

# First Baptist Schertz Preschool Registration Packet 2024-2025

School begins September 3, 2024

Welcome to FBS Preschool! The following items are required for registration and must be turned in to the Preschool Director for your child to be enrolled into our preschool.

- Verification from the director that a spot is available for your child
- All application forms
- Registration fee and Supply fee (Non-refundable. Payment may be made in cash, by check, or online at [preschool.fbcschertz.org](https://preschool.fbcschertz.org), scroll down and find "Give" bubble, and follow prompts. Forward your receipt to [rachael@fbcschertz.org](mailto:rachael@fbcschertz.org) along with your child's name, birthdate, and class choice.)
- Health Statement (Your child's physician must confirm, by signing the form provided in this packet, or by providing their own form, that your child is healthy and may come to school.)
- An up-to-date copy of your child's immunization records (must be stamped by a physician)
- Hearing and Vision screening results (This is required by the state of Texas, only for any child turning 4, and within 140 days of entering school.)

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## Things to note...

1. Please sign up for our schoolwide Remind App group at [www.remind.com/join/fbsp2024](https://www.remind.com/join/fbsp2024)  
This group is a one-way communication tool for school announcements from the Director to all enrolled students' families.
2. FBSP will follow the SCUCISD school calendar for student holidays. The exception will be the first day of school. FBSP will remain open during regular hours on all SCUCISD half days.
3. Meet the Teacher Night will be Tuesday, August 27 at 6:00 pm.
4. All students enrolled in our program **must be completely** potty trained. Chronic potty accidents may be cause for the child's enrollment to be discontinued.
5. There are no refunds on tuition payments and registration fees. This includes circumstances when a child's enrollment is suspended or discontinued by the director. Tuition will not be pro-rated for student absences, school holidays, inclement weather days, or quarantines.

**If you have any questions, please feel free to contact the Director  
at 210-243-2154 or [rachael@fbcschertz.org](mailto:rachael@fbcschertz.org)**

## 2023-2024 Monthly Tuition Rates and Annual Registration/Supply Fees

Program	Days	Times	Tuition	Registration Fee	Supply/Class Party Fee
PK2, PK3, or PK4	M-F	8:30-12:00	\$450.00	\$150.00	\$100.00
PK2, PK3, or PK4	M-F	8:30-2:30	\$625.00	\$150.00	\$100.00
PK2, PK3 or PK4 (extended care)	M-F	6:30-6:00	\$850.00	\$200.00	\$100.00
PK2	MWF	8:30-12:00	\$375.00	\$150.00	\$100.00
PK2	TuTh	8:30-12:00	\$350.00	\$150.00	\$100.00

## **FBS Preschool Policies and Procedures**

This is only an overview of policies that are discussed in our handbook. To understand all our policies, we ask parents to read the entire handbook, which will be sent home the first week of school.

### **RULES, POLICIES, AND ENROLLMENT STATUS ARE SUBJECT TO CHANGE**

The rules and regulations contained within are not exclusive. Other rules and regulations may be posted at the school and shall be binding in full as described within the handbook. FBSP may choose to make amendments to its policies. All enrolled participants will be obligated to observe these policies. FBSP may choose to suspend or discontinue any child's enrollment at the discretion of the director. Parents may not change a child's enrollment status without permission from the director. Students may not discontinue enrollment and re-enroll within the same school year.

### **Hours of Operation:**

We are open Monday-Friday, 6:30am - 6:00pm. Half-Day drop off is at 8:25am, no earlier, and pick up is at either 12:00pm or 2:30pm. Late pick-up after 12:05pm, 2:35pm, or 6:05pm will be charged \$5.00 per minute.

### **Tuition:**

Tuition is due monthly, on or before the 5<sup>th</sup> of every month, unless *prior* arrangements are made with the director. Tuition must be paid in full without deductions or refunds for absences of any reason, including but not limited to student illness, quarantines, inclement weather, family vacations, suspensions due to a child's behavior, or discontinued enrollment by the director. After the 5<sup>th</sup> of the month, a late fee of \$10 per day will be applied to your balance until paid in full. If the current month's tuition is not paid in full by the end of the month, students may not attend school the following month until tuition balance is paid. Tuition will not be pro-rated due to school holidays.

