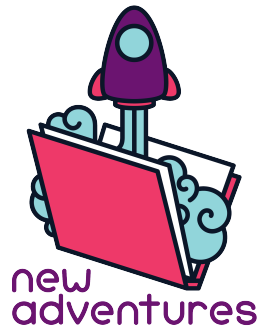


ENROLLMENT PACKET 2019-20



FALL 2019 IMPORTANT DATES

June 4

Public Enrollment Opens

August 15

Fall 2019 Supply Fee (\$50) due

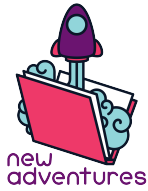
August 18

Meet-the-Teacher 6-7pm

August 20

First day of school

Please remember that New Adventures Mother's Day Out follows Mesquite ISD's calendar.



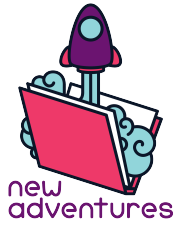
ENROLLMENT CHECKLIST

We're so excited that you want to enroll your preschool student at New Adventures Mother's Day Out. Here is a list of everything you'll need to submit to complete your student's Enrollment File.

- Enrollment Form: General information about you and your child
- Enrollment Fee: \$35 reserves your spot at New Adventures
- Medical Form: Basic medical information about your child
- Shot Record: Child's most recent immunization record
- Tuition Agreement Form: Acknowledging you understand tuition, fees, and your payment obligations
- Permission to Distribute Form: Let us know whether or not you want your contact information available to other parents in your child's classroom
- General Release: A legal general permission and release
- Discipline Policy: Review our discipline policies for the classroom

Here are couple of optional forms you may want to complete:

- Scholarship Request Form: If you cannot afford full tuition, there are a few partial scholarships available, based on need.
- Parent Volunteer Form: If you'd like to volunteer to help out in the classroom, with parties, or with occasionally projects, we'd love to have you!



ENROLLMENT FORM

PARENT INFORMATION

	Mother	Father
Phone		
Email		
Phone		
Address		

Do both parents have permission to pick up/drop off? ____Yes ____No

CHILD INFORMATION

	Child #1	Child #2
Name		
Gender		
Birthdate		
Allergies		

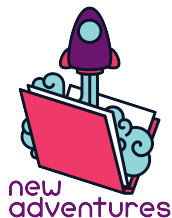
Are both children up-to-date on immunizations? ____Yes ____No

EMERGENCY INFORMATION

Physician Name: _____ Phone: _____

	Emergency contact #1	Emergency contact #2
Name		
Phone		
Relationship		
Can pick up child?		

FOR OFFICE USE: Date received _____ Staff Initials _____



MEDICAL FORM

Please complete one per child.

Parent's Name: _____

Child's Name: _____

PHYSICIAN & HOSPITAL INFORMATION

Physician Name: _____ Phone: _____

Physician's Address: _____

In case of emergency, which hospital is your preference?

INSURANCE INFORMATION

Insurance Company: _____ Phone: _____

Network (if applies): _____

Policy Holder's Name: _____ DOB: _____

Group #: _____ Policy #: _____

CHILD HEALTH HISTORY

Is your child allergic to any of the following? (check all that apply)

_____ Peanuts _____ Tree Nuts _____ Eggs _____ Wheat

_____ Dairy _____ Fruits _____ Vegetables _____ Food dye

Please describe reactions: _____

Have these allergies been diagnosed by a physician? _____ Yes _____ No

Does your child carry: _____ Epi-Pen. _____ Inhaler

FOR OFFICE USE: Date received _____ Staff Initials _____

Has your child ever had or now have:

_____ ADD/ADHD	_____ Asthma	_____ Chicken Pox
_____ Diabetes	_____ Anemia	_____ Arthritis
_____ Emotional problems	_____ Epilepsy/Seizures	_____ Fainting spells
_____ Head injury	_____ Heart condition	_____ Hepatitis
_____ Kidney/urinary issues	_____ Orthopedic/bone issues	
_____ Pneumonia/RSV	_____ Skin conditions/eczema	
_____ Rheumatic Fever	_____ Tuberculosis	

Please explain items checked above:

If your child is limited from participating in certain activities, please explain:

MEDICATION INFORMATION

Please list any prescribed medications your child takes on a regular basis:

Occasionally, your child may require first aid during the day. For these occasions, we maintain a limited supply of first aid products.

