

HUNTERS GLEN BAPTIST CHURCH CHILDHOOD LEARNING CENTER NEW STUDENT ENROLLMENT APPLICATION 2022-2023

4001 CUSTER ROAD PLANO, TX 75023 PHONE (972) 519-0365 FAX (972) 519-8336 WWW.HUNTERSGLEN.ORG/CLC

Child's Name _____ Preferred Name _____ Gender M/F Shirt Size ____
Address _____ Date of Birth _____ Age ____
Church membership/attendance () HGBC () Other _____ () None
Mother's Name _____ Phone (C) _____ Cell phone carrier ____
Occupation/Employer _____ Business Phone _____
Father's Name _____ Phone (C) _____ Cell phone carrier ____
Occupation/Employer _____ Business Phone _____
Siblings _____

Family E-Mail Address

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

Emergency contact & authorization to pick up information (person other than the parent)

Name _____ Phone # _____
Relationship _____ DL# _____ Address _____
Name _____ Phone # _____
Relationship _____ DL# _____ Address _____

I authorize the **Hunters Glen Baptist Church Childhood Learning Center** to release my child to leave the childcare operation **ONLY** with the above persons after verification of ID.

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 **HUNTERS GLEN BAPTIST CHURCH 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 _____

(To be completed by HG CLC Staff) Date _____ # _____ Received by _____

Child's Name _____ Today's Date _____

Tuition Information

REGISTRATION FEE: \$125 Registration Fee is non-refundable

SUPPLY FEE:()Two Days\$125 ()Three Days\$150 ()Four Days\$175 ()Five Days \$200

TUITION CHARGED PER MONTH:

() Two Days \$291 () Three Days \$366 () Four Days \$455 () Five Days \$568

Days Attending: () Monday () Tuesday () Wednesday () Thursday () Friday

EXTENDED CARE AM (7AM – 9AM) CHARGED PER MONTH

() Two Days \$64 () Three Days \$88 () Four Days \$109 () Five Days \$137

Days Attending: () Monday () Tuesday () Wednesday () Thursday () Friday

EXTENDED CARE PM (2PM-6PM) CHARGED PER MONTH

() Two Days \$137 () Three Days \$177 () Four Days \$218 () Five Days \$273

Days Attending: () Monday () Tuesday () Wednesday () Thursday () Friday

Tuition is due on the first of the month and will be considered late after the 10th. A late fee of \$25 will be assessed if payment is not received by the 10th. Tuition cannot be adjusted nor will make up days be allowed due to holidays, vacations, illness or bad weather closings.

Allergy Statement:

My child has a () sensitivity () intolerance () allergy to _____.

a () sensitivity () intolerance () allergy to _____.

a () sensitivity () intolerance () allergy to _____.

If allergy is indicated above, I will provide:

() allergy plan signed by a doctor () Epi Pen with prescription () Benadryl

I understand I must provide the above items before the first day of school. **I understand my child will not be able to attend HG CLC w/o an allergy plan signed by a physician.**

___ I will provide a current immunization record prior to my child's first day of school.

___ 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

Date

CLC Office Use Only:

Start date: _____ Date Pmt received: _____ Amount _____ Cash/Check # _____ Withdraw date: _____

Parent Acknowledgment

Please initial by each statement and sign at the bottom of this page. A copy of the Parent Handbook can be viewed online at www.hunterglen.org/clc/

Parent Handbook Statement

____ I have read the Parent Handbook and will abide by the policies and procedures.

Health and Safety Statement

____ I have read, understand, and agree to the health policies as stated in the Parent Handbook.

Illness Policy

____ I have read, understand and agree to the illness policies as stated in the Parent Handbook. I understand that an illness report will serve as notification of the reason/s a child is excluded from care and when the child can return to care. In most cases, it is 24-hours fever free and/or symptom free without the aid of any medication. We will do our best to inform parents of confirmed cases of illness in a classroom through email or text. The health and safety of children is our number one priority, we reserve the right to amend or exclude from care or alter our illness policies during flu season or other similar related health outbreaks or concerns.

Permission to Photograph or Video

____ I give permission to Hunters Glen Baptist Church Childhood Learning Center to photograph my child and use the resulting photographs for any purpose that Hunters Glen Baptist Church Childhood Learning Center deems proper including social media (Homeroom App, Facebook, Instagram and Twitter).

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.

