

# Next Generation Preschool

## Enrollment Agreement

### 2023-2024

Please check all that apply: (1 page per student)

#### Class

\_\_\_\_\_ 2's  
\_\_\_\_\_ 3's  
\_\_\_\_\_ 4/5's

#### Schedule

\_\_\_\_\_ **Regular School Day** (9:00 am - 3:00 pm)  
\_\_\_\_\_ **Before School Extended Care** (7:00 am - 9:00 am) \_\_\_\_\_ **After School Extended Care** (3:00 pm – 6:00 pm)

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

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents' Names: Mom \_\_\_\_\_ Dad \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Addresses:

Mom \_\_\_\_\_

Dad \_\_\_\_\_

Mom's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Dad's Cell Phone: (\_\_\_\_) \_\_\_\_\_

What is your local Church Affiliation? \_\_\_\_\_

Are you presently active members? \_\_\_\_\_

# Next Generation Preschool

205 S. Ridgeway Dr. Cleburne, TX 76033 817-645-9542 [www.ascensioncleburne.org](http://www.ascensioncleburne.org)

## Registration Open Enrollment

### **2023-2024 Enrollment**

<u>Days:</u>	<i>Monday – Friday</i>
<u>Extended Care Morning Hours:</u>	<i>7:00 am – 9:00 am</i>
<u>Preschool Hours:</u>	<i>9:00 am – 3:00 pm</i>
<u>Extended Care Afternoon Hours:</u>	<i>3:00 pm – 6:00 pm</i>
<u>Ages:</u>	<i>2's, 3's, 4's, 5's</i>
<u>Registration Fee:</u>	<i>\$200.00 yearly or \$100.00 biannually (non-refundable fee)</i>

Tuition: \$132.50 per week, or \$530 per month

Morning and Afternoon Extended Care total for either/or/both is: \$6 per day or \$30 per week or \$120 per month

You are enrolling your child in a 5 day a week 9:00 – 3:00 program, fees will not change for any days attended less than 5 including holidays, teacher training, or inclement weather cancellation. (No fees due the 3 weeks we close each year.)

Extended care is the same price per day/week/month whether your child is present the entire time we provide or only a portion of that time.

# ADMISSION FORM

## Child

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Nickname		
Birthday	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Name		
Home Address		
City	State	Zip

## Parent/Guardian

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Name	Relation to Child	Place of Employment		
Home Address		Email Address		
City	State	Zip	Work Phone	Phone

## Parent/Guardian

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Name	Relation to Child	Place of Employment		
Home Address		Email Address		
City	State	Zip	Work Phone	Phone

## Emergency Contact (friend or relative who should be contacted when parent/guardian cannot be reached)

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Name	Relationship	Phone (Home)
Home Address		Phone (Cell)
City	State	Zip

## Authorized Pickup (persons other than a parent to whom the child may be released)

Anyone picking up your child will be required to provide photo identification before your child will be released. Next Generation Preschool will not release your child to anyone that you have not authorized in writing or to anyone that cannot provide a photo identification.

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Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

**SEE BACK OF FORM**

# ADMISSION FORM – Continued

## Special Care Needs

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Diagnosed Allergies (Must provide an allergy action plan signed by physician)

Milk    Peanuts    Tree Nuts    Wheat    Bee Sting    Other \_\_\_\_\_

Describe Reaction: \_\_\_\_\_

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Other Non-Allergy Diet Restrictions (Includes Sensitivity or Intolerance to Foods)

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Existing Illness:

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Previous Serious Illness and/or Injuries:

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Hospitalizations During the Past 12 Months:

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Medications Prescribed for Continuous, Long-Term Use:  
(Medication Authorization Form will need to be completed for any medicines administered by the preschool)

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Other Special Care Needs:

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## Child's Physician

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Name of Physician \_\_\_\_\_ Hospital Preference (for emergency treatment) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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## Emergency Medical Attention & Emergency Evacuation Authorization

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*In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the preschool Director or designee to secure any and all necessary emergency medical care for my child. In addition, I authorize the staff of Next Generation Preschool and the Ascension Church to transport my child to another location if a situation occurs that makes it in the best interest of my child to evacuate the building. \_\_\_\_\_ (initials)*

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## Photo & Media Consent

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*I consent to the collection and use of my personal images and those of my child by photography or video recording. I acknowledge these may be used on the Next Generation Preschool Ascension Church webpage or Facebook page or class books. I understand that my name and my child's name along with pictures or videos may NOT be used in publications unless express consent is given. \_\_\_\_\_ (initials)*

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*My signature below provides medical authorization, emergency evacuation authorization, and photo/media consent as stated above. I also acknowledge receipt of or access to (website) the Next Generation Preschool's Parent Handbook and Policies and Operational Procedures book. I understand that I must follow all aspects of the Next Generation handbook and operational policies and that if I have any questions, it is my responsibility to seek answers from the Director.*

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Preschool Health Statement and Immunization Verification

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

Date of Birth: \_\_\_\_\_

**Admission Requirement:** One of the following must be presented for your child to be admitted to the Next Generation Preschool.

**Please check only one option:**

1. \_\_\_\_\_ Health-Care Professional's Statement: *I have examined the above named child within the past year and find that he/she is able to take part in the Next Generation Preschool Program.*

\_\_\_\_\_  
Health-Care Professional's Signature

\_\_\_\_\_  
Date

2. \_\_\_\_\_ A signed and dated copy of a health-care professional's statement is attached.

3. \_\_\_\_\_ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

### **Vision and Hearing Screening for 4-year olds:**

Vision Results: \_\_\_\_\_

Hearing Results: \_\_\_\_\_

Comments: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

### **Immunization Record required for Admission**

\_\_\_\_\_ I have provided Next Generation Preschool with a copy of my child's most current immunization record or state waiver.

Parent Signature: \_\_\_\_\_

**Next Generation Preschool Extended Care Contract  
And Enrollment Form**

Child's Name \_\_\_\_\_ Age/Class \_\_\_\_\_ Start Date \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Please check the time(s) your child will attend Extended Care.

\_\_\_\_\_ Extended Care AM 7:00 – 9:00 5 days each week or only the specific days of  
\_\_\_\_\_.

\_\_\_\_\_ Extended Care PM 3:00 – 6:00 5 days each week or only the specific days of  
\_\_\_\_\_.

The Fee is \$6 per day which is \$30 per week or \$120 per month.

**Contractual Agreement**

I, the undersigned, agree to fulfill all financial obligations as required by Next Generation Preschool for Extended Care.

- ❖ A student is enrolled until a formal withdrawal has been completed.
- ❖ The daily fee is set no matter if your child stays the whole 2 or 5 hours offered, or only a portion of that time.
- ❖ If late for pick up I will pay \$2 per minute I am tardy after 6:05.
- ❖ Myself or members listed on school form as emergency contacts will come in to sign my child in and/or out each day.

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

\_\_\_\_\_  
Date