

## Asbury Day School 2021-2022

### Annual Registration-

The curriculum fee covers the student's curriculum and consumables during the school year.

	Registration Fee	Curriculum Fee	Total Fees
Kindergarten	\$ 125.00	\$225.00	\$ 350.00
2 or 3 day Pre-K	\$ 125.00	\$200.00	\$ 325.00
5 day Pre-K	\$ 125.00	\$225.00	\$ 350.00

**Registration Fee after March 1<sup>st</sup> will be \$125.00**

### Monthly Tuition Rates: (Due by the 7<sup>th</sup> of each month of school)

Kindergarten:	\$ 525.00
Pre-K: 2's, 3's & 4's: 9:00 a.m. – 2:00 p.m.	
2 day Pre-K	\$ 260.00
3 day Pre-K	\$ 360.00
5 day Pre-K	\$ 460.00
Before/After school care	\$ 100.00 per week
	\$ 30.00 daily
	\$ 15.00 hourly

### Day School Schedule:

Kindergarten	Monday-Friday	TBA
2 day Pre-K	Tuesday & Thursday	9:00a.m. – 2:00p.m.
3 day Pre-K	Mon., Wed., & Friday	9:00a.m. – 2:00p.m.
5 day Pre-K	Monday-Friday	9:00a.m. - 2:00p.m.
Before Care	Monday – Friday	6:00a.m. - 9:00a.m.
After School Care	Monday – Friday	2:00p.m. – 5:00p.m.





### Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

#### General Information

Operation's Name Asbury Day School		Director's Name Kathryn Bonardy	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
I authorize the child care operation to <b>release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

#### Consent Information

<p>Check All That Apply:</p> <p><b>1. Transportation</b></p> <p>I give consent for my child to be transported and supervised by the operation's employees:</p> <p><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</p> <p><b>2. Field Trips</b></p> <p><input type="radio"/> I give consent for my child to participate in field trips.</p> <p><input type="radio"/> I do not give consent for my child to participate in field trips.</p> <p>Comments</p>
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**3. Water Activities**

I give consent for my child to participate in the following water activities:

- water table play     sprinkler play     splashing/wading pools     swimming pools     aquatic playgrounds

**4. Receipt of Written Operational Policies (Check All that Apply)**

I acknowledge receipt of the facility's operational policies, including those for:

- |  |   |
|--|---|
| <input type="checkbox"/> Discipline and guidance                                       | <input type="checkbox"/> Procedures for release of children   |
| <input type="checkbox"/> Suspension and expulsion                                      | <input type="checkbox"/> Illness and exclusion criteria   |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications  |
| <input type="checkbox"/> Procedures for conducting health checks                       | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval   |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

**5. Meals**

I understand that the following meals will be served to my child while in care:

- None     Breakfast     Morning snack     Lunch     Afternoon snack     Supper     Evening snack

**6. Days and Times in Care**

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**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	Phone Number
Name of Emergency Care Facility	Address	Phone Number

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

\_\_\_\_\_  
Signature — Parent or Legal Guardian

**Child's Additional Information Section**

List any special needs that your child may have, such as environmental allergies, food intolerances, 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 caregivers should be aware of:

Does your child have diagnosed food allergies?  Yes  No Plan Submitted on \_\_\_\_\_

Child day care 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 Signed

**School Age Children**

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

- walk to or from school or home  ride a bus  be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

- Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

**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.

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 or she is able to take part in the day care program.

\_\_\_\_\_  
Signature — Health Care Professional

\_\_\_\_\_  
Date Signed

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 submit it to the child care operation.

