

Sugar Creek Baptist Church Weekday Preschool



Enrollment Packet

On behalf of the Sugar Creek Baptist Church Weekday Preschool staff, I would like to welcome you to our Preschool family for the 2022-2023 school year!

Thank you for entrusting us with your child's care. Children are a precious gift and we want to honor God in all that we do for each preschooler.

Please take time to read through and complete this packet in order to successfully complete your child's enrollment.

The following items are due at **Meet the Teacher on August 30th**:

- This enrollment packet.
- A copy of your child's current immunization record and statement of health from their pediatrician.
- Vision/Hearing Screening results (for children in the 4 year-old program only).
- Appropriate school supplies as shown on the school supply list in this packet.

We look forward to our school year. Thank you for helping us start off right!

Katherine Kopfer

Preschool Director
281-242-6742 direct
281-242-0320 fax
kkopfer@sugarcreek.net
sugarcreek.net

You may download additional Enrollment Packets on our SCBC website.

sugarcreek.net/wps



2022-2023

ENROLLMENT/ EMERGENCY FORM

281-242-6742
281-242-0320 (fax)
preschool@sugarcreek.net

Child's Name: _____ Birthdate: _____
Home Address: _____ City, Zip: _____
Father: _____ Mother: _____
Email: _____ Email: _____
Cell Phone: _____ Cell Phone: _____
Cell phone carrier*: _____ Cell phone carrier*: _____

*(for the purpose of texting school/class info.)

In case of an illness or emergency and child's parents cannot be reached, my child may be released to:

Name: _____ Address: _____
Phone: _____ Relationship: _____
Physician: _____ Phone: _____
Hospital: _____ Phone: _____
Known Allergies: _____
Special Needs/Past Illnesses: _____
Blood Type (if known): _____
Other Information: _____

Sugar Creek Baptist Church Weekday Preschool has my permission to release my child to the following persons:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Emergency Care Authorization: I hereby agree that in case of illness or accident requiring a physician's attention and if I or a person listed on the registration form as an emergency contact cannot be reached by the school, I give permission for a physician/hospital to administer treatment or emergency care. Extreme emergencies will be handled appropriately.

Parent Signature: _____ Date: _____

Office Use Only: Admit Date: _____ Hours in Care: _____ Class: _____



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MEDICAL TREATMENT PERMISSION FORM

281-242-6742

Minor Medical Treatment: I give permission for Sugar Creek Baptist Church Preschool staff to treat minor injuries such as abrasions while my child is in care.

Emergency Medical Treatment: In the case of illness or accident requiring emergency medical 911 attention, I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

I understand and accept the policies and the above permission given as an agreement with Sugar Creek Baptist Church Preschool and release the school and church from liability for injury or illness resulting under all circumstances save gross negligence.

Child's Name: _____ Class: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Please complete the following information regarding your health insurance coverage:

Insurance Carrier: _____ Policy Number: _____

Insured's Name: _____ Employer: _____



2022-2023

MEDICAL FORM/ STATEMENT OF HEALTH

13333 Southwest Freeway
Sugar Land, TX 77478
281-242-6742
281-242-0320(fax)
preschool@sugarcreek.net

Child's Name: _____ Birthdate: _____ Class: _____

The following health information, required by the state of Texas' Health Department child care licensing, must be on file for your child to be admitted to SCBC Weekday Preschool.

#1. STATEMENT OF HEALTH: submit **either** of the following (**A** or **B**)

A. Physician's Statement—The above-named child has been examined by me within the past year and found to be in good health. He/she may attend preschool and participate in all activities.

Physician's Signature: _____

Physician's Name and Address: _____

Date: _____

B. A signed and dated copy of a healthcare professional's own health statement.

#2. IMMUNIZATION RECORD:

Submit a copy of your child's most current immunization record, verifying your child is up to date on required vaccines.

