



For office use only:

_____ Enrollment Forms

_____ Registration Fee Check Cash Credit Card

_____ Vaccination Record (due by 8/24)

_____ Health Statement from physician (due by 8/24)

_____ Hearing/Vision Exam Results (due by 8/24, only 4&5 year olds)

Class _____ (office use only)

GENERAL INFORMATION

Child's Name: _____ Sex: ____ DOB: _____ Age as of 09/01: Y ____ M ____

Home Address: _____

Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Email: _____ Father's Email: _____

Mother's Employer: _____ Father's Employer: _____

Mother's/Father's Address (if different from above): _____

I would like to enroll my child for **(circle one)**: Tues/Thurs Mon/Wed/Fri Mon-Fri

EMERGENCY CONTACT LIST

Emergency Contact Person: In the event that either parent cannot be contacted or cannot pick up their child, I authorize Arrow to release my child to leave Arrow only with the following persons. Please include at least 3 contacts, additional people may be added when needed. All information must be included. A child will only be released from Arrow to his/her mother, father, or other persons authorized by the parents after verification of ID. In the case of divorce or separation, Arrow cannot deny parental access to a child unless copies of legal documentation stating otherwise are provided.

Name/Relation to Child	Address	Phone #
1)		
2)		
3)		

Signature of Parent: _____ Date: _____

FAMILY INFORMATION

Name of Child: _____ DOB: _____

How did you find out about Arrow? _____

Previous preschool/MDO attendance? () Yes () No If yes, where? _____

Are you a member of a local church? () Yes () No If yes, where? _____

What is the primary language spoken at home? _____

Are parents: () Married () Living together () Single () Separated () Divorced () Widowed

If separated or divorced, who has custody of the child? _____

Custody Documents on File: _____ YES _____ NO (if no, please provide copy)

Names & Birthdates of siblings: _____

Describe your child's personality: _____

What are your child's favorite indoor/outdoor activities? _____

What is your favorite activity to do with your child? _____

Child's fear or habits we need to be aware of: _____

Is your child potty trained? () Yes () No Are they in pull ups? () yes () No

****Please be aware it is the policy of our school that your child be potty trained by the time they are 3 years of age. This is beneficial to the learning environment of our older classrooms.****

Please list any special words used to go to the restroom: _____

Any other information you want us to know about your child:

Signature of Parent: _____ Date: _____

ADMISSION REQUIREMENTS

Policies: (Please Initial ALL)

- _____ Receipt of Parent/Pandemic Policies: I acknowledge that I have received and read the Arrow Academy Policies provided in the Parent Handbook and will adhere to its guidelines.
- _____ Receipt of Operational Discipline and Guidance Policy (form 1099)

Immunization Requirements: (Initial only ONE & please read carefully)

- _____ I have attached a copy of my child's Current Physician Immunization Record with a doctor's stamp or signature.
- _____ I am excluding my child from the immunization requirements or delaying the recommended schedule for reasons of conscience, including religious belief. I have attached an official notarized affidavit form (must be an original) developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years.

***For additional information regarding immunizations, contact the Department of State Health Services at <https://www.dshs.state.tx.us/immunize/public.shtm>

Hearing & Vision For 4 & 5-Year Olds (State of Texas Requirement): (Initial One)

- _____ I have attached a copy of my child's Hearing and Vision Screening results. **Results for hearing must include hearing frequencies (1000, 2000, & 4000 Hertz) & vision must include distance acuity (20/20, 20/30, etc.)
- _____ Hearing & Vision Requirements are not applicable to my child because he/she is under 4 years of age.
- _____ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Signature of Parent: _____ Date: _____

Nutrition: (Please Initial)

- _____ Parent is choosing to provide the child’s meals and/or snacks from home and the parent understands the child-care center is not responsible for its nutritional value or for meeting the child’s daily food needs.

SPECIAL CELEBRATIONS: Please initial ONE

Throughout the year, your child’s class will celebrate certain occasions such as holidays and birthdays. The school is not responsible for the nutritional value of the food consumed during the celebrations. Parents are free to opt out of their child’s participation and send a lunch/snack as always.

