

The Adventure Preschool

10555 Spring Cypress Road,

Houston, TX 77070

281 378 4080 Email: taps@windwoodpc.org

New Student Enrollment Form 2025-2026

Ages 3 Months to Pre Kindergarten

Please complete entire form, do not leave blanks. **PRINT CLEARLY!**

Registration Fees are Non-Refundable for any reason.

Office Use Only

Reg. # _____ Date _____ Fees paid _____ Check# _____ Cash _____
Missing Paperwork: PS SR EMR

Child's Full Name Last: _____ First: _____ Middle: _____
Date of Birth _____ Child's Age on September 1, 2025: _____ Gender: M / F
Child Lives With: Both Parents _____ Mom _____ Dad _____ Guardian _____
Child's Home Address _____ City, State, Zip _____
Child's Main Contact Phone Number _____ Date of Admission _____

Mother's Full Name _____
Mother's Home Phone Number _____
Mother's Work Phone Number _____
Mother's Cell Phone Number _____
Mother's Address (If different) _____
Mother's City, State, Zip _____
Mother's Email Address _____
Place of Employment _____

Father's Full Name _____
Father's Home Phone Number _____
Father's Work Phone Number _____
Father's Cell Phone Number _____
Father's Address (If Different) _____
Father's City, State, Zip _____
Father's Email Address _____
Place of Employment _____

Is there a custody order on file with the State of Texas? (circle) YES NO PENDING

**If YES, a current copy of your court order must be attached*

Attendance: My child will be in attendance.

____ Monday/Wednesday/Friday (9:00am-2:30pm) _____ Monday through Friday (9:00am-2:30pm)+++
MDO only (Babies to 2's Class) _____ Tuesday/Thursday (9:00am-2:30pm)

Before Care: (Circle Time) 7:00 am-9:00 am 8:00 am-9:00 am

Mon. _____ Tues. _____ Weds. _____ Thurs. _____ Fri. _____

Extended Care: (Circle Time) 2:30pm-4:30 pm 2:30pm-6:00 pm

Mon. _____ Tues. _____ Weds. _____ Thurs. _____ Fri. _____

+++ M-F class may be taught by more than one set of teachers.

Are you a current active member of Windwood Presbyterian Church: Yes _____ No _____

Emergency Contact and Authorization to pick up Please list local individuals to contact in the event of an emergency, names must match the ID shown.

REL: Relationship to Child (Grandparent, Caregiver, Neighbor)

Legal Name _____ REL: _____ Phone _____

Legal Name _____ REL: _____ Phone _____

Legal Name _____ REL: _____ Phone _____

Legal Name _____ REL: _____ Phone _____

Signature of Parent or Legal Guardian Completing Forms

Date

Child's Name _____

I understand that a morning snack will be served. If attending extended care an afternoon snack will also be served.

Parent Initial: _____

Permissions *(please circle)*

I hereby give / do not give consent for my child to be transported and supervised by the operations employees for
(please circle all that apply) Emergency Care Field Trips (Using the School Bus)

I hereby give / do not give my consent for my child to participate in field trips (3 years old and up)

I hereby give / do not give my consent for my child to participate in water activities

(please circle all that apply) Sprinkler Play Splashing/Wading Pools Water Table Play

Parent Initial: _____

Photo and Social Media Release

From time to time our staff may take photographs/videos for classroom/school and social media (School websites, Facebook, You Tube, Instagram) purposes. Your child's name will not be used on Social Media.

I Give ____ Do Not Give ____ my consent for the staff to take photographs/videos of my child.

Please be aware that if the staff cannot take photographs of your child you will not receive a memory book at the end of the school year.

Parent Initial: _____

Outside Employment

I understand that the staff at this facility are prohibited in participating in outside employment with parents.

Parent Initial: _____

Social Networking with Staff

I understand that the staff at this facility are prohibited in participating in social networking activities *(Such as Facebook, Twitter, Instagram)*. with parents or children enrolled at the facility other than the official school App.

