

Date child enrolled ___/___/___
Registration check# _____
Amount \$ _____

NEW HOPE CHILD DEVELOPMENT CENTER ENROLLMENT INFORMATION

Child's full name: _____ Nickname: _____

Birthdate: _____ Age as of 9-1-08: _____

Street Address: _____

City: _____ Zip: _____ Home phone: _____

Subdivision: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

PROGRAM PREFERENCE: Please check program desired

_____ **Mother's Day Out** - 20 to 35 months-Registration Fee 85.00

_____ Monday 9am - 2:30pm
_____ Tuesday 9am - 2:30pm
_____ Wednesday 9am - 2:30pm
_____ Thursday 9am - 2:30pm

A class for 18 - 24 month children may be formed. See Cathy if interested.

_____ **Preschool** - 3 year olds -

_____ Monday, Wednesday, Friday 9-12noon - Reg. Fee \$85
_____ Tuesday, Thursday 9-12noon - Reg. Fee \$85
_____ Monday, Wednesday, 9-12noon - Reg. Fee \$85

_____ **Preschool** - 4 year olds

_____ Monday, Wednesday, Friday 9-12noon - Reg. Fee \$85
_____ Tuesday, Thursday 9-12noon - Reg. Fee \$85

_____ **Lunch Bunch** - 3 and 4 year olds 12noon - 2:30

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday

_____ **Transition** - 5 year olds

_____ 4 Day (Monday, Wednesday,) 9:00 - 12:00 - Reg. Fee \$85
_____ (Tuesday & Thursday) 9:00 - 2:30

_____ My child will turn 5 in Sept. or Oct. and I am interested in enrolling him/her in the Transition class.

How did you hear about us? Web site____, newspaper____, phone directory____,
Referral____, other_____.

REGISTRATION FEE FOR ALL PROGRAMS IS \$85.00.
MAXIMUM REGISTRATION FOR 2 CHILDREN IS \$135.00.
MAXIMUM REGISTRATION FOR 3 CHILDREN IS \$160.00.

NEW HOPE CHILD DEVELOPMENT CENTER

GENERAL POLICIES

TUITION AND FEES

Registration fees are due at the time of registration. You may withdraw up until June 1, 2008 and will be refunded all, but \$20.00 per child of your registration fee **ONLY** if you are moving out of the area.

The tuition payment for all programs for May 2009 is due by June 1, 2008 and September tuition is due on September 1. All tuition payments are payable in advance and are due on or before the first day of school for your child each month. Payments not received by the 10th will incur a \$15.00 late fee. Checks that are returned due to insufficient funds will result in a \$15.00 service charge and further payments may be required to be made in cash or money order.

A full month's tuition will be charged unless one month written notification is given for withdrawal.

The entire month's tuition is required of all children in all programs, regardless of the number of days missed due to illness, holidays, or other reasons.

I understand that incomplete and/or late paperwork will result in a service charge. For incomplete paperwork, there will be a \$25.00 incomplete fee. For late paperwork, there will be a \$50.00 late fee. **NO EXCEPTIONS!**

ATTENDANCE POLICY

Please contact the office should your child be unable to attend class. Children should be brought to school only on those days for which they are registered. There are no make-up days due to illness or any other reason.

HEALTH CARE

No sick child will be allowed to stay in school. If a child should get sick at school, the child's parents or another responsible adult, so designated by the parent, will be contacted and given one hour in which to pick the child up from school. After the 1-hour period, a \$5 per hour charge will be incurred to cover special childcare and isolation of the child. This fee is in addition to all other fees and is payable upon arrival.

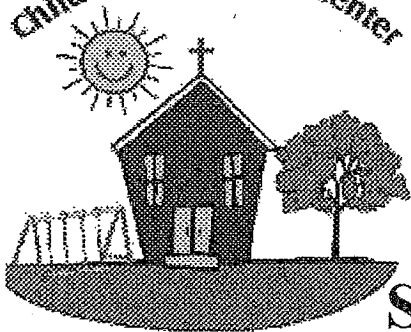
Any child with a communicable disease will not be permitted back to school without a doctor's written approval. If your child develops a communicable disease, please inform the director so that other parents may be alerted. Any child suffering from diarrhea, vomiting or fever may not return to school until the symptoms have been absent no less than 24 hours.

