



2022-2023 Enrollment, Tuition & Fees Form

Classroom Hours: 9:10am - 2:00pm

Butterflies: Potty Trained 3's as of 09/01/2022

<input type="checkbox"/> New Applicant/New Student <input type="checkbox"/> Continuing CK Student <input type="checkbox"/> Waitlist Applicant Start Date: _____
--

Registration Fee: **Non-refundable. Half due upon registration/Balance Due before First Day of School**

3, 4 or 5 days <input type="checkbox"/> \$150 New Student <input type="checkbox"/> \$100 Current Student	Max per family \$300
--	---------------------------

Supply Fee: **Non-refundable. Half due upon registration/Balance due before First Day of School**

<input type="checkbox"/> 3 days \$80	<input type="checkbox"/> 4 days \$100	<input type="checkbox"/> 5 days \$120
--------------------------------------	---------------------------------------	---------------------------------------

Registration and Supply Fees **MUST** be paid in full by Open House to be fully enrolled. Your child's spot will be released if not paid by Open House.

Monthly Tuition - Potty Trained 3's as of 09/01/2022

<input type="checkbox"/> 3 days \$330	<input type="checkbox"/> 4 days \$440	<input type="checkbox"/> 5 Days \$545
---------------------------------------	---------------------------------------	---------------------------------------

**** Tuition Discounts available for Siblings, First Responders, Military and LISD Staff ****

Sibling Enrollment

Sibling Name: _____ Sibling Classroom: _____ If you have a sibling enrolled, please choose start time: <input type="checkbox"/> 8:45 am <input type="checkbox"/> 9:10 am
--

Child's Full Name: _____ First _____ Middle _____ Last _____
Yrs _____ Months _____

Date of Birth _____ Age as of September 1st, 2021

Parent/Guardian: _____
(Please Print) First Name Last Name

E-mail Address: _____ Cell Phone # _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: <input type="checkbox"/> Registration/Supply Fee Paid/Date _____ <input type="checkbox"/> Method of Payment _____ <input type="checkbox"/> Sibling, First Responder, Military Discount Applied _____ <input type="checkbox"/> Authorized CK Employee _____
--



2022-2023 Admission Information Packet

Director: Maria Harrington

Assistant Director: Jennifer Montey

This packet is required by the State of Texas Minimum Standards for Licensed Childcare Facilities.

Directions: Champion Kids will give this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to Champion Kids before the child's first day of enrollment. Champion Kids will keep the form on file at the child care facility.

Child's Last Name:	First Name:	Middle Name:
Child's Date of Birth: (mm/dd/yyyy)	Child's Age as of September 1st Yr: _____ Months: _____	Sex: _____ Male _____ Female
Child's Home Address:	City/State	Zip:

Child Lives with: Both Parents _____ Mom _____ Dad _____ Guardian _____

Mother's Name:	Mother's eMail:	Mother's Cell:
Father's Name:	Father's eMail:	Father's Cell:
Guardian's Name:	Guardian's eMail:	Guardian's Cell:

Address of Parent/Guardian if different from Child's.	City	Zip
---	------	-----

List Telephone Numbers below where parents/guardians may be reached while the child is in care.

Mother's Telephone #:	Father's Telephone #:	Guardian's Telephone #:	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	-----------------------	-------------------------	---

IN CASE OF AN EMERGENCY AND PARENTS or GUARDIAN CAN NOT BE REACHED... Please list the name, address and phone number of the responsible individual to call. MUST be someone local.

Name:	Address:	Phone Number:	Relationship:
-------	----------	---------------	---------------



I authorize Champion Kids **to release** my child to leave our child care facility **ONLY** with the following person(s). Please list the name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:	Telephone #
Name:	Telephone #
Name:	Telephone #

CONSENT INFORMATION

Water Activities: I give consent for my child to participate in the following water activities:	Photos/Social Media: I give consent for my child's photo to be shared:
<input type="checkbox"/> Water Table Play <input type="checkbox"/> Sprinkler Play <input type="checkbox"/> Splash/Wading Pools	<input type="checkbox"/> Champion Kids Facebook Page <input type="checkbox"/> Champion Kids Website <input type="checkbox"/> Classroom Projects <input type="checkbox"/> Professional Photos

Receipt of Written Operational Policies. (Check ALL that Apply)