3. VISION/HEARING SCREENING RESULTS:

(required for children in 4 year old program only)

VISION

Right 20/ _____ Left 20/ _____ Fail Pass

Screener signature: _____

HEARING

100 Hz

200Hz

400Hz

Right _____

Left _____

Fail Pass

Screener signature: _____



2022-2023

HANDBOOK ACKNOWLEDGEMENT/ PHOTO PERMISSION

Once you have read the Creek Kids Weekday Preschool's Handbook*, please sign this sheet and return it with your other forms and information needed to complete enrollment requirements.

The parents/guardians of _____ Class: _____

have read the Creek Kids Weekday Preschool's Handbook and agree to abide by the policies and procedures as outlined in the Handbook.

Signed: _____

Date: _____

*You will receive a copy of the Student Handbook via email prior to Meet the Teacher.



I grant Creek Kids Weekday Preschool the right to take photographs of my child.
I agree that Creek Kids Weekday Preschool may use such photos of my child for craft projects, publicity, illustrations, advertising, Facebook, and website content.
Children's names will **NOT** be listed on anything besides class craft projects.

I **DO NOT** grant Creek Kids Weekday Preschool the right to take photographs of my child.

Signed: _____

Date: _____



2022-2023
**Helpful Dates
and Information**
281-242-6742

Dates to remember:

Meet the Teacher:

Tuesday/Thursday and Tuesday/Wednesday/Thursday

Monday/Friday & 4 Day 2's

Five Day (3's & 4's)

Tuesday, August 30, 2022

9:00-10:15 AM

10:30-11:45 AM

10:30-11:45 AM

School Begins:

Wednesday, August 31, 2022

Thursday/Friday, September 1/2, 2022

Three-Day and Five-Day Preschool Classes

Two-Day Preschool Classes

Monday, September 5, 2022

Labor Day Holiday

Things to pack each day:

1 Year Olds

Change of seasonally appropriate clothes

4 Diapers

Leak-proof water bottle

Lunch

4 Year Olds

Change of seasonally appropriate clothes

Leak-proof water bottle

Lunch

2 Year Olds

Change of seasonally appropriate clothes

4 Diapers

Leak-proof water bottle

Lunch

Rest Mat

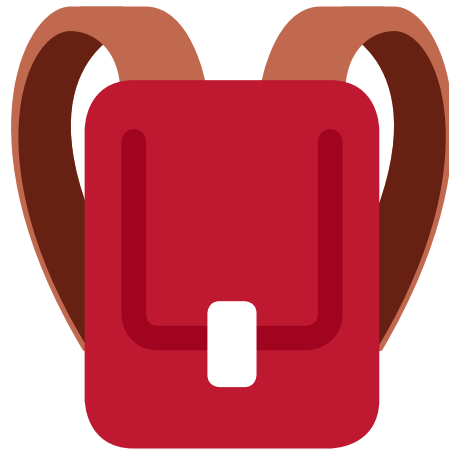
3 Year Olds

Change of seasonally appropriate clothes

Leak-proof water bottle

Lunch

Rest Mat





2022-2023

PRESCHOOL SUPPLY LIST

281-242-6742

One Year-Old Program

Lysol/Disinfectant Spray	1 Can
Wax Paper	2 Boxes
Paper Towels	2 Rolls
Diaper Wipes	2 Containers
Liquid Hand Soap	1 Bottle
Jumbo <u>Crayola</u> Crayons	1 Box (8-count)
<u>Crayola</u> Water Colors	1 Box
White Elmer's Glue	1 Bottle

Three Year-Old Program

Paper Cups (Dixie)	1 Box 5-ounce
Paper Towels	2 Rolls
Ziplocks	1 Box "Quart"
Liquid Hand Soap	1 Bottle
Dry-erase Markers	1 pkg.
Play Doh	1 Can, any color
<u>Standard Crayola</u> Crayons	2 Boxes (8-count)
<u>Crayola</u> Water Colors	1 Box
<u>Crayola</u> Washable Markers	1 Box
White Elmer's Glue	1 Bottle
Glue Sticks	1 pkg.
Kids Blunt Tip Scissors	1 Pair, 5 inch, <u>Fiskars</u> brand only

