



ENROLLMENT FORM
Holloway Preschool & Day Care

6501 S Rice Ave
Bellaire, TX 77401
(713) 665-7420

CHILD INFORMATION			
First Name	Middle Name	Last Name	Date of Birth
Home Address (Street, City, Zip Code)			Home Phone
Enrollment Date	Attendance Hours	Program	Gender

PARENT/GUARDIAN INFORMATION			
Mother's Name (or Primary Guardian)		Father's Name (or Additional Guardian)	
Home Address (If different from above)		Home Address (If different from above)	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	Email Address	Cell Phone	Email Address

EMERGENCY CONTACT & AUTHORIZED PERSONS		
Emergency Contact (if Parents can't be reached)		Relationship to Child
Address (Street, City, Zip Code)	Phone	Alternate Phone

In addition to persons listed above, I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons:

1. Name	Address (Street, City, Zip Code)	Phone
2. Name	Address (Street, City, Zip Code)	Phone
3. Name	Address (Street, City, Zip Code)	Phone
4. Name	Address (Street, City, Zip Code)	Phone

SCHOOL AGE CHILDREN

My child attends the following school and his/her immunization records are on file at the school and all immunizations and the tuberculosis test are current. Vision and Hearing screening records are also on file.

Name of School	Address (Street, City, Zip Code)	Phone
----------------	----------------------------------	-------

My child has permission to: ride a bus walk to and from school be released to a sibling under 18 years old
 Name of siblings: _____

I would like Holloway to: take my child to school pick up my child from school

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I certify that I am a parent or legal guardian of the child named above and give consent for emergency medical attention care, surgical treatments, and/or transportation to the below care facilities should my child require it in my absence. I understand that, time and conditions permitting, reasonable attempts will be made to contact me and my emergency contact. I hereby assume all financial responsibility for such actions taken on behalf of my child.

 Signature – Parent or Legal Guardian

 Date

Name of Physician	Address (Street, City, Zip Code)	Phone
Name of Dentist	Address (Street, City, Zip Code)	Phone
Name of Emergency Medical Care Facility	Address (Street, City, Zip Code)	Phone
Insurance Provider	Policy Number	Child's Blood Type

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, and any other information which staff should be aware of:

Check all that apply:

Transportation	I hereby give consent for my child to be transported and supervised by facility's staff:		
<input type="checkbox"/> on field trips	<input type="checkbox"/> to and from home	<input type="checkbox"/> to and from school	<input type="checkbox"/> I do not give consent
Water Activities	I hereby give consent for my child to participate in water activities:		
<input type="checkbox"/> sprinkler play	<input type="checkbox"/> splashing/wading pools	<input type="checkbox"/> swimming pools	<input type="checkbox"/> I do not give consent
Field Trips	I hereby give consent for my child to participate in field trips:		
<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent		

I acknowledge receipt of a copy of the Parent's Handbook, which contains the operational policies of Holloway Preschool & Day Care. I agree that to read and know all the Parent's Handbook and abide by all rules and policies outlined therein. I understand that any policy changes and general parent notifications will be posted in the facility.

 Signature – Parent or Legal Guardian

 Date



The Parent Handbook contains important information that all parents and legal guardians must read. Before enrolling review the parent handbook and keep your copy for future reference. To make sure that we share a common understanding of these important items, please initial each policy description acknowledging you have read and agree to the operational policies, initial/sign where indicated. I have received a copy of Holloway Preschool & Day Care Parent Handbook with the Operational Policies and Procedures dated October, 2016. I have read and I understand the policies :

Tuition Payments Methods: All tuition payments must be made with a check, or money order. In order to ensure the correct credit to your account please make sure your first and last name and you child's first and last name are written on your tuition payment. *Holloway Preschool & Day Care does not accept cash or credit cards for tuition payments.*

Initial: _____

Tuition Payment Due: Tuition is due on the 1st of each month, should the first fall on a weekend then payment is due on the following Monday. This includes holidays. If your balance is not paid in full by the fifth of each month there will be a finance charge of \$10.00 per day that there is an outstanding balance. If you have an outstanding balance by the 1st of the following month, we will be unable to provide preschool and day care services until your account is current. If your child is present or absent, tuition is still due in full. Holloway Preschool & Day Care reserves the right to refuse admittance to any parent who has a past due balance.

Initial: _____

Legal Custody: Unless legal documentation is submitted to the contrary, we assume that a child's parents share equal rights to drop off or pick up.

Initial: _____

Emergencies: It is the parents' responsibility to keep emergency contact names and phone numbers updated. Should an emergency arise, you will be called and if necessary your child will be rushed to the emergency hospital indicated on your Enrollment Form.

Initial: _____





Release of Children: Children must be picked up by a parent or guardian and signed out by entering the parent or legal guardians PIN number on the parent portal at the front desk every day of attendance. Parents are encouraged to go to the classroom to pick-up their child. Anyone other than the parent or legal guardian must be listed in writing on the enrollment form and assigned a pin code, Holloway Preschool & Day Care requires any other individual you authorize to pick up your children to present a valid state identification card the first time they pick up.

Initial: _____

Supply Fee: In order to provide quality child care at affordable prices, Holloways collects a non refundable supply fee of \$10 per month per child for children enrolled in our preschool program. (Pre-K2, Pre-K3, Pre-K4 & Pre-K5)

Initial: _____

Activity Fees: activity fees must be paid in full and in advance (check or money order only).

Initial: _____

Registration Fee: There is a non-refundable registration fee of \$50.00 payable at the time of enrollment.

