



Enrollment Form 2024-2025

Ages 3 Months to Pre Kindergarten

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

Registration Fees are Non-Refundable for any reason.

10555 Spring Cypress Road, Houston, TX 77070 281 378 4080 Email: taps@windwoodpc.org

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, 2024: 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)+++ 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, 2024  
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, 2025

**Registration Fees are NON-REFUNDABLE for any reason.**

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

\_\_\_\_\_  
Date

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 \_\_\_\_\_

# The Adventure Preschool

10555 Spring Cypress Rd, Houston, TX 77070

281 378 4080 Email: taps@windwoodpc.org

## Vision and Hearing Screening 2024-2025

Children ages 4 and older (by Sept 1<sup>st</sup>) 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: _____
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### Vision Exam Results

Right Eye 20/	Left Eye 20/	<input type="radio"/> Pass	<input type="radio"/> Fail
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Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Hearing Exam Results

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

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

Date: \_\_\_\_\_



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Phone: 281 378 4080

## Family Information Form 2024-2025

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: \_\_\_\_\_

# The Adventure Preschool

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## Waiver of Liability for Information Release 2024/2025

*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:**

- Any and all information normally reserved for parent/legal guardian
- Accident Report  Incident Report
- Biting Reports  Academic Progress
- Newsletter (email)  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*

*Date*

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

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

Signature of notary officer: \_\_\_\_\_

State of: Texas  
County of: Harris

Seal:

# The Adventure Preschool

Fall Semester Aug-Dec 2024

Friday Optional Lunch  
Payment Form for Wiggles Class to PreK

Student: \_\_\_\_\_ Age: \_\_\_\_\_  
*As of Sept. 1<sup>st</sup> 2024*

Teacher: \_\_\_\_\_

## Payment:

Cost is \$125 for the Fall semester (Aug 16<sup>th</sup> - Dec 13<sup>th</sup>) and this form and payment **Must** be turned in no later than **Tuesday August 13<sup>th</sup>**. Our vendors require our totals several days prior to the Friday therefore Late Orders cannot be accepted after Tuesday each week.

Each Friday we will serve one of the following on a rotating basis: Pizza, Cane's Chicken, Soft Beef Tacos, Hamburgers, or Grilled Cheese. You will be notified at a later date which meal is being offered for each week.

If you decide to join the lunch option after the August deadline then the cost will be \$125 plus a \$15 late fee.

Payment Received: \_\_\_\_\_

Late Fee: Yes No \_\_\_\_\_

## 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 12<sup>th</sup> and August 2<sup>nd</sup>, 2024**. 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 1<sup>st</sup>, 2025. If your child is suspended due to potty accidents after January 1<sup>st</sup> 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 12<sup>th</sup> and August 2<sup>nd</sup> 2024.**

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 1<sup>st</sup>, 2025.**

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