

**HGBC CHILDHOOD LEARNING CENTER 4001 Custer Road Plano, TX 75023**

**Phone (972) 519-0365 Fax (972)519-8336**

**ENROLLMENT PACKET**

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

Address if different from Child \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

Address if different from Child \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Step-Parents \_\_\_\_\_

Siblings \_\_\_\_\_

Church Membership \_\_\_\_\_

What language does family speak most of the time at home? \_\_\_\_\_

**Family E-Mail Address**

*Important for HGBC-CLC communication*

**Physician Information**

Name	Address	Phone

**Hospital Information**

Name	Address	Phone

**EMERGENCY MEDICAL AUTHORIZATION**

In the event that child's parents, other persons named above, or named physician cannot be reached at the time of illness or accident; or if emergency is such that time does not permit such contact, I authorize HGBC CHILDHOOD LEARNING CENTER to take aforesaid child to the *nearest* clinic or hospital for any and all necessary emergency medical care.

\_\_\_\_\_  
**Mother/Father/Guardian Signature**

State of Texas, County of \_\_\_\_\_

Before me, the undersigned authority, on this day appeared \_\_\_\_\_  
known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature \_\_\_\_\_

## Enrollment Agreement

Today's Date \_\_\_\_\_ Start Date \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Boy /Girl  
 Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_ HGBC Member? YES/NO  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Child lives w/Parent? YES/NO  
 Mom's Phone \_\_\_\_\_ Dad's Phone \_\_\_\_\_  
 EMAIL Address \_\_\_\_\_  
 How did you hear about our program? \_\_\_\_\_

CLASS PLACEMENT IS BASED ON CHILD'S AGE AS OF SEPTEMBER 1, 2017

REGISTRATION FEES ARE NON-REFUNDABLE

<b>REGISTRATION FEE</b> <input type="checkbox"/> \$125	<b>SUPPLY FEE</b> <input type="checkbox"/> TWO & THREE DAYS \$100 <input type="checkbox"/> FOUR & FIVE DAYS \$150	<b>TUITION CHARGED PER MONTH</b> <input type="checkbox"/> TWO DAYS \$260 <input type="checkbox"/> THREE DAYS \$330 <input type="checkbox"/> FOUR DAYS \$408 <input type="checkbox"/> FIVE DAYS \$510
SELECT DAYS ATTENDING <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY		
<b>EXTENDED CARE CHARGED PER MONTH</b>		
<b>A.M. CARE 7AM – 9AM</b> <input type="checkbox"/> TWO DAYS PER WEEK \$56 <input type="checkbox"/> THREE DAYS PER WEEK \$78 <input type="checkbox"/> FOUR DAYS \$96 <input type="checkbox"/> FIVE DAYS PER WEEK \$120 SELECT DAYS FOR AM CARE <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY	<b>P.M. 2PM – 6PM</b> <input type="checkbox"/> TWO DAYS PER WEEK \$120 <input type="checkbox"/> THREE DAYS PER WEEK \$156 <input type="checkbox"/> FOUR DAYS PER WEEK \$192 <input type="checkbox"/> FIVE DAYS PER WEEK \$240 SELECT DAYS FOR PM CARE <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY	

Emergency Contact & Authorization to Pick Up information. (person other than the parent)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_ DL# \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_ DL# \_\_\_\_\_

HGBC CLC cannot release a child to anyone not listed as an emergency contact or an authorized pick up person.

I give permission for my child to participate in Water Activities such as sprinkler, splash/wading pool & water table play.

My child has an allergy to \_\_\_\_\_ I will provide an Epi Pen/Benadryl and allergy plan signed by a doctor on or before the first day of school. **I understand my child will not be able to attend CLC w/o an allergy plan signed by a physician.**

My child has no known allergies.

Tuition is due on the first of the month and will be considered late after the 10<sup>th</sup>. A late fee of \$10 will be assessed if payment is not received by the 10<sup>th</sup>. Tuition cannot be adjusted nor will make up days be allowed due to holidays, vacations, illness or bad weather closings.

**My monthly tuition payment will be \$ \_\_\_\_\_ DUE ON \_\_\_\_\_.**

I will provide a current immunization record 1 week prior to September 4, 2017 or the agreed upon start date. If my child is 4 years or older I will provide documentation of a vision & hearing screening upon enrollment.

By signing below, I agree to the terms and conditions stated on this form.

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

## Discipline and Guidance Policy for HGBC Childhood Learning Center

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 of Parent or Guardian

\_\_\_\_\_  
Date

## Parent Handbook Statement

I have read the Parent Handbook and will abide by the policies and procedures outlined therein. I understand that CLC is a Gang Free Zone and have been notified as such.