Initial: _____

Withdrawal: We require a written notice four (4) weeks prior to withdrawing the child. Parents will be responsible for four (4) weeks tuition if proper notice is not given.

Initial: _____

Re-Enrollment After Withdrawal: A \$200 re-enrollment fee will apply for all children re-enrolled after withdrawing from the school for any reason. When re-enrolling, children will be put at the end of the waiting list for the appropriate classroom and contacted when or if a space becomes available.

Initial: _____





Immunizations and Statement from Physician: Each child enrolled must meet applicable immunization requirements specified by the Texas Department of Health Immunization Requirements in Texas. Before admission, your child must also have a signed statement from the child’s physician stating they have been examined and are physically able to take part in our programs. Immunization records are not required for school-age children.

Initial: _____

Illness and Exclusions: According to Texas childcare licensing regulations, children who have vomited, had diarrhea, fever or rash within the last 24 hours must remain at home. They may not return until symptoms have been clear for 24 hours without suppressive medications.

Initial: _____

Photos: photos of children participating in preschool activities, field trips, recess play and other activities at Holloway Preschool & Day Care will be displayed in classrooms & hallways of the facility.

Initial: _____

Birthdays or Special Events: If you choose to bring birthday cakes or snacks, please give notice to either Joyce or Diane at least 48 hours in advance so the facility can make sure that anything you might bring will not affect any allergies of the other children in your child’s class.

Initial: _____

Sign-in and Sign-Out: Parents must always supervise their children at all times before sign-in and after sign-out during the operating hours of Holloway Preschool & Day Care. Upon enrollment parents will be assigned a PIN # for the parent portal, parents or legal guardians are required to clock in and out daily.

Initial: _____





Medication: When it is necessary for your child to take medication during school hours, the center must have your signed permission on record in our office. NO MEDICATION WILL BE ADMINISTERED WITHOUT SIGNED PERMISSION SLIP. This includes over-the-counter as well as prescription medication. All medication must be clearly marked with your child's name. Prescribed medication must be in the prescription bottle. Medication cannot be out-of-date; otherwise, it will be disposed of (State law).

Initial: _____

I give Holloway Preschool & Day Care permission to administer First Aid to my child:

In case of emergency, the school staff promptly contacts the parent(s). If neither parent, nor the emergency phone number can be reached, and in case of an emergency, I hereby give permission to the physician selected by Holloway Preschool & Day Care Director to hospitalize and or secure medical treatment for my child/children as named on page 5 of this document.

Initial: _____

Returned Checks: \$25 will be charged to your account for any returned checks. If three returned checks are received, Holloway Preschool & Day Care will only accept cashier's checks or money orders going forward. Each Family is enrolled either on a full time care, after school care, Holiday and summer camp basis.

Initial: _____

Late Pick Up Fees: If you anticipate arriving late, please contact the office. For each child, parents will be charged \$5.00 for the first five minutes past 6:00 P.M. and \$1.00 per minute thereafter. Cellular time will be the reference for fees assessed. Any late pick-up fees will be added to the next billing statement.

Initial: _____

Vacation time: Once your child is enrolled, you must pay every month, regardless if your child attends or not. Each classroom has a limited availability of enrollment. You are paying to reserve a spot for your child in the class. Otherwise, we must give up your child's spot to another customer on the waiting list. After being enrolled at Holloway Preschool & Day Care for six months, you are permitted up to one week of vacation time without charge every six months. During your week of absence your account will be prorated please speak with Diane or Joyce before.

Initial: _____





Meals: Breakfast will be served from 6:30 to 8:15 AM. Breakfast is not included in tuition and can be purchased daily (exact change only) Menu and prices are posted. All preschool children are served a mid-morning snack of juice and cheese and crackers from 7:45 A.M. to 8:00 AM. Lunch is served from 10:45 AM to 11:45 PM. Holloway provides a hot cooked meal every day for preschool age children. If you would prefer, your child may bring their own lunch. Elementary school children are required to bring a lunch and drink daily. Afternoon snacks are served from 2:00P.M. - 2:30 PM. **Holloway Preschool & Day Care observes saying grace at the beginning of lunch each day in both preschool and elementary school age programs.**

Initial: _____

Observances: Holidays Holloway Preschool & Day Care is closed, Christmas Day, New Year’s Day, Memorial Day, 4th of July, Labor Day, Thanksgiving & the Friday after. Holloway Preschool & Day Care observes saying the Lord’s prayer at the beginning of each school day.

Initial: _____

Other Operational Policies:

For safety reasons, we do not allow children to charge any portable devices.

No cell phones may be used while in the Facility.

No smoking is allowed on the property.

No open food or drink or gum may be brought in the facility.

If you see one of the four vans gone, please do not block the driveway.

As a courtesy on rainy days, we will move the vans to permit parents to park under the awning.

Holloway Preschool & Day Care observes saying a **morning prayer** at the beginning of the school day, as well preschool teaching materials from abeka.com (**Christian based materials**) are also utilized in Holloway’s Preschool Curriculum. Daily **Bible lessons** are taught in our Preschool program. Every Wednesday “good news club” (**Christian group**) teaches Bible lessons for an hour to Elementary school age children in our after school and summer camp programs.

Parents are not permitted to take pictures or film any children on Holloway Preschool & Day Care premises without having written consent from all parents and or legal guardians in their child’s class.

Initial: _____

Please confirm your receipt and understanding of the Holloway Preschool & Day Care parent handbook, operational policies and procedures, dated October 2016, by signing below and returning this form to Holloway Preschool & Day Care Administration.

Child’s Name: _____

Parent’s Signature: _____

Date: _____

