

Parents,

We appreciate your interest in Good News Preschool! We are so excited to be on this journey with your child. It is our mission to share God’s love with each child as we focus on getting them prepared for Kindergarten. We offer 2 day (Monday/Wednesday or Tuesday/Thursday), 3 day (Monday/Wednesday/Friday or Tuesday/Thursday/ Friday) and 5 day (Monday-Friday) options for children ages 18 months-5 year olds. Our school day will run from 9:00 am to 1:00 pm.

Enclosed is the registration packet which includes:

* Registration Form
* Medical Information
* Admission/ Immunization Forms
* Handbook Acknowledgement
* Payment Policy
* Discipline and Guidance Policy

Please read over and complete all of the forms, including our handbook.

We will have a “Meet the Teacher” time the week before school starts. Look for an email late August for those details.

We look forward to a fun year!

God Bless-

Lindsay Funk

Director

Suzi Simmons

Assistant Director

1610 E. New Hope Drive

Leander, Texas 78641

Phone- 512-535-8090

Email- [preschool@goodnewsumc.org](mailto:preschool@goodnewsumc.org)

**Up to date information can always be found on our website at** [**www.goodnewsumc.org**](http://www.goodnewsumc.org)**!**

Circle the days your child will be attending:

M T W Th F

**Good News Preschool Registration Form**

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #1: First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License # and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #2: First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License # and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License # and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Good News Preschool Medical Information**

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physicians Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Medical Care Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Disabilities

Please list below any allergies that your child has. Please also list any disabilities and previous injuries or illnesses that might require special attention.

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

Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that GNP does not dispense medication of any kind, but we do want to know in case of emergency any medications your child takes on a daily basis. If your child requires medication during the school day you will need to come to GNP and administer the medication.**

**I give consent for Good News Preschool to secure any and all necessary emergency medical care for my child.**

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

Signature- Parent or Legal Guardian Date

**Good News Preschool Admissions Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADMISSION REQUIREMENT**: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.  Please check only one option:  1.  HEALTH-CARE PROFESSIONAL’S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | Health Care Professional's Signature | | | | | | |  | | Date | |  |
| 2.  A signed and dated copy of a health care professional’s statement is attached. | | | | | | | | | | | | |
| 3.  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. | | | | | | | | | | | | |
| 4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional’s signed statement and will submit it to the child-care operation. | | | | | | | | | | | | |
| Name and address of health care professional: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | |  | | | | |  | |  | | |  |
|  | | Signature - Parent or Legal Guardian | | | | |  | | Date | | |  |
|  | |  | | | | |  | |  | | |  |
|  | | **All children Ages 4 and over are required to have a vision and hearing screening before attending Good News Preschool.** | | | | |  | |  | | |  |
| **VISION** | | | R 20/ \_\_\_\_\_\_\_\_ | | L 20/ \_\_\_\_\_\_\_\_ | | | | | | PASS  FAIL | | |
| SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | DATE **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **HEARING** | | | **1000 Hz** | **2000 Hz** | | **4000 Hz** | | | | |  | | |
| **R** | | |  |  | |  | | | | | PASS  FAIL | | |
| **L** | | |  |  | |  | | | | |  | | |
| SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

**Good News Preschool Admission Form (Cont.)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HEALTH REQUIREMENTS** | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Child**: | | | | | | | | | | | | | | **Date of Birth**: | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age ►**  **Vaccine ▼** | | **Birth** | **1 mos** | **2 mos** | | | **4 mos** | **6 mos** | | **12 mos** | | **15 mos** | | | | **18 mos** | | | | **19-23 Mos** | **2-3 Yrs** | **4-6 Yrs** | | |
| **Hepatitis B** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **Rotavirus** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **Diphtheria, Tetanus, Pertussis** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **Haemophilus influenzae type b** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **Pneumococccal** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **Inactivated Poliovirus** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **Influenza** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **Measles, Mumps, Rubella** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **Varicella** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **Hepatitis A** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **Meningococcal** | |  |  |  | | |  |  | |  | |  | | | |  | | | |  |  |  | | |
| **TB TEST** (if required) | | Positive | | | Negative | | | | | | | | | | Date: | | | | | | | | | |
| Signature or stamp of a physician or public health personnel verifying immunization information above. | | | | | |  | | | | | | | | | | | |  |  | | | | | |
| 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 disease (chickenpox) on or about (date) | | | | | | | | |  | | | | | | | | and does not need varicella vaccine. | | | | | | | |
|  | | | | | | | |
|  | | | | | | | | | | |  | |  | | | | | | | | | | | |
| Parent’s signature | | | | | | | | | | |  | | Date | | | | | | | | | | | |
|  | I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. | | | | | | | | | | | | | | | | | | | | | | |
| For additional information regarding immunizations contact the Department of State Health Services at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm) | | | | | | | | | | | | | | | | | | | | | | |

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

Signature- Parent or Legal Guardian Date

**Good News Preschool Handbook Acknowledgement Form**

**Please initial, sign & date below.**

\_\_\_\_\_\_\_\_\_\_ I acknowledge receipt and acceptance of all guidelines as outlined in the Good News Preschool Parent Handbook.

\_\_\_\_\_\_\_\_\_\_ I give permission for my child’s image to be used to promote Good News Preschool in the following outlets and I am waiving any consideration for using my child’s photo. Please initial all media outlets below that you give us permission to use your child’s photo.

\_\_\_\_\_\_\_\_ Good News Preschool Facebook page

\_\_\_\_\_\_\_\_ Good News Preschool website

\_\_\_\_\_\_\_\_ Good News Preschool print ads

\_\_\_\_\_\_\_\_ Good News Preschool video ads

Childs Name (please print)

Parent Signature Date

**Good News Preschool Payment Policy**

**Registration:**

Current Members: New Members:

$90 by the end of January $100 by the end of February

$100 by the end of February $120 after February

$120 after February

**Supplies:**

2 days per week: $75 per year-- 3 days per week: $90 per year—5 days per week: $110 per year

**Tuition:**

2 days per week tuition: $190 per month

3 days per week tuition: $240 per month

5 days per week tuition: $330 per month

**Please check which payment method you would like to use:**

\_\_\_\_\_ Personal Check

\_\_\_\_\_ Monthly Draft (Can be drafted from a bank account or charged to a Debit/Credit card. A 3% processing fee will be added to all Debit/Credit card transactions. An Electronic Funds Transfer Authorization Form is required.)

**Please initial that you have read and understand the following policies.**

\_\_\_\_\_ All tuition is due by the 1st of the month and is late and will incur a $20 late fee if not paid by the 7th of the month. If you choose the monthly draft option the draft will occur on the 1st of the month.

\_\_\_\_\_ If you chose monthly draft and are declined there will be a $3 fee for each time the fee is declined.

\_\_\_\_\_ If you chose to pay with a personal check there will be a $30 NSF fee for insufficient funds.

\_\_\_\_\_ We take the total number of school days and divide the cost up evenly amongst the number of months in school so we do not pro-rate for holidays.

\_\_\_\_\_ If you wish to change your method of payment you must notify the Director in writing.

\_\_\_\_\_ If you drop from Good News Preschool you must fill out a Drop Form (obtained from the Director) by the first of the month prior to the month you wish to drop.