

Child's Name: _____



**Cypress Trails Preschool and Childcare Center
Enrollment Information**

Dear Parent:

Our primary responsibility is the care and well-being of your child while he/she is at CTPCC. Please give us as much background information as possible so that we may provide this care in a meaningful manner. Thank you!

Child's Full Name _____ **Birth Date:** _____

Child's Primary Address: _____

City: _____ State: _____ Zip: _____

Date of Admission _____ Date of Withdrawal _____

Child's Living Arrangements: ___ Both Parents ___ Mother ___ Father ___ Other

If other, please specify: _____

Who is the child's legal guardian? _____

Parent/Guardian's Name:

Address: _____ Mobile Number: _____

City: _____ State: _____ Zip: _____

Email: _____

Parent/Guardian's Name:

Address: _____ Mobile Number: _____

City: _____ State: _____ Zip: _____

Email: _____

Tuition: \$155.00 per week (all inclusive- breakfast and lunch provided)
Preschool Day: 9:00 AM-3:00 PM
Childcare Hours: 7:00 AM-9:00 AM; 3:00 PM-6:00 PM
First week tuition due with enrollment form

FOR ADMINISTRATIVE USE ONLY

Date Received: _____ Date to Start: _____

Received By: _____ CHECK Amount: _____ Check #: _____

Child's Name: _____

Parent/Guardian's Employer _____

Address _____

Telephone Number _____ Work Hours _____

Parent/Guardian's Employer _____

Address _____

Telephone Number _____ Work Hours _____

Persons to contact in case of an emergency when the parent(s) cannot be reached:

Emergency Contact's Name: _____ Relationship: _____

Address: _____ Mobile Number: _____

City: _____ State: _____ Zip: _____

Emergency Contact's Name: _____ Relationship: _____

Address: _____ Mobile Number: _____

City: _____ State: _____ Zip: _____

Emergency Contact's Name: _____ Relationship: _____

Address: _____ Mobile Number: _____

City: _____ State: _____ Zip: _____

People, other than parents, who are authorized to pick up your child:

Name: _____ Relationship: _____ Mobile: _____

Name: _____ Relationship: _____ Mobile: _____

Name: _____ Relationship: _____ Mobile: _____

Child's Name: _____

Authorization for emergency medical attention:

In the event that I cannot be reached to make arrangements for emergency medical attention; I authorize the CTPCC Director or person in charge to authorize Emergency Medical Services and/or to transport my child to:

**Texas Children's Hospital- The Woodlands
17600 I-45 South
The Woodlands, TX 77384**

****I give consent for necessary emergency treatment for my child**

(Full Name of Child)

Name of Licensed Physician:

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Dentist's Name/Clinic:

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: _____

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

Cypress Trails Preschool and Childcare Center
22801 Aldine Westfield Rd., Spring, TX 77373, 281.353.2436

Health Care Professional Statement

Admission Requirement; your child must have the following prior to admission:

You must have a statement from your child's physician stating that he/she has been examined in the past year and that he/she is able to take part in the Preschool and Childcare Center. You may present this form for your physician to sign or you may provide a letter from him/her. **The letter must state that your child has been examined in the last year and is able to take part in the program.**

Child's Name: _____

- HEALTH-CARE PROFESSIONAL STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the program.

_____	_____
Health Care Professional Signature	Date

Name and Address of Health Care Professional

- You may provide signed and dated affidavit stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization. A signed affidavit must be on file before your child will be admitted.

I have provided the school with a copy of my child's most current immunization record. You will need to provide an updated immunization record when your child has been vaccinated.

_____	_____
Health Care Professional Signature	Date

Authorizations

Water Activities:

I hereby _____ **give** _____ **do not give** my consent for my child to participate in water activities.

Photography:

I hereby _____ **give** _____ **do not give** my consent to Cypress Trails Preschool and Childcare Center to take and post pictures of my child **throughout the school (i.e. bulletin boards).**

I hereby _____ **give** _____ **do not give** my consent to Cypress Trails Preschool and Childcare Center to take and post pictures of my child **on school/church sponsored websites.**

I hereby _____ **give** _____ **do not give** my consent to Cypress Trails Preschool and Childcare Center to take and post pictures of my child on **school/church sponsored social media (i.e. Our Facebook Page)**

I hereby _____ **give** _____ **do not give** my consent to Cypress Trails Preschool and Childcare Center to take and post pictures of my child in **printed materials such as brochures.**

Outside Food

If you are choosing to opt out of school provided lunch or snacks, please review and initial the below statement:

_____ I am choosing to provide the child's meals and/or snacks from home, and I understand Cypress Trails Preschool and Childcare Center is not responsible for the nutritional value or for meeting the child's daily food needs.

Occasionally birthdays, class parties, and other special events are celebrated at school. Homemade items may not be offered. Only items prepared in a certified commercial kitchen (i.e. a grocery store, bakery or restaurant) may be served.

I hereby _____ **give** _____ **do not give** my consent to Cypress Trails Preschool and Childcare Center to serve outside food or drink to my child.

Child's Name: _____

Hearing and Vision Screening:

I understand that the State of Texas requires all students four (4) years old or older as of September 1st, to have Hearing and Vision screening done within 120 days of enrollment.

I hereby _____ **give** _____ **do not give** my consent to have the screening done at the school. *If test is received at Cypress Trails Preschool and Childcare Center payments and forms are due prior to test.*

Signature – Parent or Legal Guardian

If any of the above information changes, it is the parent's responsibility to notify the office immediately in writing.

Parent/Guardian Name Printed: _____ **Date:** _____

Parent/Guardian Signature: _____

Getting Acquainted

Please complete this information about your child and send it back with your registration paperwork. This will help us to get to know your child and help us to make him/her more comfortable.

Child's Name: _____

Names and ages of siblings:

_____	_____
_____	_____
_____	_____

What 3 adjectives would you use to best describe your child?

What hobbies or special interest does your child enjoy?

Have there been any recent changes or events in your home that you feel we should know about? For example, death, divorce, separation, new sibling, new home, etc.

What special celebrations, traditions or holidays do you share as a family?

What do you feel are your child's strengths?

Child's Name: _____

What areas do you feel your child can improve upon, or would you like your child's teacher to work with him/her on?

What motivates your child?

Is there any other information you would like to share with us that may make your child more comfortable while in our care?

It is CTPCC's policy for children to be FULLY toilet trained before they enter the Three's Classroom. According to minimum standards for child care licensing, a child's diaper may only be changed in a room fully equipped with a diaper changing station and hand washing sinks. We understand there may be an occasional accident, but if there are continuous occurrences, we may need to reevaluate placement of your child in a room that would be more adequate for him/her.

For parents of children in the Two's Classroom:

Is your child: (check all that apply)

_____ In Diapers

_____ In Pull-ups

_____ Toilet Training

_____ Toilet Trained

What are your toilet training goals for your child?
