



# Bluebonnet School

A Preparatory Preschool

## Registration Form

Bluebonnet School of Cedar Park       Bluebonnet School of Canyon Creek

Name of child \_\_\_\_\_ Name called \_\_\_\_\_

Child's address \_\_\_\_\_ Tele. at this address \_\_\_\_\_

If new student, desired start date \_\_\_\_\_ If previously enrolled, attended \_\_\_\_\_ Sex: M F

Birthdate of child \_\_\_\_\_ I heard about Bluebonnet from \_\_\_\_\_

Will child have a sibling enrolled?  yes  no Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Preschool child:** Check the program you prefer:  M-F  TT  MWF  M-F until 3  
*Part-week programs are available for preschoolers children 12 mos. and older. M-F until 3 is for Kinder Prep only.*

**School-age child:** Please check the program desired for your child: After-school  Before school   
Elementary school attending: \_\_\_\_\_ Address \_\_\_\_\_ Tele. \_\_\_\_\_

- My child's up-to-date immunizations are on file at the above school.
- My child's immunizations are not current, and I will attach an explanation.

### Parent/ Guardian Information

**Parent #1** \_\_\_\_\_ Relationship to child \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_

Home address \_\_\_\_\_ Cell phone \_\_\_\_\_

May we text you?  yes  no Cell phone provider (For ex. AT&T, Verizon, etc.) \_\_\_\_\_

Work phone \_\_\_\_\_ Other phone \_\_\_\_\_ Employer \_\_\_\_\_

Email address \_\_\_\_\_

**Parent #2** \_\_\_\_\_ Relationship to child \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_

Home address \_\_\_\_\_ Cell phone \_\_\_\_\_

May we text you?  yes  no Cell phone provider (For ex. AT&T, Verizon, etc.) \_\_\_\_\_

Work phone \_\_\_\_\_ Other phone \_\_\_\_\_ Employer \_\_\_\_\_

Email address \_\_\_\_\_

Child lives with \_\_\_\_\_. Is there a child custody or court order in play?  yes  no If yes, you must attach all relevant documents. Who is legally responsible for payment of our fees? \_\_\_\_\_

### Personal Information

List any special issues that your child may have, such as 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. Does your child have diagnosed food allergies or dietary restrictions?  yes  no If yes, please list.

\_\_\_\_\_

What special needs might your child have and how would you like us to accommodate them?

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Medical Authorization

In the event I cannot be reached to make timely arrangements for emergency medical care, I authorize the person in charge at the school to obtain whatever emergency medical care is deemed necessary. I understand I will be financially responsible for any and all charges related to such medical emergency.

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

_____ Name of physician	_____ Address of physician	_____ Phone no.
_____ Name of emergency care facility	_____ Address of emergency care facility	_____ Phone no.
_____ Signature of parent/guardian	_____ Printed name of parent/guardian	_____ Today's date

## Emergency Contacts

If, in an emergency, neither parents nor guardians can be reached, I authorize the person in charge to allow the child to leave the facility with ONLY the following persons. (You must authorize at least two people other than parent or guardians listed above.) The people you list below will also be authorized to pick up your child in non-emergency situations.) If not, please note it beside the name. At least one contact must have a local address.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell phone \_\_\_\_\_  
Home address \_\_\_\_\_ Alternate phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell phone \_\_\_\_\_  
Home address \_\_\_\_\_ Alternate phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell phone \_\_\_\_\_  
Home address \_\_\_\_\_ Alternate phone \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell phone \_\_\_\_\_  
Home address \_\_\_\_\_ Alternate phone \_\_\_\_\_

I authorize Bluebonnet administrators/teaching staff to access my child's health & safety file. I also authorize them to share daily reports, illness reports, incident reports and medical information about the child with the above listed people.

\_\_\_\_\_  
Signature of parent/guardian    \_\_\_\_\_  
Printed name of parent/guardian    \_\_\_\_\_  
Child's name    \_\_\_\_\_  
Today's date

## Permissions

1. I do or do not give permission for my child to be transported and supervised in a Bluebonnet School vehicle for special activities, field trips (including summer camp program field trips) and to be transported to and from school for before and/or after-school care.
2. I do or do not give permission for my child to participate in water table play, splashing, wading, swimming and/or sprinkler activities at Bluebonnet School.
3. I do or do not give permission for Bluebonnet School to publish my child's photo on Bluebonnet School social media accounts.
4. I do or do not give permission for Bluebonnet School to use my child's photo for promotional purposes.

\_\_\_\_\_  
Signature of parent/guardian    \_\_\_\_\_  
Printed name of parent/guardian    \_\_\_\_\_  
Child's name    \_\_\_\_\_  
Today's 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 an amount equal to half of one month's tuition. 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 three annual 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. Our staff will ask for identification.

\_\_\_\_ **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.** I understand a full month's written notice is required before withdrawal or my deposit will be forfeited. Should it become necessary for me to withdraw my child(ren) from Bluebonnet School for any reason, I understand that the written notice must be submitted to the front office no later than the third business day of the month which will be the child's last month. The deposit will then be applied to pay for half of the last month. 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 encrypted Internet viewing system which electronically transmits images of its classrooms over the Internet to our parents, friends & family. 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 100.4 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 or the child receives the immunization for that disease. 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

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Administrator's name (Printed)

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

## Bluebonnet Treat Other People Right Policy

We strive to make Bluebonnet School an enjoyable place for every child, 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 teacher 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.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
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.** When a child has a temperature over 100.4 degrees, has had 2 episodes of diarrhea or vomiting that day, or an unexplained rash, we will call you to pick up your child within an hour. If we cannot reach you, we will 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 noontime.; 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 for any reason, we require a doctor's note in our files stating when the immunizations will be given.

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

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Today's date