



Atelier Preescolar 2023-2024 Enrollment Form

THIS SECTION IS FOR OFFICE USE ONLY:

Date of Admission _____ Date of Withdrawal _____

Student Name: _____ Date of Birth: _____

Mother's Name: _____

Phone: Home: _____ Mobile: _____ Work: _____

Address: _____

Email: _____

Father's Name: _____

Phone: Home: _____ Mobile: _____ Work: _____

Address: _____

Email: _____

Guardian's Name: _____

Phone: Home: _____ Mobile: _____ Work: _____

Address: _____

Email: _____

Signature of Parent or Legal Guardian

Receipt of Parent Handbook

I acknowledge receipt of the facility's Parent Handbook and Operational Policies and Procedures including those for discipline and guidance and confirm that I have read and understood Atelier Preescolar policies and procedures in its entirety and agree to abide by them.

My child attends Atelier Preescolar the following days and times:

<input type="checkbox"/> Monday	From: _____	To: _____
<input type="checkbox"/> Tuesday	From: _____	To: _____
<input type="checkbox"/> Wednesday	From: _____	To: _____
<input type="checkbox"/> Thursday	From: _____	To: _____
<input type="checkbox"/> Friday	From: _____	To: _____

Emergency Contacts (*Other than parents*)

Name: _____

Phone: Home: _____ Mobile: _____ Work: _____

Address: _____

Relationship: _____

Name: _____

Phone: Home: _____ Mobile: _____ Work: _____

Address: _____

Relationship: _____

Name: _____

Phone: Home: _____ Mobile: _____ Work: _____

Address: _____

Relationship: _____



Authorized people to pick up my child (**other than parents**)

I hereby authorize Atelier Preescolar to allow my child _____
Your child's name here
to leave Atelier Preescolar only with the following persons. Please list names and telephone numbers for each person. Children will only be released to a parent or a person designated by the parent/guardian after verification of Driver's License or valid ID.

Name: _____

Phone: Home: _____ Mobile: _____ Work: _____

Address: _____

Relationship: _____

DL Number: _____
(Driver's License Number)

Name: _____

Phone: Home: _____ Mobile: _____ Work: _____

Address: _____

Relationship: _____

DL Number: _____
(Driver's License Number)

Name: _____

Phone: Home: _____ Mobile: _____ Work: _____

Address: _____

Relationship: _____

DL Number: _____
(Driver's License Number)

CONFIDENTIALITY NOTICE

I give permission to Atelier Preescolar to review my child's health and immunization records shared in this file. This permission includes:

- The program director
- The program's administrative assistant
- My child's current teacher
- To all the above listed personnel

_____ Name _____ **Signature** _____ Date

Immunization Record:

Initials

I have provided Atelier Preescolar with a copy of my child's most current immunization record.

Admission Requirement: if your child does not attend pre-kinder or school away from Atelier Preescolar, one of the following must be presented when your child is admitted to Atelier Preescolar or within one week of admission.

Please check only one option:

- 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 day care program.

_____ **Health Care Professional's Signature** _____ Date

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

- My child has been examined within the past year by a health care professional and is able to participate in Atelier Preescolar. **Within 5 business days of admission**, I will obtain and submit a health care professional's signed statement, vaccination chart or affidavit and food allergy plan if applicable. I understand that my child can be removed from the program until medical documents are submitted to Atelier Preescolar. No refunds or make up days will be given for days missed due to lack of medical documentation

_____ **Name and Signature of Parent or Legal Guardian** _____ Date



Health Requirements

Child Name: _____

Name of Health Care Professional: _____

Facility Name and Address: _____

Students 4 years and older must submit vision & hearing evaluations with in 5 days of admission (or within a week my child turns 4 years old)

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
--------	-------------	-------------	---

Health Care Provider Signature				Date
Hearing	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				

Health Care Provider Signature
Date

List any special problems that your child may have, such as allergies, 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 Atelier Prescolar should be aware of or mark with an **X** or **N/A** if no allergies, illness, injuries or medication needed.

Food Allergies: _____

Other Allergies: _____

Serious Illness: _____

Hospitalization or injuries: _____

Medication prescribed: _____

Long-term medication: _____

Health Requirements

Name of Child: _____

Date of Birth: _____

Age → Vaccine ↓	Birth	1 month	2 months	3 months	4 months	5 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B													
Rotavirus													
Diphtheria, Tetanus, Pertussis													
Hemophilus Influenza type B													
Pneumococcal													
Inactivated Poliovirus													
Influenza													
Measles, Mumps, Rubella													
Varicella													
Hepatitis A													
Meningococcal													

Vaccination chart must have child's name, date, physician's signature and office contact information and stamp.

TB Test (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
Signature or Stamp of a physician or public health personnel verifying immunization information above. Date:	<input type="checkbox"/> Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease on or about (date):	<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years only. https://webds.dshs.state.tx.us/immco/	Name and Signature of Parent or Legal Guardian:



Health Department Requirements

Special Problems or Needs

If my child has any special problems or needs, including allergies or sunburn sensitivity, I will share this with the Atelier Preescolar staff during informal visits, telephone calls, or the time provided for parent conferences. I also expect the staff will utilize these times to share with me information concerning any special problems or occurrences at Atelier Preescolar which might affect my child. This includes information such as special activities, research to be conducted in Atelier Preescolar, or notification of serious communicable disease occurring in the program.