Children with Life Threatening Allergies

____ I will provide a written allergy plan sign by a physician before my child attends Hunters Glen Baptist Church Childhood Learning Center. I will also provide the required medications to administer in case my child has an allergic reaction while in care at Hunters Glen Baptist Church Childhood Learning Center. I give permission for Hunters Glen Baptist Church Childhood Learning Center staff/teachers to administer medication and or Epi pen if necessary.

Infant Safe Sleep Statement

____ I have read, understand and agree with the policy on Infant Safe Sleep as stated in the parent handbook.

Gang Free Zone

____ I understand that HG CLC is a Gang Free Zone and have been notified as such.

Snack Policy

____ I understand that HG CLC provides snacks for children 12 months and older. Food/snacks are served every 3 hours per licensing. Snacks served at HG CLC (due to allergies) will be: Cheerios, Pretzels, Goldfish, Cheez-its, Graham Crackers, Veggie Straws. If you choose to provide your own snacks all snacks must be preapproved with the classroom teacher.

Parent/Guardian Signature

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 of Parent or Guardian

Date

HUNTERS GLEN BAPTIST CHURCH CHILDHOOD LEARNING CENTER

4001 Custer Rd. Plano, TX 75023 PHONE (972) 519-0365 FAX (972) 519-8336

EMAIL cladmin@huntersglen.org

Medical Form & Physician Statement

Child's Name _____ Date of Birth _____

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

Allergies _____

EPI PEN () Yes () No (***Hunters Glen Baptist Church Childhood Learning Center must have an allergy action plan on file if Yes is checked***)

Existing Illness _____

Previous Illness _____

Physical or Mental Impairment _____

Special Needs _____

Has your child ever been hospitalized or visited the ER? (Please explain) _____

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 STATEMENT *(to be signed by a doctor)*

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

Parent Signature

Date

HG CLC SCHOOL CALENDAR 2022-2023

Thursday, Aug. 4th Meet the Teacher 3pm–5:30pm Come and go event for all ages

Due: Updated Immunization record Hearing & Vision Screening for 4yr old's & Supply fee

Week of Aug. 8 th	First Day of HG CLC Classes
Sept. 2 nd & 5 th	Labor Day Holiday – HG CLC CLOSED
Sept. 12 th	Grandparents Day – School Day event for all ages
Sept. 21 st & 22 nd	Fall Pictures
Oct. 10 th & 11 th	Columbus Day Holiday – HG CLC CLOSED
Nov. 21 st –25 th	Thanksgiving Holiday – HG CLC CLOSED
Week of Dec. 12 th	Classroom Christmas Parties –School Day event all ages
Dec. 15 th	Christmas Program – Event for all ages
Dec. 15 th	Last day of Classes
Dec. 16 th –Jan. 3 rd	HG CLC Christmas Holiday – HG CLC CLOSED
Jan. 4 th	HG CLC Classes Resume
Jan. 16 th	MLK Day Holiday – HG CLC CLOSED
Jan. 23 rd –Feb 3 rd	City Heroes – Special Guest visit HG CLC–School Day event
Week of Feb. 13 th	Valentine's Day Celebrations – School Day event for all ages
Feb. 20 th	Presidents Day Holiday – HG CLC CLOSED
Week of Feb 27 th	Literacy Days
Mar. 2 nd	Open House 6:15 PM – Event for all ages
Mar. 6 th –10 th	Spring Break – HG CLC CLOSED
Mar. 22 nd & 23 rd	Spring Pictures
Week of March 27 th	Bible Days – School Day event
Apr. 6 th –10 th	Good Friday & Easter Holiday – HG CLC CLOSED
Apr. 24 th	HG CLC staff Development Day – HG CLC CLOSED
May 11 th	Muffins with Mom –School Day event for Infants–Threes
May 11 th	Pre-k Mother's Day Tea – Event for Pre-K (four-year old's) & their moms
May 22 nd	Superhero Day (Donuts with Dad)
May 25 th	Hooray 4 the Last Day! (End of School Party & Pre-K Clap Out)
May 25 th	Last day of HG CLC Classes

School Day Events: If your child does not attend on a day that a special event is scheduled you and your child may attend the event together. We are not able to trade, substitute or drop –in for a day, on these days because we must maintain our child to teacher ratios.

Chapel: All school chapel Fridays at 9:30

Daily chapel class–Monday–Thursday–All Ages