Partial, pro-rated extended care hours/days will not be offered. To stay at school prior to, and/or past part time hours, your child must be enrolled in the Extended Care program. Extended care students are not required to be in attendance full time if their parents so choose; however, we will require payment of the full Extended Care rate, regardless of attendance. Exceptions will not be available.

**Registration and Supply/Class Party Fees:** FBSP requires a registration fee to reserve a spot for each student on our enrollment list. Our supply and class party fee will cover items used daily such as glue, crayons, paper, art supplies, etc. as well as covering special items provided during each class party throughout the school year.

### **Drop-off/Pick-up:**

1. Students must be escorted by an adult to and from their classroom. Children (including siblings) are not permitted to walk through the building without an adult. The adult must sign the child in/out on the roster.
2. Students will not be admitted to school past 8:40 am; exceptions made only in cases of doctor's appointments or similar; doctor's note will be required.
3. Siblings may only pick up or drop off if they have a driver's license.
4. If you arrange for someone else to pick up your child, please notify us in advance. That person must show a photo ID and must be listed on your child's Emergency Information Card.

### **Clothing/Items from home:**

Children get dirty. ☺ Please don't send them in "nice" clothes. All articles of clothing should be labeled. Please provide one complete extra set of clothes, including shoes, to be kept in the backpack in case of accidents or spills. If your child is newly potty trained, multiple sets are recommended. Toys/personal items may not be brought to school unless requested by the teacher for show & tell.

**Illnesses:**

We will notify parents if a member of your child's class has a physician-diagnosed contagious illness.

Students must be picked up within a reasonable time frame, if any of the following occurs while at school:

1. Fever over 100.0 degrees
2. Rash (unexplained)
3. Diarrhea/loose stool
4. Vomiting
5. Excessive cough or runny nose (not clear)
6. Eye infection, pink eye, or any unusual redness/swelling of the eye, with or without discharge
7. Lice
8. Unable to participate in classroom activities

If your child becomes ill, please notify the Director by phone call or text during operational hours. Emails may be sent after hours and will be returned the next school day. Please check the handbook for specific guidelines on our notification process and when your child may return to school. Generally, the child must be symptom-free, without medication, for a minimum of 24 hours before returning, or submit a doctor's note clearing them to return. The director may institute temporary extensions based on the illness-related absence rate across the school. **Parents must get clearance from the director prior to their child returning to school after an illness.**

**Medication:**

Must be checked in with the director, authorization forms filled out, and kept in the director's office.

Medication of any sort is not to be sent to school in a child's backpack.

**School Calendar:**

First Day of School: Sept 3    Last Day of School: May 30

School Holidays: Sept 20, Oct 11-14, Nov 8-11, Nov 25-29, Dec 20-Jan 6, Jan 20, Feb 14-17, Mar 17-21, Apr 4, Apr 18-21, May 26.

By completing this application for my child, I agree to follow all school policies. Please initial and sign:

\_\_\_ I understand that the policy of First Baptist Schertz Preschool is to make no refunds on fees or tuition for any reason.

\_\_\_ I understand that FBSP's tuition rates are nine equal monthly payments of an annual tuition fee. As such, it is due in full despite holidays, absences, quarantines, inclement weather days, or suspended/discontinued enrollment by director.

\_\_\_ I have carefully checked FBSP's first and last day of school and student holidays listed above.

\_\_\_ I understand the preschool's illness policies.

\_\_\_ I understand that students will not be admitted to school past 8:40am without a doctor's note.

\_\_\_ I understand the preschool's late fee policies.

\_\_\_ I agree to promptly update and sign any changes in enrollment information.

\_\_\_ I understand that registration and supply fees are due before my child is added to the enrollment list.

