



2022-2023 Enrollment, Tuition & Fees Form

Private Kindergarten: Age 5 as of 09/01/2022
Classroom Hours: 8:45am - 2:15pm

New Applicant/New Student
 Continuing CK Student

Start Date: _____

Child's Full Name: _____ Yrs _____ Months _____
 Date of Birth _____ Age as of September 1st, 2021

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

E-mail Address: _____ Cell Phone # _____

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

3, 4, 5 days <input type="checkbox"/> \$150 New Student <input type="checkbox"/> \$100 Current Student	Max per family \$300
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Books/Materials/Supply Fee:

Non-refundable. Half due upon registration/Balance due before First Day of School

3, 4, 5 Days
 \$150

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 - Age 5 as of 09/01/2022 Please circle what days you would like to enroll.

<input type="checkbox"/> 3 Days \$400 M T W Th F	<input type="checkbox"/> 4 Days \$500 M T W Th F	<input type="checkbox"/> 5 Days \$600
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**** Tuition Discounts available for Siblings, First Responders, Military and LISD Staff ** Please Provide ID**

Sibling Enrollment

Sibling Name: _____
 Sibling Classroom: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Registration/Supply Fee Paid/Date _____
 Method of Payment _____
 Sibling, First Responder, Military Discount Applied _____
 Before or After Care _____
 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
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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
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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:
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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: _____



STUDENT INFO QUESTIONNAIRE

STUDENT'S NAME: _____

HEALTH

Does your child have an existing illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Has your child had a serious illness, injury or hospitalization in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Is your child currently taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?

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 2021-22 Private Kindergarten

Before School Care is available from 8:00 am to 8:45 am Monday through Friday. After School Care is available from 2:15 pm 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 Name: _____

Classroom: _____

Parent's Name: _____

Phone Number: _____

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

Parent's Signature: _____