I have read and fully understand the above policies:

Parent's signature

Date

New Hope
Child Development Center



NEW HOPE CHILD DEVELOPMENT CENTER

1350 N. Mason Road Katy, Texas 77449

(281) 492-8521 Fax (281) 492-8523

School starts September 2, 2008

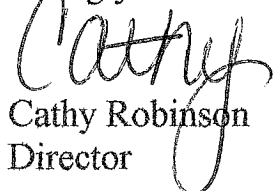
IMPORTANT DATES:

- June 2nd All forms & May 2009 tuition due.
- August 26th Parent Orientation @ 6:30 (All Parents New & Returning)
- August 28th Meet Your Teacher (Tues./Thurs. classes)
- August 29th Meet Your Teacher (Mon./Wed./Fri. classes)
- September 2nd First day of School

GENERAL INFORMATION

- New forms must be completed yearly even if you are a returning parent.
- Late fees are charged after June 1st. Incomplete fees are charged for missing or partially filled out paperwork. (Exception – Birthdays in June, July, or August.)
- Meet your teacher days – class lists will be posted Wednesday, August 27th on the glass carpool doors at 1pm.
- Preschool children (3 and 4 year old classes) and Transition children will not need book bags or backpacks. The school is supplying each child with a bag, which will be personalized.
- Mother's Day Out children will need to bring a bag with their diapers, and extra pair of clothing and a blanket or snuggle toy for naptime.
- We will be taking orders and money for school **T-shirts** at Meet your teacher days. Although it is optional, we feel that T-shirts would be of great benefit to us on field trips. Each T-shirt will cost \$9.00.

If you have any questions, please feel free to call me back. I look forward to seeing you.


Cathy Robinson
Director

**NEW HOPE CHILD DEVELOPMENT CENTER
2008– 2009 School Year**

AVAILABLE PROGRAMS

MOTHER'S DAY OUT is offered to children ages 20-35 months (**age on or before September 1**). The children will have activities until lunch. Following lunch is nap time.

PRESCHOOL is offered to children 3 to 4 years of age (age on or before September 1), and is available Monday, Wednesday, Friday, or Tuesday and Thursday.

LUNCH BUNCH is available to those children enrolled in a preschool program at the Center. It is available only on the days the child attends preschool.

TRANSITION is offered to children 5 years of age (age on or before September 1), and is available on Monday, Tuesday, Wednesday, and Thursday, with an extended day on Tuesday, Wednesday and Thursday.

DAYS AND HOURS OF OPERATION

The Child Development Center will observe the same holidays as Katy Independent School District. We will begin after KISD schools begin, but no later than the Tuesday after Labor Day. We will end one week before the last day of the KISD school year. Please refer to the New Hope CDC calendar for start dates, end dates or additional days closed.

MOTHER'S DAY OUT hours are from 9:00 A.M. to 2:30 P.M.

PRESCHOOL hours are from 9:00 A.M. to 12:00 P.M.

LUNCH BUNCH hours are from 12:00 P.M. to 2:30 P.M.

TRANSITION hours are from 9:00 A.M. to 12:00 P.M. (M)
9:00 A.M. to 2:30 P.M. (T, W & TH)

ENTRANCE INFORMATION

Information packets will be given to the parent at the time of registration. All required forms must be complete and May 2009 tuition must be prepaid no later than June 1st. This includes a doctors statement and immunization records. **Your child will not be allowed to start school without all forms in his file. Incomplete and/or late paperwork will result in a service charge of \$50.00 for late paperwork and \$25.00 for incomplete paperwork.** Registration forms may be dropped off at the church office during the summer months between 9:00 am and 12:00 pm.

