



Preston Royal Preschool  
 5600 Royal Lane, Dallas TX 75229  
 Phone: 214-987-3446 Fax: 214-369-8939  
 Director: Ms. Kitty Ammann

Office Use Only:
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## Registration Form for School Year 2017-2018

**Please return completed Registration Form to Preston Royal Preschool.** State regulations require that all the legal and health information be completed correctly and on file at PRP before your child may attend class. Additionally, the information you provide will help us prepare to welcome your child.

### Part A: Child Information

Child's Full Name (First Middle Last): \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Gender:  Boy  Girl

Date of Birth: \_\_\_\_\_ Age on Aug. 31, 2016: \_\_\_\_ years and \_\_\_\_ months

My child is \_\_\_\_ new to PRP or \_\_\_\_ returning to PRP

My child's first day of class is  Wed. 9/6/2017  Thur. 9/7/2017  \_\_\_\_\_

### Part B: Contact Information for Parents/Guardians and Daytime Caregiver

	Parent/Guardian	Parent/Guardian	Nanny/Daytime Caregiver
Name			
Relationship			
Cell Phone			
Work Phone			
Home Phone			
Email			
Home Address, City, State, Zip			(as printed on ID for verification)
	All of the above will be in the directory	All of the above will be in the directory	

Child's Name: \_\_\_\_\_

**Part C: Emergency Contacts**

If neither parent nor nanny can be reached in an emergency, we need two back-up contacts. The first contact needs to be a person who lives locally. The second emergency contact may live anywhere. We suggest listing people who could provide health information about your child and would make medical decisions.

	Name	Phone	Relationship	Address
1 <sup>st</sup> lives locally				
2 <sup>nd</sup> lives anywhere				

**Part D: Authorization to Leave School**

I authorize Preston Royal Preschool to allow my child to leave the school ONLY with parents or nanny named above, the emergency contact named above, and the following people. My child will be released after verification of ID. **If my child is to go home with anyone else, I shall notify the school.**

Name	Phone	Relationship	Address

Is there anyone to whom the child should NOT be released? If yes, list his/her name.

Is there a court order prohibiting the above person from contact with child? If yes, provide a copy.

**Part E: Authorization for Transportation and Emergency Medical Attention**

If I cannot be reached in an emergency, I hereby give consent to contact medical care providers or hospitals as directed by emergency personnel, and authorize these providers and hospitals to give any reasonable and customary medical instructions. In addition, Preston Royal Preschool is authorized by me, at its sole discretion, to take one or more of the following actions: 1) take my child via car or ambulance to a hospital and give consent to medical care; or 2) release my child to any of the people listed in this registration form. Preston Royal Preschool is not financially responsible for any medical care or transportation provided for or on behalf of my child.

**Choose one:**

My child may be taken to the hospital closest to PRP (Medical City Children's Hospital Dallas at 7777 Forest Lane, Dallas, TX 75230, 972-566-8888).

If possible, my child should go to: Name of Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part F: Immunizations, Health, and Allergies**

Each year parents are to provide documentation to the preschool that their child has been seen by a health care provider. To help parents, PRP provides an "Annual Health Form" and suggests scheduling well visits for your children near their next birthdays. Within one month of your child's birthday, please submit the completed "Annual Health Form" along with an updated immunization record if new immunizations were given. You may also obtain immunizations for your child from public health and private clinics. Please contact the school with any questions or concerns.

1. My child has been seen by a health care professional within the past year and is able to participate in the preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement\* and will submit it to the preschool.  **Yes**  **No**

Date of my child's last well visit: \_\_\_\_\_

Name of Child's Physician	Phone	Address

\*See PRP's website for the "Annual Health Form" to use for the signed statement

2. My child will be \_\_\_\_\_ years old on next birthday, which is \_\_\_\_\_. I will provide the "Annual Health Form" after his/her next well check.

3. Choose one regarding immunizations:

- My child is **NEW** to PRP. I am sending a copy of my child's immunization record to PRP for the staff to review. I understand that I will be notified by PRP if a required immunization is missing. Within one month of my child turning 19, 25, or 43 months, I will submit an updated immunization record to PRP.
- My child is **RETURNING** to PRP and is **less than 4 years old**. Within one month of my child turning 25 or 43 months, I will submit an updated immunization record to PRP.
- My child is **RETURNING** to PRP and is **4 or more years old**, and I have previously submitted an up-to-date immunization record to PRP.