Please select which products you give permission to be administered to your child, as needed:

_____ Hydrogen Peroxide (for scrapes)	_____ Band Aids
_____ Anti-itch cream	_____ Antibiotic ointment

Please note: No other medication will be given by the staff, except Epi-Pens or inhalers used in life-threatening situations.

FOR OFFICE USE: Date received _____ Staff Initials _____

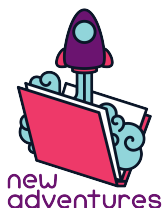
AGREEMENT:

I understand that I need to provide New Adventures an updated copy of my child's most recent immunization record. If my child becomes ill or is injured, and I or my personal physician cannot be reached, I authorize New Community Church and its agents to obtain emergency medical treatment and release New Community Church and its agents from liability for action take pursuant to this release.

Parent/Guardian signature

Parent/Guardian Printed Name

FOR OFFICE USE: Date received _____ Staff Initials _____



TUITION AGREEMENT FORM

Please complete one per child.

Parent Name: _____

Child Name: _____

The tuition for New Adventures is:

	2 payments/month (bi-weekly)	1 payment/month (monthly)
18-24 mo	\$90	\$176
2-5 years	\$85	\$168

How do you plan to pay your tuition?

_____ Bi-Weekly Payments _____ Monthly Payments

Payments can easily be made through the Brightwheel app or online through your Brightwheel account. Once we receive your enrollment packet you will receive your Brightwheel access code to setup your account. This is also the app that you will use to check in/out your child & what staff/teachers use to communicate with parents.

Please initial next to each statement:

_____ I understand that by enrolling my child I am committing to paying his/her tuition for the full school year.

_____ Tuition is due on the 1st of each month. I understand that if my payment is late a late fee of \$30 will be added to my balance on the 5th of the month.

_____ I understand that I am required to give New Adventures written notice 2 weeks in advance if I decide to withdraw my child.

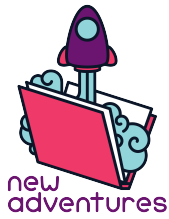
_____ I understand that all tuition and fees paid to New Adventures are non-refundable.

_____ I understand that if I am late to pick up my child, a late fee of \$25 will be assessed at 2:30PM, and I will be charged an additional \$1 per minute after.

Parent signature

Printed Parent Name

FOR OFFICE USE: Date received _____ Staff Initials _____



PERMISSION TO DISTRIBUTE FORM

Please fill out the information below that you give New Adventures permission to share with other parent's in your child's class. This information will be used to create a class directory for each individual class to be distributed to that class only.

Child's Name		
	Mother	Father
Name		
Email		
Phone		
Address		

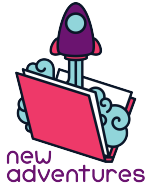
_____ I do NOT wish for my information to be distributed.

_____ I hereby grant permission for the above information to be distributed to my child's class in the form of a class directory if the teacher chooses to make one.

Parent signature

Date

FOR OFFICE USE: Date received _____ Staff Initials _____



GENERAL PERMISSION & RELEASE FORM

New Community Church - 2600 Eastglen Blvd. - Mesquite TX 75181

New Adventures, a ministry of New Community Church, is hereby abbreviated as NA for the purposes of this document.

I (we) hereby authorize NA to take my (our) child to the named physician or facility for medical treatment as indicated on the enrollment form in the event of an emergency in which neither parent nor guardian can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by NA.

I (we) hereby authorize NA and its acting leaders to teach and lead my (our) child in religious lessons and services which may include prayer and Bible teaching.

I (we) hereby authorize any adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in case of an emergency in which the named physician on record cannot respond.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to their authorization.

