



3307 El Salido
Cedar Park, TX 78613
risingstarspreschool.com

Dear Parents,

Welcome to Rising Stars Preschool! We are thrilled to have you as a part of our community. Enclosed are the required registration forms, Policies and Procedures Handbook, and New Service Form.

Please return all the forms with your first tuition payment to the office staff (note that this payment includes first month's tuition and June 2019 \$100 Family deposit). Check carefully for parent signatures on each page and fill in addresses completely (with city, state, and zip code). We also require a copy of your child's immunization history and proof of vision and hearing screening for children four years of age and up. If you have not completed a vision and hearing screening for your child, we will be organizing testing at the preschool in September.

We believe that the success of our program is based on good communication between parents and teachers. Please come and see us if you have questions or concerns! We look forward to seeing you in August.

Thank you,

Amy Gonzales
Director

Phone (512) 331-4550

Fax (512) 331-5088

E-mail agonzales.risingstars@gmail.com

<input type="checkbox"/> Operation Name Rising Stars Preschool		Director's Name Amy Gonzales	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:			
1. <input type="checkbox"/> TRANSPORTATION:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:		
<input type="checkbox"/> Walk home	<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school		
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:		
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:		
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

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

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

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

_____ Date

Health Care Professional's Signature

2. A signed and dated copy of a health care professional's statement is attached.

3. 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.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

_____ Date

Signature - Parent or Legal Guardian

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS											
Name of Child:								Date of Birth:			
Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required)		<input type="checkbox"/> Positive		<input type="checkbox"/> Negative				Date:			
Signature or stamp of a physician or public health personnel verifying immunization information above. _____											
Signature								Date			
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 disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.											
Parent's signature								Date			
<input type="checkbox"/> 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.											
For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm											

Signature – Parent or Legal Guardian

Date



Discipline and Guidance Policy

- 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.

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

Signature

Date

____ Parent

_____ Employee/Caregiver



NUT FREE Agreement

Rising Stars Preschool will be a NUT FREE environment. I acknowledge that I have read the information provided by the school and understand the severity of the allergy. By signing below I agree to abide by the NUT FREE policy and send snacks/lunches with my child that are NUT FREE. I will also be vigilant of washing my child's hands, etc. if they have had peanut products before coming to school. In addition, I will contact the school if I am unsure about any food products before sending them.

Signature

Date



Photograph/Video/Film/Website/Internet Release Form

I, _____ hereby authorize _____
Name of Parent or Guardian Name of Student

to participate in the making of a project consisting of photographs and/or video/film production and /or internet website titled "Rising Stars Preschool." I specifically understand that Rising Stars Preschool shall hereby retain any and all rights in the photograph(s) and /or video/film production and/or internet/website, including by not limited to, the right to reproduce, copy, edit, exhibit, publish, or distribute such photograph(s) and/or video/film and/or internet.

Signature

Date



Contact Information and Email Directory

Mother: _____

Mother's e-mail address: _____

Father: _____

Father's e-mail address: _____

Home phone number: _____

Mother's cell phone number: _____

Father's cell phone number: _____

Home address: _____

- You may use my e-mail address in the Rising Stars Preschool Parent Directory, which will be distributed to all RSP parents.
- You may use my cell phone number in the Rising Stars Preschool Parent Directory, which will be distributed to all RSP parents.
- You may use my home address in the Rising Stars Preschool Parent Directory, which will be distributed to all RSP parents.
- You may use my home phone number in the Rising Stars Preschool Parent directory, which will be distributed to all RSP parents.

Signature

Date



Policy and Procedure Review

You should have received a copy of our Family Handbook. We encourage you to read it in its entirety to help us provide the best learning environment for your children. In order to best provide you with concrete expectations, we have outlined a few of our more overlooked policies. Please initial that you understand these policies and that more information on these policies can be found in the Family Handbook that we have provided you.

_____ I understand Rising Stars Preschool operates August through June with an optional summer program in July.

_____ I must submit ALL completed registration forms before my child is able to attend school, including immunization records, and physician's statement.

_____ Children who are 4 years of age by September 1 are required by State Law to have their vision and hearing tested before the beginning of the school year. A copy of the test results is required for your child's records and must be dated within the current school year.

_____ In preschool classes ages 3 and up (Pandas and higher), children are required to be potty trained. We understand that occasional accidents will happen, but if it is determined that a child is not consistently potty trained, the child can be placed in a younger class. This is both for the success of the child and the whole of the class structure.

_____ I understand that monthly tuition is due on the 20th of each month (not the 1st) and represents payment for the following month. For example: September tuition is due on August 20th. I understand that tuition rates are the same each month regardless of holidays, school closures and number of weeks in a month.

_____ I understand that tuition payments made after the 20th of the month are considered delinquent. A \$20 late fee will be assessed for each week a payment is delinquent.

_____ I understand that if withdrawal is necessary, I am required to submit a 30 day written notice.

_____ It is clear to me that my child's registration fee, supply fee, and June deposit is not refundable.

_____ I have received a copy of the 2018-2019 school year calendar.

Print Name

Signature

Date