_____ Yes, my child is free to participate in special celebrations with their class and consume the food provided for the occasion.

_____ No, my child will not participate in the special celebrations with their class, and I will provide a lunch and snack for those days.

_____ Yes, my child is free to participate in the special celebrations with their class with the exception of the following allergies: _____

Signature of Parent: _____ Date: _____

PHOTOGRAPHY/VIDEO CONSENT

Arrow Academy sometimes takes photographs or video during normal day-to-day activities or special events. These images may appear in newsletters or publications, on our website, or on our Facebook page. These images may also be used in local media or for promotional purposes. Photography of enrolled children and the use of images of enrolled children at Arrow require parental permission.

Please answer the following questions about the use of photographs of your child.

YES / NO May we photograph your child during normal day-to-day activities or special events to be posted in your child’s classroom communication platform? (Facebook)

YES / NO May images of your child be used in school newsletters, on our website, Arrow Facebook page, or in other promotional materials?

Signature of Parent: _____ Date: _____

Health Admission Requirements

Name of Child: _____ DOB: _____

MEDICAL TREATMENT AUTHORIZATION In the event that the parent cannot be reached at a time of illness or accident, or the emergency is such that time does not permit such contact, Arrow Academy is authorized to take my child to:

Child's Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____ Address/Phone: _____

Medical Plan: _____ Group Number: _____ Policy Number: _____

Child's Dentist: _____ Phone: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent: _____ Date: _____

I have attached a health statement from my child's physician stating they have been examined within the last 12 months and are cleared to participate in physical activity.

Signature of Parent: _____ Date: _____

MEDICALLY DIAGNOSED ALLERGIES & MEDICAL NEEDS

If none please mark N/A

Medically Diagnosed Allergy: _____

** Please attach an Allergy Emergency Care Plan signed by your child's allergy doctor. See example on next page.

List any special medical needs:

Signature of Parent: _____ Date: _____

Only necessary for a medically diagnosed allergy



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

PLACE
PICTURE
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

Signature of Parent: _____ Date: _____

PAYMENT POLICY

Registration

Registration fees are NOT refundable and nontransferable. Registration fees do NOT apply toward any month's tuition. Your child's registration fee is one month's tuition, **please circle one:**

Tues/Thurs \$220

Mon/Wed/Fri \$295

Mon-Fri \$440

Tuition

Tuition is calculated based on the number of days your child will be attending. There is no refund given or reduced tuition calculated when a child is absent for any reason, holidays, or bad weather days per the Melissa ISD calendar or for personal reasons.

Tuition is due by the 5th of every month. If tuition is not paid by the 5th, the child will not be allowed back on campus until their monthly balance has been paid in full. If by the end of the month their balance has not been paid, the child will be removed from the program. A child is only allowed 3 "late" payments of their tuition. If a child has already been allowed the allotted 3 late payments, they will be dismissed from the program on the 4th time. The fee for a returned check is \$30.00 or the current amount charged by the bank.

If, for any reason, a child drops from the program, the parents must give two weeks' written notice to the school office. Families are responsible for payment of the month's tuition if their child attends any portion of that month unless more than two weeks' notice is given.

I, _____, the parent/custodian of

_____ understand and agree to the payment policy of Arrow Academy.

Late Pick Up

Please make sure your child is picked up each day promptly by 2:00pm. We do not offer any extended hours, so anything after 2:00pm is considered late. After your child has been picked up late for the third time in a given semester, you will receive written notification from the Preschool Director. If it happens a fourth time, your child will be removed from the program and will not be allowed to re-enroll.

Signature of Parent: _____ Date: _____



Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Suspension Policy

In case of disruptive behavior, special emotional, physical or intellectual needs beyond the expertise of the classroom teachers, or in case of physical or safety threats to other children, or threats to the school itself, the school reserves the right to remove the child temporarily or permanently from school in any situation where these conditions are applicable.

Signature of Parent: _____ Date: _____