For more information, go to <http://www.dshs.state.tx.us/immunize/school/default.shtm>

Age at which child must have vaccines	Minimum Number of Doses Required of each Vaccine
By 19 months	4 doses of DTaP (Diphtheria, tetanus, and pertussis (whooping cough) vaccine), 3 doses of Polio 3 doses of Hep B (Hepatitis B vaccine). 3 doses of Hib ( <i>Haemophilus influenzae</i> type b vaccine)* 4 doses of PCV (Pneumococcal conjugate vaccine)* 1 dose of MMR (measles, mumps, rubella vaccines combined), and 1 dose of Varicella
By 25 months	Need 1 <sup>st</sup> dose of Hep A (Hepatitis A vaccine) in addition to all of the above
By 43 months	Need 2 <sup>nd</sup> dose of Hep A (Hepatitis A vaccine) in addition to all of the above
	Note: * For Hib and PCV, child may need lesser number of doses to fulfill requirement, depending on age when first dose was given.

Chart created based on 2014-2015 Texas Minimum State Vaccine Requirements for Child-care Facilities by Texas DSHS, Immunization Branch, revised 04/2014

4. Choose one regarding vision and hearing screenings:

- My child will not be 4 years old by Sept 1. I will obtain vision and hearing screenings\* and submit within 120 days of my child's 4<sup>th</sup> birthday.
- My child is or will be 4 years old by Sept 1. I will obtain and send results of the vision and hearing screenings\* within 120 days of my child's 4<sup>th</sup> birthday.
- My child is already 4 years old, and I have previously submitted the results of vision and hearing screenings to PRP.

*\*You may use the "Annual Health Form" at the PRP website for your child's vision and hearing screenings*

5. Does your child have asthma?  **Yes**  **No**

Will your child be bringing a rescue inhaler to school?  **Yes**  **No** \*If yes, contact PRP for required paperwork.

6. Does your child have a history of anaphylaxis?  **Yes**  **No**

Will your child be bringing an Epi Pen to school?  **Yes**  **No** \*If yes, contact PRP for required paperwork.

*Note: If your child has to take medication – including inhaler - during school hours, please contact PRP and complete an Authorization for Dispensing Medication.*

7. Does your child have an allergy?  **Yes**  **No**

If yes, describe the allergy by name, severity of reaction, and treatment or EMERGENCY ACTION REQUIRED

Food  **Yes**  **No** If yes, please specify: \_\_\_\_\_

Drugs  **Yes**  **No** If yes, please specify: \_\_\_\_\_

Insects  **Yes**  **No** If yes, please specify: \_\_\_\_\_

Other  **Yes**  **No** If yes, please specify: \_\_\_\_\_

8. Does your child have dietary restrictions, such as vegetarian or no pork?  **Yes**  **No**

If yes, please list restricted foods.

9. Does your child have an existing illness, previous serious illness or injuries, hospitalizations during the past 12 months, any medications prescribed for continuous, long-term use, or any other information of which PRP staff or emergency medical facilities should be aware?  **Yes**  **No**

If yes, please explain.

10. Does your child have any other health concerns?  **Yes**  **No**

If yes, please explain.

11. Does your child have special needs arising from a challenging condition such as special health, physical, social or emotional need?  **Yes**  **No**

If yes, please explain on separate sheet of paper.

Child's Name: \_\_\_\_\_

**Part G: Consent for Field Trips, Water Play, Photos and Food**

- 1. I give consent for my child to participate in water activities, involving sprinklers, water tables, and wading pools containing less than 12 inches of water.  **Yes**       **No**
- 2. I give consent for my child's photographic image to be used in electronic and print media.  **Yes**       **No**
- 3. I give consent for my child to participate in field trips. I understand a separate permission slip with details about any planned field trip will be sent home prior to the trip.  **Yes**       **No**
- 4. I give consent for my child to be given a morning snack provided by the school or other parents each day my child is in attendance. I understand that I will send lunch on days my child stays for lunch.  **Yes**       **No**

**Part H: Tuition and Fees**

Annual tuition and fees primarily fund Preston Royal Preschool. We divide tuition payments over 9 months, September-May. A discount is available for paying your annual tuition by July 1<sup>st</sup>. Please initial each of the following sections.

\_\_\_\_\_ Preston Royal Preschool uses the online payment company to "Oncare." Once your child's information is set up, you will access that company's website via PRP's website and make all payments online, beginning Aug 1. To begin using the online payment system, each family will be given a username and temporary password from PRP. Your assigned username will be used for all the years you have a child at PRP. Parents may download receipts for employee benefit plans and taxes through web site.