For the four year old classes, the child must be eligible to enter public kindergarten the following year. For the Transition class, the child must be eligible for Kindergarten that year.

After capacity in each class is reached, all other applicants will be placed on a waiting list of the appropriate class. This will remain in effect for that school year only.

TUITION AND FEES

Registration fees are due at the time of registration. You may withdraw up until June 1, 2008 and will be refunded all but \$20.00 per child of your registration fee **only** if you are moving out of the area. A supply fee is due and payable on January 1st and is NON-REFUNDABLE.

The tuition payment for all programs for May is due by June 1st and September tuition is due by September 1st. May tuition is refundable until MARCH 1st, provided 30 days written notice of withdrawal is given. A full month's tuition will be charged unless one month written notification is given for withdrawal.

All tuition payments are payable in advance and are due on or before the first day of school for your child each month. Payments not received by the 10th will incur a \$15.00 late fee. Checks that are returned due to insufficient funds will result in a \$15.00 service charge and further payments may be required to be made in cash or money order.

The entire month's tuition is required of all children in all programs, regardless of the number of days missed due to illness, holidays, or other reasons.

MOTHER'S DAY OUT

- \$ 85.00 Registration fee
- \$ 10.00 Supply fee per each day enrolled
- \$ 90.00 Monthly tuition per day (MTWTH)

PRESCHOOL

- \$ 85.00 Registration fee
- \$ 20.00 Supply fee
- \$100.00 Monthly tuition (MW) **(3's only)** 2 DAY PROGRAM
- \$100.00 Monthly tuition (TTH)

\$ 85.00 Registration fee
\$ 30.00 Supply fee
\$140.00 Monthly tuition (MWF)

3 DAY PROGRAM

LUNCHBUNCH

\$ 35.00 Monthly tuition per day

TRANSITION

\$ 85.00 Registration fee
\$285.00 Monthly tuition (M, T, W, TH)
\$ 40.00 Supply Fee

4 DAY PROGRAM

All registration fees are due at time of registration. Maximum registration fee per family of two is \$135.00. Maximum registration fee for a family of three or more is \$160.00. All Supply Fees are due January 1st. Supply fees and registration are non-refundable.

SNACKS AND LUNCHES

A mid-morning snack will be served in every classroom. Snacks are provided by the parents for their individual children. Please make an effort to provide healthy and nutritional items. Examples of healthy and fun snacks will be made available to every parent. **NO candy, soda, gum etc is allowed.** This includes lunchables with candy/soda etc. This is a wonderful learning experience for every child. Please make sure the Center is aware of allergies for your child may have.

All children in the Mother's Day Out and Lunch Bunch should bring a sack lunch to school each day.

Financial Agreement

(Financial Terms and Conditions)

date: _____

Please initial each statement to acknowledge acceptance of terms:

_____ I understand that the registration fee is required to secure a spot for my child. You may withdraw up until June 1, 2008 and will be refunded all but \$20.00 per child **ONLY** if you are moving out of the area. Otherwise the registration fee is **NON-REFUNDABLE**.

_____ I understand that incomplete and/or late paperwork will result in a service charge. For incomplete paperwork, there will be a \$25.00 incomplete fee. For late paperwork, there will be a \$50.00 late fee. **NO EXCEPTIONS!**

_____ I understand the monthly tuition fees are **NON-REFUNDABLE** without 30 days written notice.

_____ I understand that I will prepay May's 2009 tuition by June 1, 2008. To receive a refund of May's 2009 tuition, a 30-day written notice must be given to the Director. In addition, children must be out of the program as of March 1st. February 1st is the last day to give written notice for May's 2009 tuition to be refunded. I understand that if May's 2009 tuition is not paid by June 1, 2008 I could lose my child's place.

_____ I understand that full tuition is due each month regardless of absences, holidays, or other school closings. New Hope Child Development will follow the KISD calendar with the exception of beginning dates, ending dates, Preschool Teacher Workshops and parent/teacher conferences.

_____ I understand that there are **NO** "make-ups" for missed days.

_____ I understand that tuition is due on the first school day of each month. Tuition not paid by the 10th day of the month is subject to a \$15.00 late fee.

_____ I understand that a non-refundable supply fee is due January 1st.

_____ I understand there will be a \$15.00 service charge for any returned checks.

_____ I understand that children not picked up by 12:15 for morning students and 2:45 for afternoon students, they will be left in the Director's care. **There will be a \$10.00 late charge for each 10 minutes or any part thereof that you are late.**

_____ I understand that each family is responsible for a fundraising fee of a \$25.00 profit for one child enrolled in the program, or a \$40.00 profit family maximum fee. This may be accomplished through fundraising, personal check or a combination. This payment is due by December 1, 2008.

I agree to the financial terms listed above.

Parent's name (please print)

Parent's Signature

Date

GETTING ACQUAINTED
WITH YOUR CHILD

Name of Child _____

What name does he/she go by _____

Birthdate _____ Age as of 9/1 _____ Sex _____

Address _____ City _____ Zip _____

Subdivision _____

How long at present address _____ Home Phone _____

Father's Name _____ Address _____

Father's Occupation _____ Work Phone _____

Mother's Name _____ Address _____

Mother's Occupation _____ Work Phone _____

What opportunity does child have to be with other children his/her own age? _____

Has your child been enrolled in this program before? _____

Is this your child's first MDO or Preschool experience? _____

Child's favorite playthings _____

Kind of pets _____

Has there been a recent birth or death or other change in the family? _____

If yes, what? _____

Does your child have any special fears? _____

Does your child have any allergies or is he/she on any continuing medication? _____

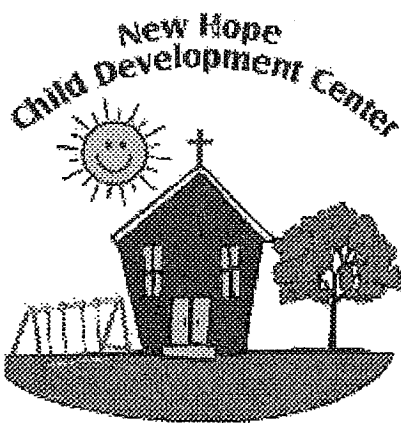
Names and ages of other children in the family:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Does your child have any hearing problems? _____ Visual problems? _____

Speech problems _____ any other problems that you know of? _____



NEW HOPE CHILD DEVELOPMENT CENTER
 1350 N. Mason Road Katy, Texas 77449
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Immunization Record

Name of Child: _____

Date of Birth: _____

IMMUNIZATIONS	Date/dose 1	Date/dose 2	Date/dose 3	Date/booster	Date/booster
DTP/DTaP/DT					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
HIB					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	Positive _____	Negative _____	Date: _____		
Varicella (see below)					

Varicella (chickenpox) vaccine is not required if your child has had chickenpox.

If your child has had chickenpox, please complete the statement:

My child had varicella disease (chicken pox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature

Date

ADMISSION REQUIREMENT: This statement must be presented when your child (under the age of 5 years) is admitted to the day care facility prior to the first day of school.

DOCTOR'S STATEMENT: I have examined the above named child within the past year and he/she is physically able to take part in the day care program.

Physician's Signature

Date

Child's Name _____

MEDICAL REPORT

New Hope Child Development Center
Mother's Day Out, Preschool, Transition

Name _____ Birthday _____ M ___ F ___

Mother's Name _____ Father's Name _____

HEALTH HISTORY

Childhood Diseases: 3 Day Measles _____

Chicken Pox _____

Has your child ever been hospitalized? _____

Reason: _____

Operations or significant illness: _____

Has your child ever had convulsions? _____

When? _____ Frequency _____

Is there any present illness in the family? _____

Please list any dietary restrictions: _____

If digested, what treatment should the CDC do? _____

Please describe your child's current physical conditions: _____

ALLERGIES (Drug, insect bites, etc) _____

If a reaction occurs, what should the CDC do? _____

In the event that I cannot be reached for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Physician: _____ Address: _____ Phone #: _____

