 2 – Day Program  
 \$225.00 Monthly Tuition 3 – Day Program  
 \$265.00 Monthly Tuition 4 – Day Program  
 \$280.00 Monthly Tuition 4 – Day Program (Kinder Prep.)

**Supply Fee:** Fall Supply Fee and Spring Supply Fee (non-refundable)

\$50.00 2 – Day Program  
 \$60.00 3 – Day Program  
 \$70.00 4 – Day Program  
 \$85.00 4 – Day Program (Kinder Prep.)

**Discount:** There will be a discount of \$10.00 off the monthly tuition of the youngest child. Church Members will receive a discount of \$10.00 off the monthly tuition.  
 (Discounts can not be combined).

**\* \* \* In addition to the Registration Fee, Last Month's tuition and the Supply Fee must be paid at the time of registration.**

# Enrollment Packet Checklist for Holy Cross Preschool and Children's Day Out

Please mail or drop off the registration packet as soon as possible.

- \_\_\_\_\_ *Child Registration form, Last Month's Tuition, Supply Fee and a  
Registration Fee to hold your child's spot  
(At the time of registration)*
  
- \_\_\_\_\_ Child Enrollment Page  
(Please make sure emergency contacts are filled out)
  
- \_\_\_\_\_ Authorization for Emergency Medical Attention
  
- \_\_\_\_\_ Written Authorization to Release  
**MUST INCLUDE TXDL# AND PHONE #**
  
- \_\_\_\_\_ Physician Statement
  
- \_\_\_\_\_ Copy of Current Immunizations
  
- \_\_\_\_\_ Child Profile
  
- \_\_\_\_\_ Parent Permission Form and Directory Release
  
- \_\_\_\_\_ Discipline and Guidance Policy
  
- \_\_\_\_\_ Parent Volunteer Survey

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## CHILD REGISTRATION for 2011 – 2012

My Child is : \_\_\_\_\_ Continuing \_\_\_\_\_ New \_\_\_\_\_ New w/ Sibling \_\_\_\_\_  
Date of Admission \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Age (by September 1st) \_\_\_\_\_ DOB \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Child resides with \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

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**Parent Name(s)** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Please make checks payable to: Holy Cross Kids Preschool

I understand that I must pay a \$100.00 new student / \$75.00 returning student **non-refundable** registration fee at the time of registration if there is space available for my child. If my child is placed on a waiting list, I need not pay the registration fee until space becomes available. I understand that if I decide to withdraw my child before the school year begins, I will let Holy Cross Kids Preschool and Children's Day Out know in writing as soon as possible.

**The information given to us regarding your child on this form is confidential and will only be shared with Holy Cross Administration.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

For Office Use Only

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Wee Ones (M / W) \_\_\_\_\_

Toddler (M / W) \_\_\_\_\_ (T/Th) \_\_\_\_\_

Young Twos (M – W) \_\_\_\_\_ (M – Th) \_\_\_\_\_

Old Twos / Young Threes (M – W) \_\_\_\_\_ (M – Th) \_\_\_\_\_

Old Threes / Young Fours (M – W) \_\_\_\_\_ (M – Th) \_\_\_\_\_

Kinder Prep. (M – Th) \_\_\_\_\_

\_\_\_\_\_  
**Registration Fee Paid (non-refundable)**

\_\_\_\_\_  
**September's Tuition Paid (For New Students non-refundable)**

\_\_\_\_\_  
**Supply Fee Paid (Due by August 1st non-refundable)**

CK # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Name on Check \_\_\_\_\_

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## CHILD ENROLLMENT 2011- 2012

Child's Full Name \_\_\_\_\_  
Age (by September 1st) \_\_\_\_\_ DOB \_\_\_\_\_ Nickname \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

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### Parent Information

Father's Full Name \_\_\_\_\_  
Father's  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Other Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  
Mother's  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Other Phone \_\_\_\_\_

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### Emergency Contact (Other than Parents)

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Other Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Other Phone \_\_\_\_\_

\*\*\* We MUST have at least one emergency contact for your child\*\*\*

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**AUTHORIZATION FOR EMERGENCY MEDICAL  
ATTENTION**

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Date of Birth

I authorize the School to contact the following person(s) in case of a medical emergency and I cannot be reached:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship to Child

In the event that neither the child's mother and father nor one of the persons listed above can be reached to make arrangements for medical care, I authorize Holy Cross to transport my child to \_\_\_\_\_

**Name of Hospital**

Or to a Bearer of this form which has my permission to have an attending physician tend to the medical needs of my child as necessary.

My child's Physician is: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

My child's Dentist is: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

My insurance carrier is: \_\_\_\_\_  
The Cardholder's Name: \_\_\_\_\_  
Policy or Group Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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**WRITTEN AUTHORIZATION to RELEASE**

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Child's Full Name

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Date of Birth

I will leave my child at Holy Cross Kids Preschool and Children's Day Out only in the presence of a staff member. I will not pick up my child from the School without making a staff member aware of my child's departure. Other than the child's mother and/or father, the only persons authorized to pick up my child for the School without my written permission are the following persons. I understand that the School may refuse to release my child to any other persons. A picture ID will be required of persons other than parents to pick up the student.

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Name

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Phone

---

TXDL/ ID #

---

Name

---

Phone

---

TXDL/ ID #

---

Name

---

Phone

---

TXDL/ ID #

---

Name

---

Phone

---

TXDL/ ID #

---

Name

---

Phone

---

TXDL/ ID #

---

Signature of Parent or Legal Guardian

---

Date

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**PHYSICIAN STATEMENT for 2011 – 2012**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

This form must be completed, signed, and dated by your child's physician. Your child WILL NOT be able to attend our Program without this information and current immunization records. The Doctor's examination visit must have been done within the last twelve months before the child registers in the Program.