\_\_\_\_\_ Payment of tuition and fees is due on the 1<sup>st</sup> of each month. September – May. Payments are made online via "Oncare."

\_\_\_\_\_ If I have not paid in full by the 7<sup>th</sup> of the month, a \$20 late fee will be charged.

\_\_\_\_\_ If tuition and fees are still unpaid by the 20<sup>th</sup>, then an additional \$30 late fee will be charged.

\_\_\_\_\_ If you must withdraw your child prior to the end of the school year, a 30 day written notice is required. Any tuition and fees due within those 30 days must be paid.

For late enrollees only ...

**For families enrolling after January 1<sup>st</sup>**, the registration fee is halved and payable at time of enrollment.

\_\_\_\_\_ Children arriving between 8:00 and 8:50 are to be taken to the designated early drop off teacher. I will pay \$3 directly to that teacher at the time of drop off for this service.

**Only Three More Page to Go!**

**Part I: For My Child's Teacher**

1. Has your child attended school before? If yes, where?
2. Is your child a participant in other group activities? If yes, please describe.
3. If your child is upset, what is the best way to help calm him or her?
4. When in a new situation, my child needs ....
  - Encouragement     To stand aside and observe before joining activities     Open Space
  - Prefers to stay in one place; dislikes transitions     Other
5. What are your child's likes and dislikes?
6. Does your child have a fear that may come up at school?
7. Does your child generally nap?
8. If your child is in the process of toilet training, what are the words he/she uses to express need to use the toilet and are there any specific instructions for the teacher?
9. With whom does your child live? Please include the names by which your child calls each person, and the ages of other children in the home.
10. Names (used by child) and relationships of other significant people in your child's life, such as nanny or step-mom:
11. Names and types of pets:
12. Does your family have a religious preference? Which religious holidays does your family observe?
13. Please list the careers or hobbies of parents that might be of interest to your child's class or helpful on Work Day. (Fire fighter, nurse, birding hobby, yoga aficionado, rocket scientist, art student, carpenter or painter are some examples.)

Child's Name: \_\_\_\_\_

**Part J: For Parents' Club**

Every parent is a member of PRP Parents' Club. Grandparents and daytime caregivers are invited to join social functions, all school festivities, and fundraising. We have an active Parents' Club (PRP PC) and look forward to your involvement in supporting our teachers, staff, and children.

**1. Grandparents**

Please list all grandparents, so that we may contact them for the Carnival and Silent Auction, Scholastic Book Fair, or special events.

Name	Mailing Address	Email Address	Phone

**2. T-Shirts**

Children and parents wear their PRP t-shirts throughout the year and especially at the Zoo Trip in the spring. The cost of a child's t-shirt is covered by the enrollment fee. Please select size.

- Not needed, last year's shirt still fits!  
 2T    3T    4T    Youth XS (size 5/6)    Youth S (size 7/8)    Youth M (size 10/12)

For \$10 each, adults may purchase a shirt. Please indicate number of shirts per size needed. Please make t-shirt check to "PRP PC."

\_\_\_\_\_ XS   \_\_\_\_\_ S   \_\_\_\_\_ M   \_\_\_\_\_ L   \_\_\_\_\_ XL   \_\_\_\_\_ XXL   \_\_\_\_\_ XXXL

**3. Be a Volunteer/Give a Donation**

PRP is a small school and we need you to help with events by donating your time and/or your money. Please indicate which parent and how you can help. A member of Parents' Club Board will follow up with you before the event.

Event	Parent Names	Volunteer to Work	Underwrite Portion
Back to School Party (Sept)			
Silent Auction (Oct)			
Carnival (Oct)			
Work Day (March)			
Book Fair (April)			
End-of Year (May)			

Child's Name: \_\_\_\_\_

**Part H: Signature**

We attest to and agree with all information contained within this 8 page registration form for Preston Royal Preschool. We have not knowingly withheld any information about our child. We will update the school if any of the information provided on this form changes.

We understand that our child's placement is determined by careful consideration of the administration, with input from the staff of the preschool. The decision of the administration is final. If we decide to decline the offer of enrollment, all payments previously made to PRP are nonrefundable.

We are aware that the handbook of policies and procedures of Preston Royal Preschool is on the website, and that we are responsible for reading and complying with all applicable information.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Above Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Above Parent/Guardian

**Thank you for completing the Registration Form for Preston Royal Preschool.**