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Parent Signature

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Date

## Health /Illness Statement

I have read and understand the health policies as stated in the Parent Handbook. I agree to the health policies as laid out in the Parent Handbook. I understand that HGBC-CLC may find it necessary to modify the illness policies during flu or other similar related outbreaks.

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Parent Signature

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Date

## Permission to Photograph or Video

The undersigned gives permission to the of Hunters Glen Baptist Church Childhood Learning Center to photograph his/her child and use the resulting photographs for any purpose that HGBC-CLC deems proper.

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Parent Signature

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Date

## Permission to Participate in Water Activities

I give permission for my child to participate in age-appropriate water activities including sprinkler/splash play, wading in small wading pools and water table play.

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Parent Signature

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Date

## Children with Life Threatening Allergies

I will provide a written allergy plan sign by a physician before my child attends HGBC CLC. I will also provide the required medications to administer in case my child has an allergic reaction while in care at HGBC CLC. I give permission for HGBC CLC staff/teachers to administer medication and or epi pen if necessary.

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Parent Signature

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Date

# Parent Involvement Form

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Teacher Appreciation Committee – Provide special snacks/meals for CLC staff and help with Staff Appreciation Events.

\_\_\_\_\_ Yes, I would like more information

Room Mom – Help with planning and implementing class parties

\_\_\_\_\_ Yes, I would like more information

Special Events: Place a check next to any of the events you would like to help with below.

\_\_\_\_\_ Hospitality Bakers – Bake 3-4 doz cookies for special events

\_\_\_\_\_ Readers – Read in the classroom to the children at a specified time

\_\_\_\_\_ Texas Days – Help man a booth

\_\_\_\_\_ Fundraising Coordinator

\_\_\_\_\_ Ministry Project Coordinator – help coordinate and organize ministry projects that  
Serve the community

\_\_\_\_\_ Other : \_\_\_\_\_

**If you checked “yes” to any of the items above, someone will contact you.**

## CLC Office Use Only:

Date Recv \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Recv by \_\_\_\_\_

WAIT List \_\_\_\_\_

Class child placed in \_\_\_\_\_ Teachers \_\_\_\_\_

**Hunters Glen Baptist Church**  
**CHILDHOOD LEARNING CENTER**

4001 Custer Road Plano, TX 75023 Phone # (972) 519-0365 FAX #(972) 519-8336

**MEDICAL FORM & Physician Statement**

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**HEALTH INFORMATION & HISTORY** *(to be completed by parent)*

**Allergies** \_\_\_\_\_

**Existing Illness** \_\_\_\_\_

**Previous Illness** \_\_\_\_\_

**Physical or Mental Impairment** \_\_\_\_\_

**Special Needs** \_\_\_\_\_

*Before your child attends classes at Hunters Glen Baptist Church Childhood Learning Center, you must present a current immunization record and a statement of good health from the child's physician.*

*Physician's office may either complete and sign chart below or attach a copy of current immunization record signed or stamped by physician.*

**IMMUNIZATIONS**

DTaP	Hib	Polio	MMR	HepB	HepA	Varicella	Pneumo

**PHYSICIAN'S STATEMENT**

*I have examined the above-named child within the past year and find that he/she is physically able to take part in the preschool program at Hunters Glen Baptist Church Childhood Learning Center.*

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Hunters Glen Baptist Church Childhood Learning Center**  
4001 Custer Road Plano, Texas 75023  
PHONE 972/519-0365 FAX 972/519-8336

**Tuition and Fees**  
**2017-2018 School Year**

**Registration Fee of \$125 is an annual fee collected with a completed enrollment packet and is Non-Refundable.**

**Supply Fee is an annual fee collected at enrollment and based on the number of days per week your child attends.**

2 or 3 days per week \$100  
4 or 5 days a week \$150

**ALL CLASSES ARE BASED ON CHILD'S AGE AS OF SEPTEMBER 1ST**  
**ALL CHILDREN ATTEND SCHOOL DAY PROGRAM 9:00-2:00**  
**PRICES ARE CHARGED MONTHLY**

2 days per week	\$260
3 days per week	\$330
4 days per week	\$408
5 days per week	\$510

**EXTENDED HOURS: AM Care 7:00-9:00 & PM Care 2:00-6:00**

2 days per week	AM \$56	PM \$112
3 days per week	AM \$78	PM \$156
4 days per week	AM \$96	PM \$192
5 days per week	AM \$120	PM \$240

**Space is limited for this option. Sign up is first come, first serve. This will not be offered on a drop-in basis. You must reserve a spot and the fee is added to tuition each month.**

**Tuition is due on the first and considered late on the 10<sup>th</sup>. There is no reduction in monthly tuition for holidays, vacations, illness or bad weather closings. We are not able to allow make-up days due to holidays, vacations, illness or bad weather closing.**