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Parent Signature

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Date

CHILD'S NAME \_\_\_\_\_

## Discipline and Guidance Policy for FBS 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 that I have read this discipline and guidance policy.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Child Information Sheet



This is confidential information for the director and the teachers who have an educational need to know. This information is for the sole purpose of understanding and developing your child's potential. You may choose to withhold any of the following data; however, many times a teacher will serve the needs of the child best with proper information available.

1. Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

2. Boy      Girl

3. Date of birth: \_\_\_\_\_

4. My child likes to:

5. My child is happiest when:

6. My child may become frustrated when:

7. My child will express his/her anger by:

8. My child takes a (circle one) long / short time to adjust to new adults/new children/new places.

9. When faced with separation from his/her parents, my child:

10. My child may need help with:

11. My child's health needs/allergies are:

12. My child's medications are:

13. I also want you to know:

14. Eating habits:

15. Napping habits:

16. Parents' names: \_\_\_\_\_

17. My child lives primarily with (circle one):  
both parents      mom      dad      other: \_\_\_\_\_

18. Siblings' names and ages: \_\_\_\_\_

19. Other family members living at the child's home: \_\_\_\_\_

20. My child has participated in a school/daycare environment previously (circle one)      yes      no



WWW.SCHERTZPRESCHOOL.ORG

## Enrollment Form 2024-2025

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

Name child goes by: \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents are: Single ☐ Married ☐ Divorced ☐

**Circle one: Father/Mother/Guardian Name** \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business # \_\_\_\_\_ Cell # \_\_\_\_\_

**Circle one: Father/Mother/Guardian Name** \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business # \_\_\_\_\_ Cell # \_\_\_\_\_

Please indicate which program you wish to enroll this student in:

	Program	Days	Times	Tuition	Registration Fee	Supply/Class Party Fee
	PK3 or PK4	M-F	8:30-12:00	\$450.00	\$150.00	\$100.00
	PK2, PK3, or PK4	M-F	8:30-2:30	\$625.00	\$150.00	\$100.00
	PK2, PK3, PK4 (extended care)	M-F	6:30-6:00	\$850.00	\$200.00	\$100.00
	PK2	MWF	8:30-12:00	\$375.00	\$150.00	\$100.00
	PK2	TuTh	8:30-12:00	\$350.00	\$150.00	\$100.00

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

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

**Emergency Information Card**  
**FBS Preschool**  
**2024-2025 School Year**  
**PLEASE DO NOT LEAVE ANYTHING BLANK.**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Names \_\_\_\_\_

Circle one: Father/Mother/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Circle one: Father/Mother/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**If an emergency should occur and neither parent can be reached, I hereby authorize the following persons to be contacted and allowed to sign my child out from the school. These persons will also be permitted to sign my child out under non-emergency circumstances. I agree to notify my child's teacher in advance when sign out routines are changed. (I.D. will be checked):**

(1) Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Full Street Address/City & Zip (REQUIRED) \_\_\_\_\_

(2) Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Full Street Address/City & Zip (REQUIRED) \_\_\_\_\_

(3) Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Full Street Address/City & Zip (REQUIRED) \_\_\_\_\_

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

\_\_\_\_\_  
Date

CHILD'S NAME \_\_\_\_\_

## PERMISSION FORM

☐ yes ☐ no **Field trips:** I hereby give my consent for my child to participate in field trips under the supervision of FBS Preschool staff members and/or parent volunteers. A minimum of 48 hours notice will be given prior to all field trips.

☐ yes ☐ no **Transportation:** I hereby give my consent for my child to be transported and supervised by another preschool parent on field trips, if I am unable to transport my child myself.

☐ yes ☐ no **Water activities:** I hereby give my consent for my child to participate in water table play activities. No other water activities will be offered at FBS Preschool.

☐ yes ☐ no **Public Photos:** I hereby give my consent for FBS Preschool staff to use photos (individual or group, still or video) of my child in their program's promotion, including newspapers, websites, social media pages, news bulletins, magazines, movies, television, displays, and training materials.

☐ yes ☐ no **Classroom Photos:** I hereby give my consent for FBS Preschool staff to use photos (individual or group) of my child in their classroom.

### Medical Emergency Authorization:

*DO NOT LEAVE ANYTHING BLANK. FULL STREET ADDRESSES ARE REQUIRED BY TXHHS CHILDCARE LICENSING.*

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Date of Exp. \_\_\_\_\_

Drug Allergies \_\_\_\_\_

I grant the permissions as indicated above and give consent for FBS Preschool to secure any and all necessary emergency medical care for my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



CHILD'S NAME: \_\_\_\_\_

## Allergy/Sensitivity Alert Form

Do not leave anything blank. If something does not apply to your child, please write "NA"

**Anything listed below as an "allergy" must be physician diagnosed and you must provide written documentation of the diagnosis when registering your child for school.** This is required by Texas Health and Human Services Childcare Licensing.

**If your child has a food/seasonal/insect sensitivity, please also note.**

Food: (Circle one) sensitivity / allergy

Reaction:

\_\_\_\_\_

\_\_\_\_\_

Seasonal: (Circle one) sensitivity / allergy

Reaction:

\_\_\_\_\_

\_\_\_\_\_

Insect: (Circle one) sensitivity / allergy

Reaction:

\_\_\_\_\_

\_\_\_\_\_

Drug allergies:

Reaction:

\_\_\_\_\_

\_\_\_\_\_

Chronic conditions: (diagnosis/documentation from doctor required)

\_\_\_\_\_

\_\_\_\_\_

Medical information/instructions: (prior hospitalizations, information we should be aware of)

\_\_\_\_\_

\_\_\_\_\_

## Parent's Standing Orders for non-prescription, topical medications

I authorize the staff of FBS Preschool to administer first-aid which they deem necessary for my child. I authorize the FBS Preschool staff to administer the following non-prescriptive, topical medications to my child, in accordance with my instructions and those located on the original container.

☐ yes ☐ no **Ointments** Bacitracin, Neosporin, Cortisone cream, or other: \_\_\_\_\_

☐ yes ☐ no **Sunscreen (must provide your own)**

☐ yes ☐ no **Other** please specify: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

## Acknowledgements

Please initial: \_\_\_\_\_ **Hearing/Vision screening:** I understand all children four years of age and older must be screened for hearing and vision difficulties. I agree to provide FBS Preschool with the results of that screening within 30 days of my child's 4<sup>th</sup> birthday.

Please initial: \_\_\_\_\_ **Snacks:** I understand that while in class, my child will receive a morning snack provided by other preschool parents. Extended Care students will receive a second snack in the afternoon provided by the school. Peanut/tree nut products are not permitted, and food allergies will be closely monitored when applicable. I release FBS Preschool from the responsibility of providing a nutritional meal for my child.

Please initial: \_\_\_\_\_ **First Baptist Schertz Preschool Activities:** I understand that my child will participate in all age-appropriate activities offered by the school during preschool hours. These activities will take place on the premises. I give permission for my child to use the school's play equipment, the activity rooms, and all playgrounds. I release FBS Preschool of responsibility for any accident or injury occurring at, or away from, our facilities at school-sponsored events.

Please initial: \_\_\_\_\_ **Ministry:** I understand this is a Christian Preschool. Therefore, the preschool Chaplain/Pastor/Church Deacons will be available to minister to my child and/or family.

### Special Care Needs (check any that apply):

- ☐ Existing illness    ☐ Previous serious illness    ☐ Injuries/hospitalizations (past 12 months)
- ☐ Limitations or restrictions on child's activities    ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment (include instructions below)    ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use    ☐ Other: \_\_\_\_\_

Explain any needs selected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide documentation from a physician when applicable.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

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 day care 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.

4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

\_\_\_\_\_  
Signature - Parent or Legal Guardian

\_\_\_\_\_  
Date

Updated 2/1/2024

CHILD'S NAME \_\_\_\_\_

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____		DATE _____	

**Parents: Please submit a current copy of your child's immunization record with this Registration Packet.**