**Immunizations**

Please provide a Copy of Current Immunizations

**Hearing / Vision**

These tests are required annually for children 4 years and older.

Screening results: Hearing ( ) Pass ( ) Re-screen \_\_\_\_\_ Date  
Vision ( ) Pass ( ) Re-screen \_\_\_\_\_ Date

**Special Problems**

Please list any allergies and/or special considerations/needs:

\_\_\_\_\_ No / None Known \_\_\_\_\_ Yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

**Height :** \_\_\_\_\_ **Weight :** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

I hereby certify that \_\_\_\_\_  
(PLEASE PRINT CHILD'S FULL NAME)

Has been examined by me on \_\_\_\_\_, and is physically and mentally capable of participating in the activities at Holy Cross Preschool and Children's Day Out.

\_\_\_\_\_  
Physician's Name (PLEASE PRINT) or STAMP  
Address \_\_\_\_\_  
City \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature  
Phone \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

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## CHILD PROFILE ~ For Teacher

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**In our efforts to better understand your child and aid in the process of his/her adjustment to our program, please take time to complete the following information. We have found that the more we know about your child, the better able we are to serve you and your family.**

\*\*\*\*\*

Were there any special circumstances surrounding your child's birth such as premature birth, early trauma, early illness, adoption, prolonged hospitalization, etc.? If yes, explain: \_\_\_\_\_

Does your child have any special attachments such as a blankets, pacifier, thumb, etc? If yes describe: \_\_\_\_\_

Does your child have any special needs or problems? If so, what: \_\_\_\_\_

Does your child have any allergies? If so which, any reactions, and treatment used: \_\_\_\_\_

Is your child currently taking any medications? If so, please state the reason, which medication and any possible side effects: \_\_\_\_\_

List in chronological order the names of schools that your child has attended. Include the age of your child and how long he/she was in attendance at each school : \_\_\_\_\_

Please list the names and ages of siblings: \_\_\_\_\_

Are there any other people living in the home with your family? If so, please tell us about them. \_\_\_\_\_

Does your child have pets? \_\_\_\_\_ If so, what are their names? \_\_\_\_\_

Please list discipline procedures found to be most effective with your child and why?

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**Please put a Y for Yes and N for No for the following:**

Does your child feed himself/herself? \_\_\_\_\_  
Is potty trained? \_\_\_\_\_  
Has his/her own bedroom? \_\_\_\_\_  
Helps with chores? \_\_\_\_\_

Go to bed easily? \_\_\_\_\_  
Chooses his/her clothes? \_\_\_\_\_  
Dress themselves? \_\_\_\_\_  
Helps clean his/her room? \_\_\_\_\_

**YOUR CHILD'S.....**

Fears \_\_\_\_\_  
Health \_\_\_\_\_  
Sun sensitivity \_\_\_\_\_  
Operations (Dates) \_\_\_\_\_  
Accidents or Injuries \_\_\_\_\_  
Serious Illness (Include past) \_\_\_\_\_

**DOES YOUR CHILD (Have/Had) . . . . . (Check all that apply)**

Convulsions ? \_\_\_\_\_  
Nosebleeds ? \_\_\_\_\_  
Stomach aches ? \_\_\_\_\_  
Asthma ? \_\_\_\_\_  
Run Temperatures Easily ? \_\_\_\_\_

Visual Differences ? \_\_\_\_\_  
Earaches ? \_\_\_\_\_  
Headaches ? \_\_\_\_\_  
Urinary/Kidney/Bowel Issues ? \_\_\_\_\_  
Run High Temperatures ? \_\_\_\_\_

I understand that a staff member will be available to conference upon my request. I understand that special problems or occurrences affecting my child will be brought to my attention, including any communicable diseases brought into the school. I understand if my child contracts any communicable diseases, I must notify the staff and Director. I understand the information given is confidential and will only be shared with my child's teachers, the school administration, and the state if needed.

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Signature of Parent or Legal Guardian

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Date

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**Parent Permission Form and Directory Release**

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Date of Birth

**Please check below the appropriate response**

**Mosquito Repellent Release**

I \_\_\_do \_\_\_do not give permission for Holy Cross Kids staff to administer mosquito repellent that I HAVE PROVIDED. I understand that I must notify my child's teacher when I want it administered.

**Sunscreen Release**

I \_\_\_do \_\_\_do not give permission for Holy Cross Kids staff to administer sunscreen that I HAVE PROVIDED. I understand that I must notify my child's teacher when I want it administered.

**Website Release**

I \_\_\_do \_\_\_do not give permission for my child's photo to be used on Holy Cross Kids website. I understand that only my child's first name will be used. NO last names, addresses, or phone numbers.

**Holy Cross Kids Student Directory Release**

I \_\_\_do \_\_\_do not give permission for my family's information to be put into the Holy Cross Kids Preschool Directory. I understand if I have a business I would like to promote, I am free to put that information in also. I understand that the information I give will be used ONLY for the Student Directory and no other use.

Please fill out the information below for the Student Directory:

Child's Name: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

**I understand I have the right to change my mind at any time regarding these releases and will ask for a new permission form to fill out if I choose to.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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## Discipline and Guidance Policy for Holy Cross Kids Preschool and Children's Day Out

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