Should it be necessary for my (our) child to return home to do medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless NA and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and child-participant the occur while said child is participation in any trip or activity with NA.

Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and activities involved therein.

Further authorization and permission is hereby given to NA to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify NA, its directors, employees, and agents for any liability sustained by NA as the results of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

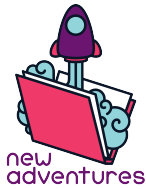
The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by New Community Church at its office at 2600 Eastglen Boulevard, Mesquite, Texas, 75181. It is the responsibility of the parent or guardian to notify NA of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

Signature

Date

Child's Name _____ Relationship to child

FOR OFFICE USE: Date received _____ Staff Initials _____



DISCIPLINE POLICY

Discipline must be:

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

Adults may only use positive methods of discipline and guidance that encourage self-discipline and redirection, which include the following:

- Using praise and encouragement for good behavior;
- Reminding a child of behavior expectations using clear, positive statements.
- Redirecting behavior using positive statements; and
- Using brief, supervised time away 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.

If the above measures are unsuccessful, a parent-teacher conference will be called.

Harsh, cruel, or unusual treatment of any child is unacceptable. The following types of discipline are strictly prohibited:

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

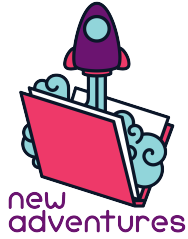
My signature verifies I have read and received a copy of this discipline policy.

Signature

Date

I am a _____parent _____ teacher/employee

FOR OFFICE USE: Date received _____ Staff Initials _____



SUPPLY LIST

EXPLORERS (18 months-2 years)

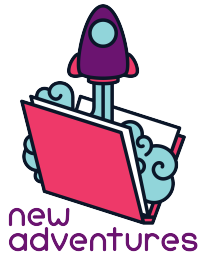
- ☐ Small bag or backpack
- ☐ Sippy cup
- ☐ Diapers for the day
- ☐ Change of clothes (labeled, please)
- ☐ Lunch (finger foods- nothing needing additional preparation, please make sure all necessary food is cut small)
- ☐ Nap mat & blanket OR sleeping bag
- ☐ Photo of family in Ziploc bag (optional)
- ☐ Small stuffed animal or sleeping buddy (optional)

ADVENTURERS (3-5 years)

- ☐ Small bag or backpack
- ☐ Change of clothes
- ☐ Lunch (finger foods- nothing needing additional preparation)
- ☐ 1" Binder (first day of school)
- ☐ Nap mat & a blanket OR sleeping bag
- ☐ Stuffed animal or sleeping buddy (optional)

*Please label all personal items before sending them with your child!

FOR OFFICE USE: Date received _____ Staff Initials _____



PARENT VOLUNTEER FORM

We're so thankful you want to partner in your child's education by volunteering with New Adventures Mother's Day Out.

Your Name: _____

Email: _____

Phone: _____

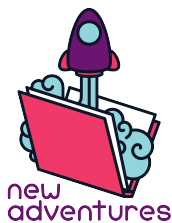
Child's Name(s): _____

Hobbies, interests, gifts or training you want to share:

Which areas are you interested in?

- ☐ Class Parent: Helping with parties and special events
- ☐ Office Help: Filing, copying, distributing parent information, etc.
- ☐ Curriculum Help: Preparing curriculum and projects, cutting, folding, etc.
- ☐ Substitute Teacher: This is a great way to supplement your income. You'll need to complete a Background Check with New Community Church.
- ☐ Other:

FOR OFFICE USE: Date received _____ Staff Initials _____



SCHOLARSHIP REQUEST FORM

Please complete one per child.

New Adventures offers partial scholarship for tuition, based on need.

Child's Name: _____

Parent(s) Name: _____

of Adults in Household: _____

of Children (under 17) in Household: _____

Gross Monthly Income (before taxes): _____

Is the child under CPS supervision? YES NO

Do all adults in the household work? YES NO

If not, please explain

Please tell us a bit about why you want your child involved in New Adventures.

Please explain why your family needs a scholarship.

FOR OFFICE USE: Date received _____ Staff Initials _____