Parent Initial: _____

I acknowledge I have received and read The Adventure Preschool Parent Handbook of Operational Policies and Procedures including those for discipline and guidance. Parent Initial : _____

Your child is not considered to be enrolled and does not have a slot until Registration Fees are paid in full.

All Child Care Licensing required paperwork including health forms must be on file prior to your child starting school.

Two weeks notice in writing is required if you withdraw your child.

There will be a \$25 charge for each class change made after April 1, 2025

New Students that require an Epipen for severe allergies please see handbook for the school policy.

Children in the 4 year old program must be fully potty trained.

Children in the 3 year old program must be potty trained by January 1, 2026

Registration Fees are NON-REFUNDABLE for any reason.

Parent or Legal Guardian Signature

Date

Emergency Medical Release Authorization 2025-2026

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 listed below to:

Child's Name _____ Date of Birth _____
Name of Physician _____ Emergency Care Facility _____
Address _____ Address _____
Phone _____ Phone _____

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

Medical Insurance Coverage: Please complete the following: **Company:** _____

ID# _____ **Group or Account #** _____

We do not have Medical Insurance coverage: ____ (initial)

Signature of Parent _____ **Date** _____

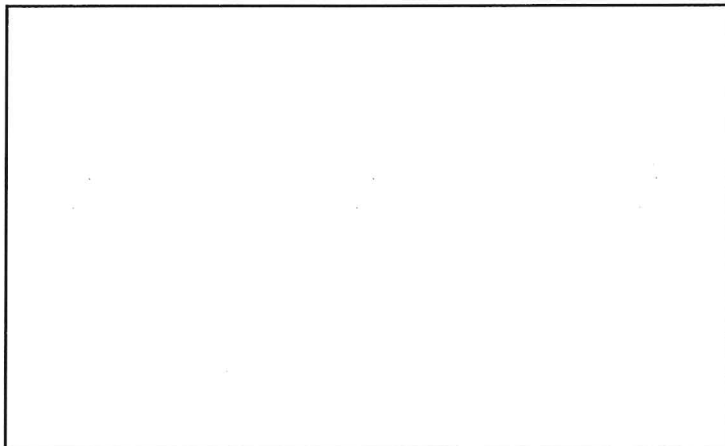
Special Needs

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 caregiver's should be aware of: **If not applicable, initial here** _____

Does your child use an EpiPen for Allergic Reactions? Yes ____ No ____ (See handbook)

Signature of Parent _____ **Date** _____

Please attach a current photo of your child.



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Physician's Statement 2025-2026 required for Admission

Name of Child _____ Date of Birth _____

I have examined the above child within the past year and find that he/she is able to take part in the preschool program.

Health Care Professional Name _____

Address _____ City _____ State _____ Zip _____

Health Care Professional Signature _____ Date _____

Or: A signed and dated copy of a health care professional's statement is attached Yes _____ No _____

Age > Vaccine √	0-2 mths Date Given	By 3 mths Date Given	By 5 mths Date Given	By 7 mths Date Given	By 16 mths Date Given	By 19 mths Date Given	By 25 mths Date Given	By 43 mths Date Given	By 59 mths Date Given
Hepatitis B									
Rotavirus									
Diphtheria, Tetanus, Pertussis									
Haemophilus Influenza type B									
Pneumococcal									
Inactivated Polio									
Influenza									
Measles, Mumps Rubella									
Varicella									
Hepatitis A									
Meningococcal									

TB Test (if required) please circle Positive Negative Date _____

Signature or Stamp of a physician or public health personnel verifying immunization information above.

Or attach a Signed shot record to this form.

Signature _____ Date _____

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 (chickenpox) on or about (date) _____

Parent Signature _____ Date _____

Complete ONLY if Applicable

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official affidavit form developed and issued by the Dept. of Health Services. I understand that this affidavit is valid for 2 years. 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.

Parent Signature _____ Date _____

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Vision and Hearing Screening 2025-2026

Children ages 4 and older (by Sept 1st) must be screened for Vision and Hearing as required by the State of Texas. Vision and Hearing Test Results must be on file (not just pass/fail).