Two Year-Old Program, 2-day

Lysol/Disinfectant Spray	1 Can
Wax Paper	2 Boxes
Paper Towels	2 Rolls
Diaper Wipes	2 Containers
Ziplocks	1 Box "Gallon"
Liquid Hand Soap	1 Bottle
Play Doh	1 Can, any color
<u>Standard Crayola</u> Crayons	1 Box (8-count)
<u>Crayola</u> Water Colors	1 Box
White Elmer's Glue	1 Bottle
<u>Crayola</u> Washable Markers	1 box

Four Year-Old Program

Ziplock Bags	1 Box "Gallon"
Baking Soda	1 Box
Liquid Hand Soap	1 Bottle
Paper Towels	2 Rolls
<u>Standard Crayola</u> Crayons	2 Boxes (8-count)
<u>Crayola</u> Water Colors	2 Boxes
<u>Crayola</u> Washable Markers	2 Boxes
White Elmer's Glue	2 Bottles
Play Doh	1 Can, any color
Pocket Folders	2
Glue Sticks	6-pack, small
Dry-erase Markers	1 pkg.
Kids Blunt Tip Scissors	1 Pair, 5 inch, <u>Fiskars</u> brand only

Two Year-Old Program, 4-day

Please bring all items from the 2-day list and the following additional items:

Paper Towels	2 Rolls
Liquid Hand Soap	1 Bottle
Play Doh	1 Can, any color
<u>Crayola</u> Water Colors	1 Box

**In order to simplify the first day of school,
please bring all supplies to Meet the Teacher.**



2022-2023

HEALTH & SAFETY ACKNOWLEDGEMENT

281-242-6742

KEEP YOUR CHILD/ CHILDREN AT HOME IF THEY ARE SICK.

Children or Staff who have a temperature of 100.4 F or above, have signs or symptoms of respiratory infection, such as cough, shortness of breath, sore throat, should not attend or work at school.

If a child or staff develops symptoms of respiratory infection, such as cough, shortness of breath, sore throat, or a temperature of 100.4 F or above, while at the facility they will be sent home as soon as possible. The sick child will be immediately separated from the group and will wait in the office until he/she is picked up.

If we have a confirmed case of COVID-19 among our students or staff, parents of that class will be notified by email.

Children exhibiting health symptoms that prevent them from comfortably participating in school activities or that require additional care that cannot be given without risking the health and safety of other children should not attend school until these symptoms subside.

Guidelines for returning to school for specific illnesses:

Symptoms	Stay Home	When child CAN return
Runny Nose	YES	Symptoms free for 24 hours
Diarrhea	YES	24 hours AFTER last episode
Vomiting	YES	24 hours AFTER last episode
Lice	YES	AFTER first treatment
Strep Throat	YES	24 hours after first treatment as prescribed
Unexplained Rash	YES	Rash is gone or doctor's note
Mouth Sores	YES	When mouth sores are gone or doctor note
Pink/ Red eye with oozing	YES	After initial dose of medication or doctor note

I acknowledge and have read, understand, and agree to the procedures stated above.

Child's Name

Parent or Guardian Signature

Date



2022-2023

WAIVER/ RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID- 19

281-242-6742

I, as parent/guardian, with legal responsibility for _____ (the child participant), in consideration of being allowed to participate in weekday preschool and related events and activities at Sugar Creek Baptist Church Preschool, have read and understand, including the risks of presence and participation and our families' responsibility for following the rules and regulations for protection against communicable diseases. I, for myself, and spouse consent to the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk does exist.
2. WE KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my child/ward's participation.
3. If I become aware of, or if my child/ward informs me of, any unusual or significant hazard during my presence or my child/ward's participation, I will remove my child/ward from participation and promptly bring the matter to the attention of a representative of the preschool
4. I, for myself and on behalf of my spouse and child/ward and our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Sugar Creek Baptist Church Preschool, their officers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of parent/guardian

Signature of parent/guardian

Name of child participant

Date Signed