Name of Hospital: _____ Address: _____ Phone #: _____

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

Signature-Parent or Legal Guardian:

Child's Name _____

PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE AND
TO PARTICIPATE IN SCHOOL ACTIVITIES

New Hope Child Development Center
Mother's Day Out, Preschool and Transition

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for field trips.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director, or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact parents or guardian through numbers listed on the emergency information card.
2. Attempt to contact the child's physician.
3. If we cannot contact you or your child's physician, we will do any one or all of the following:
 - a. Call another physician or paramedics
 - b. Call an ambulance
 - c. Have the child taken to an emergency hospital in the company of a staff member
4. Any expenses incurred under 3 above will be borne by the child's family.
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
6. The school will not assume responsibility for a child who has not been taken to his/her classroom upon arrival at school.

Is your child allergic to any medication? _____

Does your child have any food allergies? _____

Parent Signature: _____

Insurance Information:

Name of employee: _____

Subscriber Number: _____

Name of Insurance Company: _____

Group/Policy Number: _____

Insurance Phone Number: _____

Child's Name _____

CHILD PICK UP AUTHORIZATION

Please list other people authorized to pick up your child. Include carpool information. If you would like to add others at a later date, please contact the Director.

NAMES

PHONE#

- 1.
- 2.
- 3.
- 4.

TUITION PAYMENT

Child's Name: _____

May 2009 tuition is due June 1, 2008.

Your monthly tuition is \$_____. This amount is subject to change with adding or withdrawing of classes.

Parent's signature _____

Child's Name _____

Picture
Permission Form

I give permission for New Hope Child Development Center to take pictures of my child. I also give permission for pictures to be published in local newspapers, local magazines, and brochures or on the internet (CDC's web site only).

YES

NO

Parent Signature Date

Address and Telephone Publication

It has been requested that a list of names and telephone numbers of all the classmates be made available for the purpose of arranging play dates and birthday parties. If you would like your child's information made available, please indicate yes or no and sign below.

YES

NO

Parent Signature Date

School Year 2008 - 2009

NEW HOPE CDC FAMILY INFORMATION

FAMILY INFORMATION/ HEAD OF HOUSEHOLD

Last Name	First Name	
Address		
City	State	Zip Code
Home Phone	Cell Phone	
E-Mail Address		

SPOUSE

Last Name	First Name
E-Mail	Cell Phone

CHILDREN

Last Name	First Name
Date of Birth	Age

CHILDREN

Last Name	First Name
Date of Birth	Age

CHILDREN

Last Name	First Name
Date of Birth	Age

GENERAL INFORMATION

Are you currently a member of another Church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like information on New Hope Presbyterian Church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to be added to Electronic Mailing lists for New Hope Presbyterian Church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

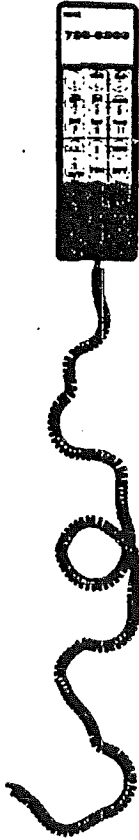
WHERE DID YOU LEARN ABOUT NEW HOPE CDC

WHAT ARE YOUR IMPRESSIONS OF NEW HOPE CDC

WHAT ARE YOUR IMPRESSIONS OF NEW HOPE PRESBYTERIAN CHURCH

We would like to include this form in your child's file to make sure we have as many phone numbers as possible to reach you (if necessary) while your child is at school. Please complete and return it as soon as possible.

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Phone List For:

(Child's Name)

Mother: _____

Home # (_____) _____

Work# (_____) _____

Pager # (_____) _____

Mobile Phone# (_____) _____

Father: _____

Work # (_____) _____

Pager # (_____) _____

Mobile Phone # (_____) _____

Any other number you can frequently be reached at:

_____ (_____) _____

Name and number of someone we can call if we are unable to contact you:

_____ (_____) _____