Child's Name: _____ Date of Birth: _____

Vision Exam Results

Right Eye	20/	Left Eye	20/	O Pass	O Fail
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Signature _____

Date: _____

Hearing Exam Results

EAR	1000 HZ	2000 HZ	4000 HZ	Pass or Fail
Right Ear				O Pass O Fail
Left Ear				O Pass O Fail

Signature: _____

Date: _____



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Family Information Form 2025-2026

Student Name: _____

Would you like your contact information listed in the Student Directory? Yes____ No____

Phone Number _____ Email _____

Address: _____

Parent Signature for Directory Information: _____

Are you a member of Windwood Presbyterian Church? Yes____ No____

If not, what church do you attend? _____

Are there siblings that attend the Adventure Preschool or Kardia Academy? Yes____ No____

If Yes what are their names: _____ Age: _____

_____ Age: _____

Do you have a talent or skill you would be willing to share with the students?

Mother's Profession: _____

Father's Profession: _____

Are there any pets in the family? Yes____ No____

Type (dog, cat), Names

Would you be willing to volunteer for:

Picture Days: _____

Die Cutting: _____

Field Days: _____

Color Run: _____

Book Fair: _____

Christmas Activities Prep: _____

All Around Easter: _____

Other Special Events: _____

Toilet Training Form for 3-year-old students

Many of you are or will be in the process of toilet training your child. We will help you with this training in every way we can. The Adventure Preschool policy for children and potty training can be found in the student handbook.

The Adventure Preschool's definition of "Potty Trained": The child is able to inform the teacher of their need to use the potty, the child can independently take clothing on and off, should not be wearing "Pull Ups." The child can get on and off the toilet by themselves and wipe her/herself and wash their own hands. Teachers in our preschool program will help coach a child who is having difficulty with the process.

- **Children enrolling in our 4-year-old program** must be fully potty trained before the first day of school. If a 4-year-old student has three potty accidents, they will be suspended for one month.
- **Children enrolling in our 3-year-old program** must fill out a potty-training form and **return it to the school between July 12th and August 2nd, 2025**. This form will let the registrar know if the child is fully potty trained.
- We must insist that children who are having frequent potty accidents wear Pull Ups type disposable training pants during the training period. We cannot accommodate potty chairs in the classroom.
- **Children enrolled in our 3-year-old program who are not fully potty trained, at our discretion** may be placed in a classroom that is set up for non-potty-trained students.
- **All children enrolled in our 3-year-old program must be fully potty trained by January 1st, 2026. If your child is suspended due to potty accidents after January 1st the monthly tuition will not be refunded. Please read the handbook for our potty-training policy.**

Please complete the form below and return to the preschool.

Between July 14th and August 5th 2025.

Child's Name: _____ Date of Birth: _____

My 3 yr. old Child is potty trained as described above: Yes ____ No ____

My 3 yr. old Child will need to be placed in a classroom equipped for non-potty-trained children. Yes ____

I understand that my child needs to be fully potty trained by January 1st, 2026.

Parent Signature: _____ Date: _____

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Waiver of Liability for Information Release 2025/2026

*This form is for use by parents to enable the teachers to give information to the person (other than the parents), picking up the child on a regular basis.
e.g. babysitter, nanny, grandparent, carpool etc.*

I, _____, parent/guardian of _____

hereby request The Adventure Preschool to release information/records as listed below to:

Name: _____

Caregiver (if different from parent's) Email Address is required for Newsletter, Email Reminders.

Information to be disclosed:

- | | |
|--|--|
| <input type="checkbox"/> Any and all information normally reserved for parent/legal guardian | |
| <input type="checkbox"/> Accident Report | <input type="checkbox"/> Incident Report |
| <input type="checkbox"/> Biting Reports | <input type="checkbox"/> Academic Progress |
| <input type="checkbox"/> Newsletter (email) | <input type="checkbox"/> Reminder Emails |

Per this directive, I hereby release and forever hold harmless The Adventure Preschool from any and all claims relating to or arising from the release of such information/records.

Signature
(This must be signed in front of the Notary)

Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____

State of: Texas
County of: Harris

Seal: