

Dear Apple Tree Parent,

This is your child's registration packet for the **2010-2011** school year.
Enclosed you will find:

- Registration Form
- Enrollment Form
- Enrollment Questionnaire
- Apple Tree School - Parent's Handbook
- Parent Volunteers Form
- Rainy Day Pick Up and Drop Off Map
- School Calendar

It is important that all papers that require a parent's signature be signed, dated and returned. The Medical Information (Section II of the Enrollment Form) must be signed and dated by your physician. Additionally, a copy of your **child's birth certificate** must be included with your Enrollment papers.

**YOUR CHILD CANNOT BE ADMITTED WITHOUT THE
DOCTOR'S STATEMENT.**

**YOUR CHILD CANNOT BE ADMITTED WITHOUT
A HEALTH AND IMMUNIZATION RECORD.**

THIS IS STATE LAW.

Thank you for helping us comply with state regulations.

Registration Form

Office Use

Date: _____

Amount: _____

Check Number: _____

Apple Tree



School

First Presbyterian Church
Apple Tree School
502 Eldridge P.O.Box 436
Sugar Land, Texas 77478
(281) 240-1565
Carolyn McGee, Director

School Year: 2010-2011

Child's First Name:	MI:	Child's Last Name:	Date of Birth: (M/D/Y)	Age:(Sept. 1,2010)
Child's Nickname:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl		Home Phone:	
Address:				
City:	Zip:	Subdivision:		
Parent's Name:			Day Phone:	

_____ I understand that the **REGISTRATION FEE IS NON-REFUNDABLE**. Please register my child in:

Initials

- KDO** Mon, Fri 9-2
Registration \$100, Tuition \$180/month, Supply Fee \$45/semester
- 3 Day Program** Tue, Wed, Thu 9-12
Registration \$100, Tuition \$170/month, Supply Fee \$55/semester
- 3 Day Plus KDO** Tue, Wed, Thu 9-12 plus Mon and Fri 9-2
Registration \$100, Tuition \$325/month, Supply Fee \$85/semester
- 3 Day Plus Monday KDO** Tue, Wed, Thu 9-12 plus Mon 9-2
Registration \$100, Tuition \$250/month, Supply Fee \$70/semester
- 3 Day Plus Friday KDO** Tue, Wed, Thu 9-12 plus Fri 9-2
Registration \$100, Tuition \$250/month, Supply Fee \$70/semester
- Pre-K** Mon, Tue, Wed, Thu 9-12
Registration \$100, Tuition \$215/month, Supply Fee \$65/semester
- Pre-K + Friday (KDO)** Mon, Tue, Wed, Thu 9-12 plus Fri 9-2
Registration \$100, Tuition \$295/month, Supply Fee \$80/semester

Signature of Parent

Date

Enrollment Date
(Office Use):

Enrollment Form

Apple Tree



School

First Presbyterian Church
Apple Tree School
502 Eldridge P.O.Box 436
Sugar Land, Texas 77478
(281) 240-1565
Carolyn McGee, Director

Section I - General Information

School Year: 2010-2011

- Program:
- | | | |
|--|--|------------------------------|
| <input type="checkbox"/> 3 Day | <input type="checkbox"/> Pre-K | <input type="checkbox"/> KDO |
| <input type="checkbox"/> 3 Day Plus KDO | <input type="checkbox"/> Pre-K Plus KDO Friday | |
| <input type="checkbox"/> 3 Day Plus KDO Monday | | |
| <input type="checkbox"/> 3 Day Plus KDO Friday | | |

Child's Complete Name:	Date of Birth: (M/D/Y)	Age:(Sept. 1, 2010)
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Child's Nickname:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Home Phone:
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Address:

City:	Zip:	Subdivision:
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Email

Father's Name:	Occupation:	Day Phone:
		Cell Phone:

Mother's Name:	Occupation:	Day Phone:
		Cell Phone:

Emergency Contact:	Day Phone:
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Section II - Medical Information

IMPORTANT

Your child cannot be admitted to school without this
Doctor's Statement!

Doctor's Statement:

I have examined the above named child within the past year and find that he/she is physically able to take part in a preschool program.

Signature Physician or Health Professional

Date

Child's Name:

Date of Birth:

- IF medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form.
- If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach to this form.

You may submit a copy of your child's immunization record signed or stamped by a physician or health professional or you can use the following form, signed by a physician or medical professional.

Immunizations Listed Here

See Attached Copy of Immunization Record

	Date: 1st Dose:	Date: 2nd Dose:	Date: 3rd Dose:	Date: 1st Booster:	Date: 2nd Booster:
DPT/Td					
Polio					
HibCv					
Hib B					
Hib A					

Measles:
Vaccine - Rubeola

Mumps: Vaccine

Rubella: Vaccine

Varicella:
Chickenpox Date

PHYSICIAN'S VERIFICATIONS MUST BE SUBMITTED

Measles: Date of Illness:

Mumps: Date of Illness:

Tuberculosis Test: (If recommended by
Texas Department of Health for Area)

Positive Negative

Date: _____

Signature (or Stamp) Physician or Health Professional

Date

Signature - Staff Making Handwritten Copy of Record

Section III - Authorization for Emergency Medical Attention

In the event that I cannot be reached, I give my consent for the emergency medical treatment

of _____.

Child's Complete Name

Signature of Parent

Date

Name of Usual Physician or Clinic:

Phone:

Health Insurance Company:

Policy Number:

Phone:

Section IV - Ride Permission

I hereby give or do not give my consent for my child to be transported and supervised by the facility's staff:

- on field trips give consent do not give consent
- to and from home give consent do not give consent
- to and from school give consent do not give consent

I hereby give or do not give my consent for my child to be transported in private cars that may not be carrying a member of the facility's staff:

- on field trips give consent do not give consent

I hereby give permission for my child to be picked up at Apple Tree School by the following people:

Driver's License		
Name:	Phone:	Number: State:
Name:	Phone:	Number: State:
Name:	Phone:	Number: State:
Name:	Phone:	Number: State:
Name:	Phone:	Number: State:

Signature of Parent

Date

Section V – Permission for Special Activities

Water Activities

I hereby give or do not give my consent for my child to participate in water activities:

- | | | |
|--|---------------------------------------|--|
| splashing pools | <input type="checkbox"/> give consent | <input type="checkbox"/> do not give consent |
| wading pools | <input type="checkbox"/> give consent | <input type="checkbox"/> do not give consent |
| swimming pools | <input type="checkbox"/> give consent | <input type="checkbox"/> do not give consent |
| other bodies of water provided by the facility | <input type="checkbox"/> give consent | <input type="checkbox"/> do not give consent |

Field Trips

I hereby give or do not give my consent for my child to participate in field trips:

- give consent do not give consent

Parent's Comments:

Signature of Parent

Date

Section VI - Acknowledgments

Please **initial** acknowledgment of each item and sign.

I acknowledge receipt of the ATS "Handbook for Parents" and agree to the conditions as outlined in the Handbook.

I have read and completed Sections **I** through **VI** of the Apple Tree School Enrollment Form and certify that the information provided is accurate.

Signature of Parent

Date

Enrollment Questionnaire

Child's Name: _____

School Year: 2010-2011

ABOUT YOUR FAMILY

How many brothers and sisters live with your enrolling child ?

Older Brothers

Older Sisters

Younger Brothers

Younger Sisters

Any other adults (extended family) that live with your child? _____

What is your religious affiliation? _____

Are you a member of a Church? Yes No Church Name: _____

Does your family have a home computer? Yes No

If so, do you have access to the Internet and email? Yes No _____ E-Mail Address

ABOUT YOUR CHILD

Does your child have any previous preschool experience? Yes No
(Church School, Mom's Day Out, Nursery School)

Child's playmates: Older Younger same age

Does your child have any physical disability? _____

List any serious accidents that your child has had: _____

Has your child had any operations or communicable diseases? _____

Has there been any recent illness or change in the usual routine or environment that might affect your child?

Does your child have any specific fears or reactions? _____

Does your child have any allergies or sunburn sensitivities? _____

Are there any foods that your child is prohibited from eating for religious, cultural or medical reasons?

Please use this page to tell us any special things about your child (what makes him/her glad, sad, mad, etc.) which you think will help us get to know him/her better and assist us in planning the sessions to include his/her favorite or most needed activities.

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above.

Parent Volunteers

Apple Tree



School

First Presbyterian Church
Apple Tree School
502 Eldridge P.O.Box 436
Sugar Land, Texas 77478
(281) 240-1565
Carolyn McGee, Director

School Year: 2010-2011

Parent's Name:	Home Phone:
Child's Name:	Cell Phone:

- | | | |
|--|--|------------------------------|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> 3 Day | <input type="checkbox"/> KDO |
| <input type="checkbox"/> Pre-K Plus KDO Friday | <input type="checkbox"/> 3 Day Plus KDO | |
| | <input type="checkbox"/> 3 Day Plus KDO Monday | |
| | <input type="checkbox"/> 3 Day Plus KDO Friday | |

If you would like to help with parties, please indicate your first and second choices.

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Fall Festival | <input type="checkbox"/> Valentines | <input type="checkbox"/> Easter |
| <input type="checkbox"/> Thanksgiving Feast | <input type="checkbox"/> Go Western | <input type="checkbox"/> Splash Day |
| <input type="checkbox"/> Christmas | <input type="checkbox"/> Book Fair | |

I would like to drive on field trips if I am available. Yes No Number of Seat Belts

I would like to be a classroom helper. Yes No

I would like to assist as a coordinator for fund raiser or other extra events. Yes No

Section VII – Important Policy

The information contained on this page is also contained in the Parent's Handbook. It is repeated here to assist you in understanding some key policies of Apple Tree School.

Tuition:

Apple Tree is a preschool that charges an annual tuition for enrollment. For your convenience, the annual tuition is divided into 9 monthly installments due the first school day of each month, September through May. The tuition payment is due each and every month, September through May, regardless of your child's attendance. If your child's tuition, including any late fees, late pick fees or any other fees are delinquent and you have not made arrangements with the Director, your child will be administratively withdrawn. If your child has been administratively withdrawn, you will need to pay all delinquent tuition and fees as well as the remaining annual tuition and supply fees for your child to be readmitted (assuming that a space for your child is still available).

Supply Fees:

Supply Fees are due the first school day of September and the first school day of January or at the time of enrollment as appropriate.

Late Payment Charges:

A payment is late five calendar days after it is due. If payment has not been received by the 5th calendar day, a \$5.00 late charge will be added for each day the payment is late. Late payments will be accessed on your monthly statement.

Apple Tree School will work with anyone who is having financial difficulties. Please contact the Director!

Late Pick-Up and Charges:

