

Asbury Day School 2022-2023

Annual Registration-

The curriculum fee covers the student's curriculum and consumables during the school year. The registration fee is non-fundable.

	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

Monthly Tuition Rates: (Due by the 7th of each month of school)

Kindergarten:	\$ 540.00
Pre-K: 2's, 3's & 4's: 9:00 a.m. – 2:00 p.m.	
2 day Pre-K (2's class only)	\$ 270.00
3 day Pre-K	\$ 370.00
5 day Pre-K	\$ 470.00
Before/After school care	\$ 125.00 per week
	\$ 30.00 daily
	\$ 15.00 hourly

Day School Schedule:

Kindergarten	Monday-Friday	8:00a.m. – 2:00p.m.
2 day (2's class only)	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. – 6:00p.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		Director's Name	
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 release my child to leave the child care operation ONLY 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

Check All That Apply:

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care on field trips to and from home to and from school

2. Field Trips

I give consent for my child to participate in field trips.

I do not give consent for my child to participate in field trips.

Comments

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
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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
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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
	12-15 months (fourth dose)	
Inactivated Poliovirus	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.

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

Tuition[®] Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express[™]—a payment processing system that allows secure, in-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

(we) hereby authorize (business name) Asbury Methodist Day School to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the issuer for accepted credit card types. There will be a 2.7% credit card fee for all charges and a \$1.00 fee for electronic checks.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name		Phone #	
Cardholder Address		City	State Zip
Account Number	Expiration Date	Security Code	
Cardholder Signature			Date

SECTION B (Bank Account)

Your Name		Phone #	
Address		City	State Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)		Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature			Date

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	DATE OF PAYMENT 555 555 5555	00226
Pay to the order of <u>Attach Voided Check Here</u> \$		
Deposit only, not negotiable		Dollars
12345678901	18003300	0226

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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:

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 registration fee is non-refundable.
- The curriculum fee is due by July 1st. If registering after July 1st the curriculum fee is due upon registration.
- Tuition is due on the 1st of every month
- Tuition will be late after the 7th of the month
- There will be a \$25.00 late fee applied on the 8th of the month if tuition is not paid
- If tuition is not paid by the 15th the student will not be allowed to attend school on the 15th 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.

Parent Signature

Director Signature

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

I have received a copy of the 2022-2023 student handbook for
Asbury Day School.

Student Name

Parent Name (printed)

Parent Signature

Date

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