Name

Address of Health Care Professional

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**Requirements for Exclusion**

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

**Vision Exam Results**

Right Eye 20/      Left Eye 20/       Pass       Fail

\_\_\_\_\_

Signature Date Signed

**Hearing Exam Results**

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

\_\_\_\_\_

Signature Date Signed

**Vaccine Information**

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1-2 months (second dose)	
	6-18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15-18 months (fourth dose)	
	4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	12-15 months (fourth dose)	
	2 months (first dose)	
	4 months (second dose)	
	6-18 months (third dose)	
	4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose)	
	4-6 years (second dose)	
Varicella	12-15 months (first dose)	
	4-6 years (second dose)	
Hepatitis A	12-23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

**Physician or Public Health Personnel Verification**

Signature or stamp of a physician or public health personnel verifying immunization information above:

\_\_\_\_\_

Signature Date Signed

**Varicella (Chickenpox)**

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.

\_\_\_\_\_

Signature Date Signed

**Additional Information Regarding Immunizations**

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

**TB Test (If Required)**

Positive  Negative Date: \_\_\_\_\_

**Gang Free Zone**

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**Privacy Statement**

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

**Signatures**

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed



**Asbury Day School**  
 5354 Space Center  
 Pasadena, TX 77505  
 281-998-3486

**Payment Authorization Form**

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt will be available on request for each payment. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. **A fee of 2.7% will be added to each transaction.**

**Please complete the information below:**


I \_\_\_\_\_ (Full name) authorize **Asbury Day School** to charge my credit card

indicated below for \$ \_\_\_\_\_ on the \_\_\_\_\_ of each **month** for payment of my **School tuition.**  
 (Day or date)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Checking/ Savings Account**

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



**Credit Card**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
Security Code _____	

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Asbury Day School** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Asbury Day School** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company, so long as the transactions correspond to the terms indicated in this authorization form.



# Pick Up List

The people listed below have my permission to pick up my child,  
\_\_\_\_\_. If in an emergency, I send someone not on this  
form, they will have my driver's license number with them. My driver's license  
number is \_\_\_\_\_.

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_.

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

Name: \_\_\_\_\_

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

Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_

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

Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_

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

Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_

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

Relation to child: \_\_\_\_\_

\*Attach a copy of I.D. on each as they pick up



## Permission to Post to Social Media

I give permission to Asbury Methodist Day School to post pictures of my child \_\_\_\_\_ on social media websites, school website, and all public information. I also give permission to release information about my child.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

I do not give permission to Asbury Methodist Day School to post pictures of my child \_\_\_\_\_ on any social media websites, school website, and any public information. I do not give permission to release information about my child.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



# Library Rules

- Books will be checked out on Mondays for MWF & 5 day students and returned the following Monday.
- Books will be checked out on Tuesday for T/TH students and returned the following Tuesday.
- Books will be sent home in the child's folder and must be returned in the same condition.
- Children will not be allowed to check out another book until their library book is returned.
- If the book is lost or damaged, replacement cost is \$5.00.
- If you have any questions concerning the Asbury Day School Library Rules and Procedures, please contact the school office.

Please sign and return the lower portion of this page:

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This is acknowledgement that I have read and understand the Library Rules and will abide by them.

Childs Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_





## TUITION POLICY

- The registration fee is due at the time of registration and this will hold your child's spot
- The curriculum fee is due by June 1<sup>st</sup>. If registering after June 1<sup>st</sup> the curriculum fee is due upon registration.
- Tuition is due on the 1<sup>st</sup> of every month
- Tuition will be late after the 7<sup>th</sup> of the month
- There will be a \$25.00 late fee applied on the 8<sup>th</sup> of the month if tuition is not paid
- If tuition is not paid by the 15<sup>th</sup> the student will not be allowed to attend school on the 15<sup>th</sup> or until tuition is paid in full
- If you have any questions please contact the school via phone or email.
- All tuition/fees are handled through the school office and or Director. Teachers job descriptions do not include the financial policies of the school.
- We understand that everyone's lives are busy so we give many options to accommodate you. You can sign up for auto draft or pay online through the link sent in reminder emails. In addition to this we send out numerous emails with your invoice included to remind you of due dates.
- We are a tuition driven school and do not receive any other income from tax dollars.

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Parent Signature

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Director Signature



I have received a copy of the 2021-2022 student handbook for  
Asbury Day School.

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Student Name

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Parent Name (printed)

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Parent Signature

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Date

