

Bluebonnet School of Cedar Park Registration and Re-Enrollment Form

To register or re-enroll your child, please fill out this three-page document and return it to the front desk with your payment.

I heard about Bluebonnet from _____ My child is currently enrolled here. Yes No
Full name of child _____ Name called _____ Birthdate _____
Child's address _____
No. & Street, Apt. # City State Zip
Tele. (home) _____ (work) _____ (cell) _____

After-School Program. My child will be enrolled in (school) _____ in (city) _____ and
will have completed _____ grade by the fall. The telephone number of the school is _____.

My child's immunizations are current and the records will be on file at this school. My child has been screened for vision and hearing and these records are on file at this school. If these records are not on file with a local school, I will provide these records before enrollment.

Bluebonnet School provides Rocky Mountain Sunscreen SPF 30. Check below your preferences on sunscreen:

_____ Bluebonnet may use the above mentioned sunscreen on my child
_____ Bluebonnet may apply sunscreen brought from home labeled with my child's name
_____ Please do not apply any sunscreen.

Will a sibling be enrolled? Yes No If yes, name and birthdate of sibling (s) _____

Enrolling Parent's Name _____ Relationship to child _____ Drivers Lic. # _____

Home address _____ Home tele. _____
No. and street Apt. No. City State Zip

Work phone _____ Other phone (pager or cell) _____ E-mail address _____ Employer _____

Co-Sponsor's Name _____ Relationship to child _____ Drivers Lic. # _____

Home address _____ Home tele. _____
No. and street Apt. No. City State Zip

Work phone _____ Other phone (pager or cell) _____ E-mail address _____ Employer _____

Child lives with _____. Is there a child custody or court order in play? ____ If yes, you must attach all relevant documents.

Emergency Contacts

Please list persons with addresses (at least 1 local contact) to call in an emergency when parents cannot be reached.

1. Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Relationship to Child _____ Address _____ Authorized to Pick-Up? (Circle one): Yes or No

2. Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Relationship to Child _____ Address _____ Authorized to Pick-Up? (Circle one): Yes or No

3. Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Relationship to Child _____ Address _____ Authorized to Pick-Up? (Circle one): Yes or No

I authorize Bluebonnet to share daily reports, illness reports, incident reports and medical information about the child with the above listed people.

Signature _____ Print name _____ Today's Date _____

Permissions

I hereby grant permission to Bluebonnet School to photograph, videotape or electronically transit the image of my child for publicity purposes.

Signature - Parent or Legal Guardian _____ Name Printed _____ Date _____

I hereby ___give ___do not give my consent for my child to be transported and supervised by the facility's staff on field trips away from the facility.

I hereby ___give ___do not give my consent for my child to participate in water activities ___splash pads ___wading pools ___swimming pools ___other bodies of water provided

Signature - Parent or Legal Guardian _____ Name Printed _____ Date _____

Personal Information

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, developmental issues and any other information which staff need to know in order to properly care for your child. (Attach an additional sheet if needed.)

What special needs might your child have and how would you like us to accommodate them? (Attach an additional sheet if needed.)

Authorization for Emergency Medical Care

I give consent for the facility to secure emergency medical care for my child. If EMS is called for my child, I will pay for its services.

In case I cannot be reached, I authorize the facility director or person in charge to make arrangements for emergency medical care for my child _____ at the time of illness or accident.

Name of Physician	Address	Telephone
Name of Hospital	Address	Telephone
Signature - Parent or Legal Guardian	Name Printed	Date

Enrollment Agreement

(Please read and initial each item. By initialing and/or signing, I agree to be bound by these terms)

___ **Parent Handbook.** I acknowledge that I have received a copy of the Bluebonnet School Parent Handbook, which includes additional rules and policies regarding the school's operation and relationships with our families. I agree to read and abide by both the rules and policies in this document and in the handbook. The parent handbook is incorporated by reference in this document.

___ **Deposit.** I agree to have on account one month of tuition as a deposit. This deposit will be used for the last full month the child is enrolled at Bluebonnet. Services are sold by the month only.

___ **Days Closed.** Bluebonnet is closed on the following days: Christmas Day through New Years Day (Family Week), Memorial Day, Independence Day, Labor Day, Thanksgiving and the following Friday. We are also closed for teacher professional development days, usually Columbus Day, President's Day and the Friday before the new school year begins. Bluebonnet will occasionally close because of inclement weather conditions. Each child's tuition remains the same, regardless of Bluebonnet's planned or emergency closures.

___ **Check In/Out System.** I agree to check my child in and out at the front desk each day. If an alternate person is picking up or dropping off, this person must check in at front desk for assistance. Only persons authorized in writing by the enrolling parent/guardian may pick up a child.

