

ENROLLMENT APPLICATION & AGREEMENT



STUDENT INFORMATION

Full Name		Date of Birth		Home Telephone No.	
Home Address			City	State	Zip Code
Date of Admission		Date of Withdrawal			

PARENT CONTACT INFORMATION

Mother's Full Name	Driver's License	E-mail	Mobile
Father's Full Name	Driver's License	E-mail	Mobile
Name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship

I hereby authorize The Woodlands Tree House Preschool to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name, driver's license number & mobile for each authorized person. Children will only be released to a parent or a person designated by the parent/guardian below after verification of ID.

Name	Driver's license #	Mobile
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I hereby grant Woodlands Tree House Preschool permission to take whatever action may be necessary in supplying emergency medical services to my child. I understand that, consistent with the circumstances of the situation and available time, Woodlands Tree House Preschool will make its best efforts to contact me. If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I hereby authorize Woodlands Tree house Preschool to transport, and to obtain treatment from:

Name of Physician:	Phone	Address
Hospital	Ambulance: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Last Well Check:
Insurance Company	Insurance Company Phone #	Group Number: _____ Policy Number: _____
Insured Parent's Name	Parent's Employer	

I hereby agree that I will be solely responsible for, and will promptly pay any expenses, which may be incurred by Woodlands Tree House Preschool in making emergency medical treatment available to the above named Student.

Parent's signature	Date
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FAMILY STATUS & SIBLING INFORMATION

Student's Parents: ___ Married ___ Separated ___ Divorced ___ Step Mother ___ Step Father ___ Other
If student is adopted, does he or she know? ___ Yes ___ No

Brothers / Sisters

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

GENERAL ACKNOWLEDGMENTS & AUTHORIZATIONS

I hereby grant, The Woodlands Tree House Preschool permission for my child to take part in the following activities:

☐yes ☐no Water activities.

☐yes ☐no Outdoor play equipment.

☐yes ☐no Release my name, email address, and phone number to be included in the Parent Share List.

☐yes ☐no Release of address, phone number, and e-mail for teacher purposes only.

☐yes ☐no Have my child photographed or video taped in school activities for classroom viewing, parent events, school publications such as the monthly newsletter or yearbook.

WTHP does not post photos of the children on their website or Facebook page without parental consent.

MEDICATION

The Woodlands Tree House Preschool staff will administer medicine to its Students upon written authorization by the parent or guardian. Completing the "Authorization to Administer Medicine" form available from the front desk provides such written authorization. The "Authorization to Administer Medicine" form and medication shall be on file in the student's official file.

Texas State Law requires that all medicines must:

- Be in its original container;
- Be labeled with the full pharmacy label (if prescription medicine);
- Be in such condition that the name of the medication and the directions for use are clearly readable on the container (if non- prescription medicine);
- Have the child's first and last name clearly appear on the container;
- Include directions to administer the medication; and
- Be administered to the child with written parental permission and as stated on the label directions or as amended by written notice of a physician.

PARENT HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have read the Parent Handbook and I agree to abide by its policies.

Parent's printed name

Child's Name (please print)

Parent's Signature

Date

(A copy of the Parent Handbook is available on our website www.woodlandstreehouse.com)

MEDICAL HISTORY

Indicate by checking appropriate box, if you or any of your relatives have had or have the medical conditions listed below:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Recent Hospitalization | <input type="checkbox"/> Allergic to bee stings | <input type="checkbox"/> Counseling or Testing |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Epilepsy / Convulsions | <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Frequent Headache | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Visual Impairments |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Drug Allergies |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Prescriptions Regularly Taken: _____ | |

List any allergies _____

Health problems, impediments or other special needs: _____

Please list and explain any dietary, medical, or medication supplements or restrictions which may cause adverse reactions to or restrict any normal activities in which your child may engage at The Woodlands Tree House Preschool. List any special needs that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

DISCIPLINE AND GUIDANCE POLICY FOR TREE HOUSE PRESCHOOL

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; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

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

Signature _____ date _____

AGREEMENT

I/we have read and will abide to the policies and requirements in both the Woodlands Tree House Enrollment Application and The Woodlands Tree House Parent Handbook. I further affirm that all information provided by me in this Application is true and accurate to the best of my knowledge, including all information pertaining to my child's medical records and/or history.

I/we further understand that Woodlands Tree House Preschool may, from time to time, and, at its sole discretion, add, change, delete, and/or modify any provisions of the Application and/or Handbook without prior notice. I also understand that Woodlands Tree House Preschool may make exceptions to, deviate, interpret, and implement such provisions in the Application and/or Handbook as it sees fit in its sole judgment and discretion. I understand that the Handbook can be printed upon request or be found online at www.woodlandstreehouse.com

I/we understand that my child will not be released from the school to anyone except the persons designated. Any change or additions must be given in writing to the director or representatives in the School Office.

I/we hereby give approval for my child's participation in any and all of the activities during the school year. I understand that every precaution will be taken to ensure the safety and well-being of my child. I/we do assume all the risks and hazards incidental to the conduct of the activities; and I/we do further hereby release, absolve, indemnify and hold harmless Woodlands Tree House Preschool LLC and all of its employees. In case of injury of my child, I hereby waive all claims against Woodlands Tree House Preschool and any of its employees.

(Both parents must sign below)

Mother or Guardian / Date

Father or Guardian / Date

Woodlands Tree House Preschool is a public accommodation under the Americans with Disabilities Act (ADA), Title III. If you believe that The Woodlands Tree House Preschool may be practicing discrimination in violation of Title III, you may call the ADA Information Line at: (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Texas Family Code, Title 5 requires Woodlands Tree House Preschool to report suspected child abuse or neglect to the Texas Department of Family and Protective Services or local law enforcement agency. Failure to report suspected abuse or neglect is a crime. Call The Texas Department of Family and Protective Services Abuse Hotline toll-free 24 hours a day, 7 days a week, nationwide at (800) 252-5400 or visit their website at www.dfps.state.tx.us.

"Not Affiliated with The Woodlands Land Development Company, L.P. or The Howard Hughes Corporation in Montgomery and Harris County, Texas."

FINANCIAL AGREEMENT

I, _____, agree that WTHP will care for _____.
(Parent) (Children)

beginning on _____, _____, _____.
(month) (day) (year)

I will pay a Monthly fee of \$_____. Tuition payments are due on the first day of each month. Payments received 5 or more days after assessment may be subject to a late fee.

May tuition collected during the enrollment process guarantees placement for the upcoming school year.

In case of withdrawal prior to July 15th of the upcoming school year, the May tuition deposit will be refunded in full; after July 15th, the May tuition deposit will be refunded with 30 days paid written notice of withdrawal, as long as the account is in good standing.

No portion of any paid or unpaid tuition or fees will be credited or reimbursed in the event of an absence, holiday, withdrawal, or emergency school closings.

My children will be in care between the hours of _____ and _____ on _____.
(time to arrive) (time to leave) (days)

By signing below, I acknowledge and understand the fees described herein, and agree to pay any such fees, as incurred, by me or my child, in accordance with The Woodlands Tree House Preschool Parent Agreement and Handbook.

Signature-Parent / Date

Signature-The Woodlands Tree House Preschool / Date