<input type="checkbox"/> Discipline and Guidance	<input type="checkbox"/> Procedure for Release of Children
<input type="checkbox"/> Suspension and Expulsion	<input type="checkbox"/> Illness and Exclusion Criteria
<input type="checkbox"/> Emergency Plans	<input type="checkbox"/> Procedures for Dispensing Medications
<input type="checkbox"/> Procedures for Conducting Health Checks	<input type="checkbox"/> Immunization Requirements for Children
<input type="checkbox"/> Procedures for Parents to Discuss concerns with the Director	<input type="checkbox"/> Procedures to visit Champion Kids without prior approval
<input type="checkbox"/> Procedures for Parents to participate in Champion Kids activities	<input type="checkbox"/> Procedures for Parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline and CCL website

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Telephone #
Name of Emergency Care Facility:	Address:	Telephone #

*I give consent for Champion Kids to secure any and all necessary emergency medical care for my child.

Signature: Parent/Legal Guardian: _____



Child's Additional Information Section

List any **special needs that your child may have**, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries or hospitalizations during the past 12 months, any medications prescribed for long-term continuous use and any other information which caregivers should be aware of:

Does your child have **diagnosed food allergies**? ____ Yes ____ No

Allergy Plan Submitted on _____

**** 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.

- 1. Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in Champion Kids Preschool Program.

Signature -Health Care Professional

Date Signed

- 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.
- My child has been examined within the past year by a health care professional and is able to participate in Champion Kids Preschool Program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Healthcare Professional:

Address of Healthcare Professional:

Signature - Parent or Legal Guardian

Date Signed

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at:
<https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Signature - Parent or Legal Guardian

Date Signed

Signature - Center Designee

Date Signed



STUDENT INFO QUESTIONNAIRE

STUDENT'S NAME: _____

HEALTH

Does your child have an existing illness?

- Yes
- No

If yes, please explain:

Has your child had a serious illness, injury or hospitalization in the last 12 months?

- Yes
- No

If yes, please explain:

Is your child currently taking any medications?

- Yes
- No

If yes, are there any side effects we should be aware of?

BEHAVIOR

Does your child have any fears we should be aware of?

- Yes
- No

If yes, please describe:

How does your child communicate his/her fears?

Are there any special words your child uses which might not be readily recognized?

How do you tell your child to stop a behavior that you do not approve of or might be dangerous?

When your child is upset, what helps to calm him/her down?



TOILETING

Is your child potty trained?

- Yes
- No

Does your child need assistance with toileting?

- Yes
- No

How can we best assist with your child's toilet training?

SNACKS & LUNCHTIME

What are your child's favorite foods?

Does your child eat with utensils or use their fingers?

Does your child choke easily while eating?

Parent/Guardian Please Initial:

___ I understand that I must supply lunch and a snack for my child each day.

___ I understand that occasionally special snacks or lunches will be served while at school.

___ I **DO NOT** want my child to participate in special snacks or lunches.

Signature - Parent or Legal Guardian

Date Signed



Before and After School Care 2022-23

Before School Care is available from 8:00 am to 9:00 am Monday through Friday. After School Care is available from 2:00pm to 3:00 pm Monday - Thursday. Before and After School Care may only be paid on a monthly basis and can not be prorated in the event that the student begins care in the middle of the month. _____ Parent Initials

Before School 8:00-9:00am You may bring breakfast for your child			
2 days \$40	3 days \$60	4 days \$80	5 days \$100

After School 2:00-3:00pm Please bring a nap mat for your child and an extra snack. No after school care on early release days and No after school care on Fridays			
2 days \$40	3 days \$60	4 days \$80	No Aftercare - Fridays

Both After Care - Please bring a nap mat for your child and an extra snack. No after school care on early release days and No after school care on Fridays			
2 days \$70	3 days \$110	4 days \$150	5 days \$170 *5 before/4 after No Aftercare - Fridays

- Before School Care
- After School Care
- Both

Student's First Name:	Last Name:
Mother's Name:	Mother's Cell:
Father's Name:	Father's Cell:

Emergency Contact if Parents can not be Reached

Name:	Cell:
-------	-------

Classroom: _____

**** I understand that any pick up after 3:00 pm will result in a \$20 late fee. ****

Parent's Signature: _____