___ **Late Pick-Up Fee.** At the end of each day, I agree to have picked up my child and be out of the building by 6:30pm. A late pick-up fee will be assessed to the account if parent or child is still in the building after 6:30 p.m. Bluebonnet is not licensed to care for children after 6:30 p.m. The late pickup fee is \$25 if child or parent is still in the building after 6:30, plus \$5 per minute after 6:30 p.m. that either is still in the building.

___ **Late Tuition Payment Fee.** I agree to pay full monthly tuition on or before the first business day of the month and I understand that it is considered past due at the end of the third business day of the month. A 5% penalty will be charged at the end of the third business day if full payment is not made.

___ **Supply Fees.** I understand that a supply fee will be charged to my account each August and each February

___ **Withdrawal.** Should it become necessary for me to withdraw my child(ren) from Bluebonnet School for any reason, I understand that a written notice must be submitted to the front office no later than the third business day of the month which will be your child's last month. The deposit will then be applied to pay for the last month. After the deposit is applied, if the child attends Bluebonnet for any additional portion of a month, I understand I am responsible for paying for that full month of tuition. We sell our services by the month. We reserve the right to disenroll a child or family for any reason.

___ **School-age No Call Fee.** Bluebonnet provides bus transportation to and from specified elementary schools for school-aged children. Bluebonnet's bus drivers will not leave a school until each child is accounted for. I agree that if I do not need Bluebonnet to pick up my child, I will call Bluebonnet by 2:00 p.m. to notify them of the change. If I fail to call Bluebonnet by 2:00 p.m. on the day of the pickup to inform them, my account will be charged a \$25 no-call fee.

___ **Internet Viewing System.** I am aware that Bluebonnet School subscribes to an Internet viewing system which electronically transmits images of its classrooms over the Internet. I grant permission to the facility to transmit the image of my child over this system. (You must agree if you enroll your child.)

___ **Sick Children.** For the health and safety of all our children, I agree to pick up my child with a fever of 100.1 degrees or greater, any undiagnosed rash, vomiting, diarrhea, conjunctivitis, or any illness that prevents the child from participating fully in the program. I agree that children must be fever or symptom free for 24 hours or have a doctors note to return

___ **Immunizations.** I agree to keep my child's immunizations, as required by Bluebonnet and the State of Texas, up-to-date for the health and safety of all children. I will in a timely manner provide Bluebonnet with medical records which verify that these immunizations have been given. Any skipped immunizations must be medically required and documented with a note from the child's physician. I agree that if a child has an immunization waiver for any reason, and if there is an outbreak of the disease which the immunization protects against, the child may be asked to not attend until the outbreak is over. Nevertheless, I understand that for the child to remain enrolled while attendance is suspended, monthly tuition must be paid.

___ **Medications.** I agree that Bluebonnet will administer medications only with a current doctor's note or prescription. All medications must be authorized by a parent and kept in the locked medicine refrigerator or cabinet in the lobby where each classroom has a bin for medications. Parents must sign the authorization at the front desk before medication can be given. We will not administer the first dose of any new medication.

___ **Updating Emergency Contact Information.** I agree to inform Bluebonnet immediately in writing of any change in emergency contact information, such as new or outdated contact persons, changed employers or telephone numbers

Parent's name (Printed) _____ Parent Signature _____ Today's Date _____

Administrator name (Printed) _____ Administrator Signature _____ Today's Date _____

Bluebonnet Treat Other People Right Agreement

We strive to make Bluebonnet School an enjoyable place for all children, where they can relax, enjoy themselves and learn a lot. To help children respect the rights of others while enjoying themselves, we use the Bluebonnet Treat Other People Right Agreement. We believe that children know right from wrong in most situations and happenings in their lives. They know when they are treated with respect and when they treat others with respect. Children usually know when inappropriate behavior from others makes them feel bad, and they also know when they do or say something that hurts others.

Parents, please talk with your child about the Bluebonnet Treat Other People Right Agreement. Let them know your high expectations of their behavior toward others. Then together sign this form and return it to us. We always expect each child to treat others right, but sometimes that does not happen.

Here are the steps we will follow when things do not quite go as they should.

- 1. First we will talk with the child.** If a child has not treated other people as they should, the counselor will discuss with the child what has happened and will help the child determine what would be a better choice of action.
- 2. Next the child may be asked to take a "cooling off" time.** If the youngster continues to not treat people as he/she should, the child will be asked to remove himself or herself from activities for a short cooling off period. The teacher will make a formal written note of these actions, while counseling the child further.
- 3. If counseling and cooling off fail to persuade the child to treat other people right, a parent will be informed of the events.** The parent will be shown the written account and a formal incident report will be written and given to the parent.
- 4. If a child further continues to mistreat other people, that child may be asked to leave the program.** Asking a child to leave our program is a very serious event and we hope this will not be a possibility. No refunds will be given.