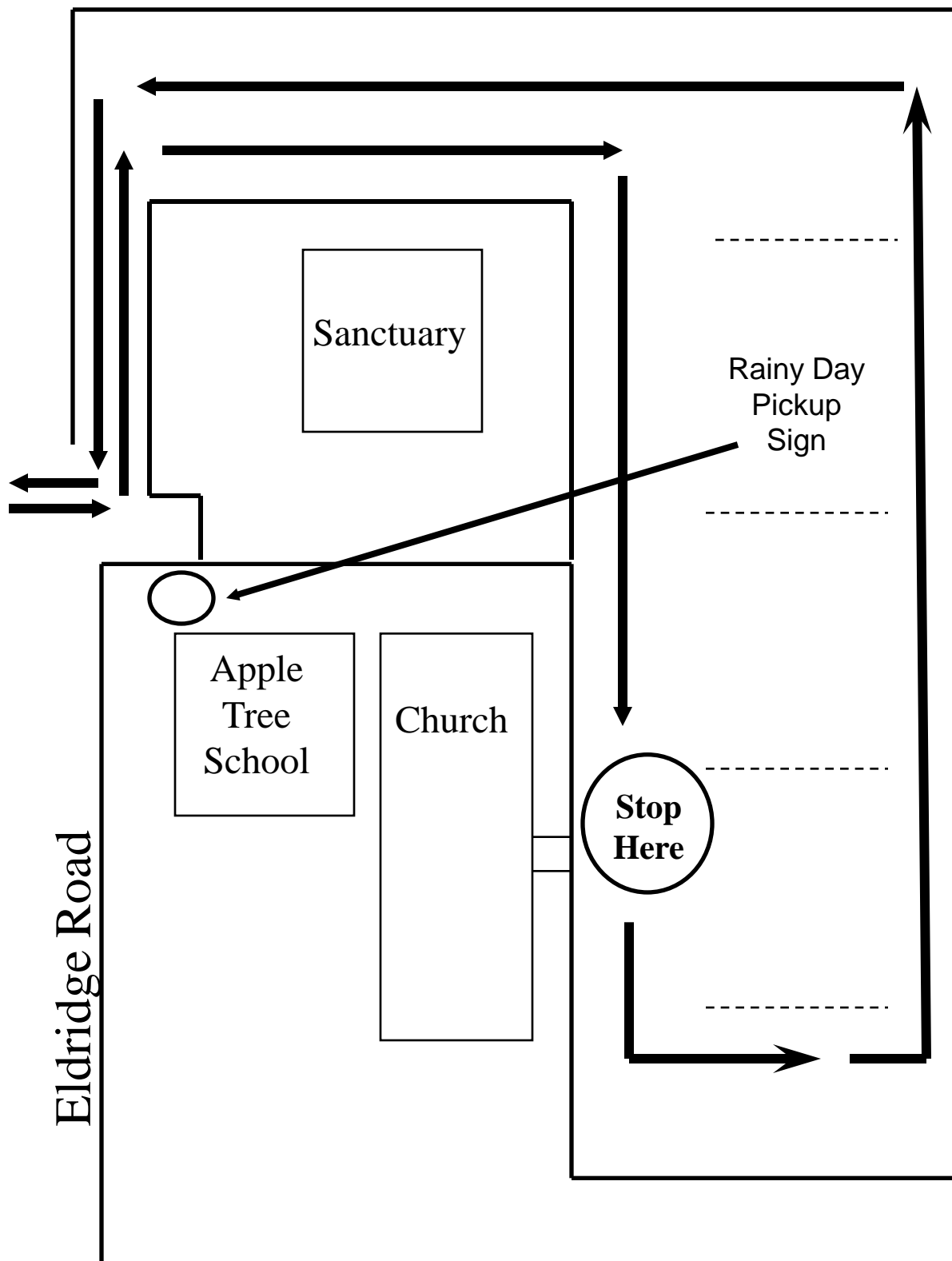
There will be a late charge assessed if your child has not been picked within 5 minutes after scheduled dismissal (by 12:05 p.m. for 3-Day and 4-Day and by 2:05 for LUNCH BUNCH and KDO programs). The late charge is \$1.00 for every minute after 12:05 p.m. or 2:05 p.m. (First 3 times, then \$3.00 for every minute). You will need to sign a Late Pick-Up form at the time you pick up your child. The fee will be added to your monthly statement. Please call the office if you are going to be late, so that we may reassure your child that you are coming. Please leave a message if there is no answer.

If you are more than 10 minutes late, your child will be waiting for you in the office.

Signature of Parent

Date

Rainy Day
Drop Off and Pick Up



Lunch Bunch

Lunch Bunch is from 12 PM – 2 PM
The Fee for Lunch Bunch is \$7/Lunch Bunch/Student

Parents must register for Lunch Bunch no later than 1 day in advance.

Students must bring their own Lunch

KDO

Lunch Bunch is included in the KDO program.

3 Day

3 Day Students may optionally attend Lunch Bunch on Tuesday, Wednesday or Thursday.

3 Day + KDO Monday

Lunch Bunch is included on Monday. Students may optionally attend Lunch Bunch on Tuesday, Wednesday or Thursday.

3 Day + KDO Friday

Lunch Bunch is included on Friday. Students may optionally attend Lunch Bunch on Tuesday, Wednesday or Thursday.

Pre-K

Pre-K students may optionally attend Lunch Bunch on Monday, Tuesday, Wednesday or Thursday.

Pre-K + KDO Friday

Lunch Bunch is included on Friday. Students may optionally attend Lunch Bunch on Monday, Tuesday, Wednesday or Thursday.

Special Lunch Bunch Activity Days

A "Special Lunch Bunch Activity with Mrs. McGee" is scheduled from time to time. The special Lunch Bunch includes an Arts and Craft activity for the children. The special Lunch Bunch is \$10.