



Enrollment Checklist

Child's Name: _____

Preschool _____ Kindergarten _____

How did you hear about us? _____

- _____ Enrollment Fee
- _____ First Supply Fee Installment
- _____ Second Supply Fee Installment
- _____ Enrollment Form
- _____ Financial Agreement
- _____ Copy of Birth Certificate
- _____ Copy of Immunization Record
- _____ Doctor Signed Medical Release
- _____ Discipline Guidelines
- _____ Picture Release and Nutrition Statement
- _____ Parent Handbook Receipt
- _____ Vision and Hearing Screening (if turned 4 before September 1st)

Pebbles Enrollment Form

Child's Information

Enrollment Date _____ New Student _____ Returning Student _____ Start Date _____

Child's Name _____ Date of Birth _____ M or F _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Parent's Email Address _____

Family Information

Parents are: Married ___ Separated ___ Divorced ___ Custody of the child is with _____

Father's Name _____

Home Address _____

City/State/Zip _____

Work Phone _____ Cellular _____

Mother's Name _____

Home Address _____

City/State/Zip _____

Work Phone _____ Cellular _____

**The Pebbles staff is authorized to contact the following people in case of an emergency if parents cannot be reached; this list of people may also pick up my child:
Emergency/Release Information: (please fill this out in its entirety)**

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Enrollment Form continued.....

Existing
Illness: _____

Previous Serious Illness and
Injuries: _____

Medication Prescribed for Long Term Use: _____

Special Instructions: _____

Allergies: _____

Doctor to Call in Case of an
Emergency: _____

Doctor's
Address: _____

Doctor's
Phone: _____

Parental Authorization for Medical Care

In case medical attention is needed for my child and neither parent can be reached by phone, I authorize Pebbles staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care. I understand that this authorization may include calling the physician named above and implementing his instructions. I will not hold the staff liable for any accident or injury to the child while he/she is at Pebbles, provided any such accident or injury is not caused by the staff's negligence or willful acts.

Signature of Parent or Guardian

Date



Medical Information

Child's Name: _____ Child's Date of Birth _____

A Doctor's Signature is required for each child entering Pebbles.

Examination

This child was given a complete physical examination. No disabling physical or mental conditions were discovered; and he/she was found to be free of infectious and contagious diseases. This child is able to participate freely and without restrictions in-group activities in a Pebbles Program, except for the following:

RESTRICTIONS OR SPECIAL CARE NEEDED:

Doctor's Signature

Date

Phone Number

Immunization Record

(please attach shot record)

This form may be faxed back to the preschool office at (817)306-7304

Financial Information and Payment Agreement

1. Monthly Tuition Charges:_____
2. Please circle days your child will be in attendance: **T/Th or M/W/F or M-F**
3. An annual non-refundable/non-transferable enrollment fee of \$100 per family must be paid at the time of enrollment/re-enrollment.
4. A non-refundable/non-transferable supply fee must be paid twice a year. The first installment is due by July 31st and the second installment is due by January 1st.
5. **PAYMENTS:** Due on the 1st weekday of the month. No exceptions. Payment is past due if not received by the 5th of every month.
6. NSF fees for all returned checks is a \$25 fee. This fee must be paid in cash.
7. **LATE FEE:** A late fee of \$25 will be assessed for all late payments. This amount will be added to your account, and must be paid for your child to remain enrolled at Pebbles.
8. **You are obligated to pay, even if your child is absent.**
9. There will be a 5% discount for tuition paid in full by June 1st.
10. Enrollment and Tuition Fees are as follows:

Grade	Program	Tuition (per month)	Supply Fees (per semester)	Tuition (paid by June 1)	Enrollment Fees
Toddlers	2-days/week	\$210	\$75	\$1795.50	\$100
	3-days/week	\$285	\$100	\$2436.75	\$100
	5-days/week	\$435	\$125	\$3719.25	\$100
Preschool	2-days/week	\$170	\$75	\$1453.50	\$100
	3-days/week	\$245	\$100	\$2094.75	\$100
	5-days/week	\$395	\$125	\$3377.25	\$100
K	5-days/week	\$425	\$150	\$3633.75	\$100

11. Extended Care Fees are as follows:

Program	Before-care (per month)	After-care (per month)	Combined (per month)
2-days/week	\$32	\$64	\$96
3-days/week	\$48	\$96	\$144
5-days/week	\$80	\$160	\$240

12. Extended care payments are due on the 1st weekday of the month. You are obligated to pay even if your child is absent, no exceptions. Payment is past due if not received by the 5th of every month. Before-care is available 7:00am to 8:50am and After-care 2:00pm to 6:00pm.
13. If your child is coming monthly but less than the daily hours provided, the fee of \$2/hour will be applied. See the office for a monthly fee. Prices will be rounded up to the next hour.
14. Extended care is offered only for the days your child is enrolled in our program.
15. For the occasional use of extended care, the fee is \$3 per hour.

I acknowledge that I have been provided with and read Pebbles' financial information and policies.

Parent's Signature _____ Date _____

Photo/Internet Release

Throughout the school year, your child will be photographed for our annual scrapbooks and portfolios, as well as for use on the internet at the Pebbles website. The website will be used to showcase the student activities throughout the school year.

Please check the applicable statements and sign below.

_____ I authorize Pebbles staff to videotape and photograph my child.

_____ Please do **NOT** videotape and/or photograph my child.

_____ My child's PHOTO may appear on the Pebbles website.

_____ Please **DO NOT** include my child's photo on the Pebbles Website.

Child's Name

Parent/Guardian Signature

Date

Nutrition Statement

Throughout the school year, you have agreed to supply non-refrigerated and non-heated lunches for your child. By signing below, you understand that Pebbles is not responsible for the nutritional value or for meeting your child's daily food needs.

Child's Name

Parent/Guardian Signature

Date

Discipline Guidelines

Per the Minimum Standards of the
Texas Department of Protective and Regulatory Services

Rule 746.2801

To what extent may caregivers discipline the children in their care?

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.

Rule 746.2803

What methods of discipline and guidance may a caregiver use?

A caregiver may only use positive methods of discipline and guidance that encourage self esteem, self control, and self direction, which includes 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 that one minute per year of the child's age.

Rule 746.2805

What types of discipline and guidance or punishment are prohibited?

There must be no harsh, cruel, or unusual treatment of any child. The following is 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 that I have received a copy of this discipline and guidance policy.

Signature

Date

Please Check One:

Parent/Legal Guardian

Employee/Caregiver