I have read the Bluebonnet Treat Other People Right Agreement and have talked about it with my child

_____, who is or will be enrolled at Bluebonnet School.

Parent or Sponsor Signature

Parent or Sponsor Name Printed

Today's Date

Bluebonnet School Health Policy

Please observe your child before coming to school. One of the most important steps in avoiding the spread of disease is your personal observation of your own child. If your child just isn't himself or herself, check to see if any other apparent symptoms, especially fever, are present. If your child is not feeling well, he or she should not come to school. Contagious, sick children need to stay at home so that the class can stay healthier. Working together, we can keep Bluebonnet's children and their teachers free from sick days.

If your Child Becomes Ill at Bluebonnet If this happens, you will be contacted and asked to pick up your child within one hour. If we cannot reach you, we will begin to call the persons you have listed on your emergency contact form until arrangements can be made for your child to be picked up.

When Your Child Can Return to Bluebonnet. Your child may return with a doctor's release indicating that your child is not contagious. Your child may return once he or she is free of fever (without fever-reducing drugs), diarrhea, vomiting, or other symptoms for 24 hours. If your child has a rash, we require a doctor's note saying the child is not contagious before returning. In order to keep all of our children as healthy as possible, we reserve the right to refuse the child's return if we feel that the child is too ill to participate in the program.

Reporting Illness. If your child is absent due to illness, we would appreciate you letting us know. Although you are not required to do so, this knowledge may allow us to watch for symptoms in other children and make an appropriate posting of communicable disease if needed. To protect your confidentiality, only information relating to the nature of the illness will be shared, not the child.

Medications. Medications should never be taken into the classroom. Medications to be administered by Bluebonnet must be placed by parents in the medicine cabinet or refrigerator in the front lobby where parents must sign the daily authorization form. Only prescriptions in the original container, prescribed by a physician with a the child's name, date, prescription and dosage will be administered. For over-the-counter drugs, the child's age must be listed on the container or else we need a doctor's prescription stating the proper dosage. Doctor's prescriptions are only valid for 6 mos. We follow the dosage based on the age, not weight. Bluebonnet will not administer fever-reducing drugs to mask fever symptoms. Medications are given daily at 11:30; please time your child's medication schedule accordingly.

Immunizations. All children enrolled at Bluebonnet must receive the required immunizations prior to admission. For preschool children, records of these immunizations must be on file here at Bluebonnet before your child begins classes here. Or, if your school-age child is enrolled in an elementary school, we must have a signed form stating that your child's immunizations are current and on file at the child's school, along with the school's address and telephone number. Our state regulations require that at all times every preschool child's immunization records be up to date and in our files. A requirement of enrollment is that parents maintain current immunization records for each child at Bluebonnet. If your child is on a delayed immunization schedule, we require a doctor's note in our files stating when the immunizations will be given. If a child has an immunization waiver for any reason and if there is an outbreak of the disease which the immunization protects against, the child may be asked to not attend until the outbreak is over.

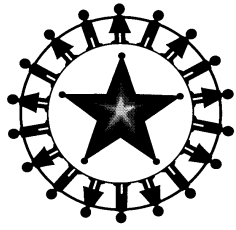
Outdoor Play. I understand and agree that my child will participate in outdoor activities daily, when weather permits. I understand and agree that decisions on outdoor play will be made at the discretion of the administrator and teaching staff. I understand and agree that, if my child is too ill to participate in outdoor play, he/she is too ill to attend school.

I have received and have read the Bluebonnet School Health Policy and I will comply with it.

Parent or Sponsor Signature

Parent or Sponsor Name Printed

Today's Date



Bluebonnet School of Cedar Park

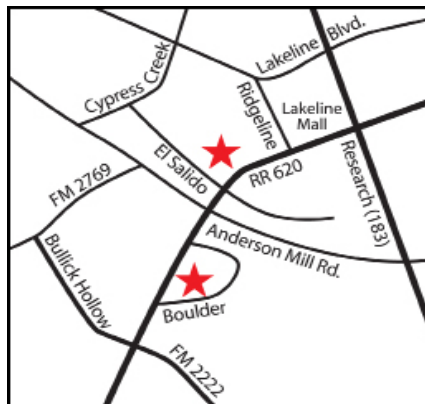
A Private Preparatory Preschool

Registration and Re-Enrollment Packet

Infants . Toddlers
Pre-K . Private Kindergarten
After-School . Summer Camp

3420 El Salido Parkway
Cedar Park, Texas 78613
512-331-9009

www.bluebonnetschool.com



Bluebonnet School's Two Locations

If more convenient for parents, check out our sister school which offers very similar programs and policies:

Bluebonnet School of Canyon Creek
10321 Boulder Lane, Austin TX 78726
512-219-5100



"A lifetime of learning begins with the first moment of wonder."