Name and Signature of Parent or Legal Guardian

Date

Waiver of Liability

I am the parent of _____ (“my child”) who is, or will be attending Atelier Preescolar. I understand that during this Program, my child will be involved in activities including, but not limited to: indoor and outdoor games, dancing, cooking, art, and numerous other physical activities, any of which may result in injury or illness. By signing this form, I agree to release Atelier Preescolar, the owner/lessee and/or lessee of the facility being used, and their associates, employees, volunteers, and independent contractors from any and all liability connected with the program. I understand that in the case of an accident involving my child, the emergency contact information that I provide will be used to contact me. If I cannot be contacted, I grant persons associated with Atelier Preescolar or the director of the facility/school my child attends, with the power to determine what medical treatment is reasonable and necessary. In the event of an accident or medical emergency, I will be financially responsible for any medical and transportation expenses involved.

In consideration of being permitted to Atelier Preescolar classes on behalf of myself, my family, my heirs, and my signs, I hereby release Atelier Preescolar, its volunteers and contractors from liability for injury, loss or death to the above mentioned participant while using any facility and its equipment now or in the future, resulting from the ordinary negligence of Atelier Preescolar and its associates.

Nutrition

Parents understand Atelier Preescolar will not serve meals. It is the parents' responsibility to send ready to table food for lunch and snack that meets the daily U.S. Department of Agriculture (USDA) recommended nutritional value.

Name and Signature of Parent or Legal Guardian

Date



Permission to make and use photographs/motion pictures and other audiovisuals and sound recordings.

Student Name

We (I) grant to Atelier Preescolar permission to make, from time to time, photographs, motion pictures, television tapes, and other audio-visual works, and sound recordings featuring the likeness and voice of the above-named child, alone or in a group at work or at play for myself (ourselves) taking part in the Atelier Preescolar program. We (I) also grant to Atelier Preescolar on behalf of the above-named child, permission, unlimited in time, to use in any medium of communication, such as photographs, motion pictures, television tapes, audiovisual works and sound recordings to publicize the program of Atelier Preescolar or for any educational, instructional or scholarly purposes.

Furthermore, I agree to allow Atelier Preescolar to photograph and/video my child for all reasonable educational and promotional purposes, without any compensation to my child or myself.

By signing this waiver, I am promising that I have read and agreed and understand to the contents of the waiver.

Name and Signature of Parent or Legal Guardian

Date

Permission to Appear in School Directory

I, _____ give my permission for my child’s contact information and my family contact information to appear in the Atelier Preescolar directory.

Please do not share any contact information for my child and/or my family in the Atelier Preescolar directory.

Name and Signature of Parent or Legal Guardian

Date

Verification of Parent Notification



By signing below, I verify that I have received by email and reviewed The Parent Handbook for Atelier Preescolar. It includes important information that the center is required to provide me on the following policies:

1. Hours, days and months of operation;
2. Procedures for release of children;
3. Illness and exclusion criteria;
4. Statement that medication is not given except in medical emergencies;
5. Procedures for handling medical emergencies;
6. Procedures for parental notification of incidents and illnesses;
7. Discipline and guidance practices;
8. Food service practices;
9. Immunization requirements;
10. Tuberculin testing requirements (not required in Travis County);
11. Hearing and vision screening requirements;
12. Enrollment procedures;
13. Field trips;
14. The procedures for parents to review and discuss with the director any questions or concerns about the policies and procedures of the center;
15. The invitation to parents to visit the program and observe your child without prior approval;
16. An outline of the different ways that parents can be involved in and support the program;
17. The procedures for parents to review a copy of the minimum standards and the center's most recent Licensing inspection report; and
18. Instructions on how a parent may contact the local Licensing office, PRS child abuse hotline, and PRS website; and
19. Relationships of mutual respect.

Your Name

Your Child's Name

Signature of Parent or Legal Guardian

Date



Discipline and Guidance Policy for Atelier Preescolar

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.

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

Your Name

Your Child's Name

Signature of Parent or Legal Guardian

Date



Texas Dept. of
Protective and
Regulatory Services

Form 2904

Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for Atelier Preescolar LLC, teachers, owner or Program Director

To take my child or children:

Name of child (1):		Name of child (2):	
Name of child (2):		Name of child (3):	

To:

Name of Doctor:		Telephone Number:	
Address of Doctor:			

Or to:

Name of Hospital or Clinic:		Telephone Number:	
Address of Hospital or Clinic:		Telephone Number:	

I give consent for necessary emergency treatment when my child is in the care of the school to EMS, physician or hospital, or clinic.

Name and Signature of Parent or Legal Guardian

Date



Changes, Records, Payments and Withdrawal.

It is parents' responsibility to inform us of any change in your family situation that needs to be updated in the enrollment form. Examples are, but not limited to, change of address, new vaccinations that your child may get, annual doctor statement, etc. As a licensed preschool we are required by the licensing entity to maintain updated records on file.

In order for your child to attend Atelier Preescolar all forms must be turned in to Atelier Preescolar and tuition enrollment fees must be paid in full. Please note that enrollment fees are nonrefundable. Every month tuition must be paid the first day of the month and not later than the 3rd day of the month by 9:00 am to avoid late fees. Failure to make tuition payment will result in forfeiture of the child's place in the program.

On the first month your child is enrolled and last month tuition fees must be paid at the time of enrollment and are non-refundable and non-transferable. In other words, the tuition paid for June may not be used for any month other than the June following enrollment. If you need to withdraw your child before the end of the school year you must inform in writing the program director 30 days before your child's following tuition payment to avoid having to pay the following month, no exceptions.

I acknowledge that I have read and understood Atelier Preescolar Parent Handbook and Operational Policies and Procedures in its entirety and agree to abide by them.

Full Name: _____ Signature: _____
Name and Signature of Parent or Legal Guardian

Uniforms Receipt	
One canvas bag	Number of T-shirts: _____
Date: _____	Signature: _____

Atelier Preescolar is licensed and regulated by the Texas Health and Human Services as a Child Care Program. State Minimum Standards are followed and all staff members meet state required criteria. All required paperwork for a state licensed facility must be completed for each child before they attend the program.