



## 2018-2019 SonLight Preschool Steps to Enrollment

- ◇ Schedule a tour of our facility
- ◇ Complete enrollment application
- ◇ Turn in signed discipline statement
- ◇ Pay registration (\$100) and supply fee (\$100)
- ◇ September Tuition payment is due August 20.
- ◇ Two days T/Th- \$195 per month
- ◇ 10% discount given for full cash/check payment and 7% discount given for full debit/credit card payment for the year (must be paid by September 1)
- ◇ 10% sibling discount for second and third child in a family
- ◇ A convenience fee will be added for debit/credit card payments
- ◇ Parent Orientation Meeting Thursday, August 30 at 6:00 p.m. This is a meeting for adults only; no children, please.
- ◇ Meet the teacher Monday, September 3 from 9:00 to 10:00 a.m. Bring your child for a casual visit to the classroom to meet the teacher
- ◇ **First Day of SonLight Preschool-** Tuesday, September 4, 2018
- ◇ **Last Day of SonLight Preschool -** Thursday, May 16, 2019

# 2018-2019 Enrollment Application



Age on 9/1/2018- \_\_\_\_\_

- All students enrolling in threes or Pre K **must be fully potty trained**.

## Student information:

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Goes by: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Potty trained (please circle): completely, working on it, have not started.  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Primary phone number: \_\_\_\_\_  
Name of church attending: \_\_\_\_\_  
Name of last school attended: \_\_\_\_\_  
Permission to use photo on Facebook/website: yes no  
Permission to receive text message updates: yes no  
Permission to share parent contact info with room parent or other SonLight needs: yes no

Other family members in the home:

\_\_\_\_\_

Name of non-custodial parent (if applicable):

\_\_\_\_\_

Phone number: \_\_\_\_\_

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

\_\_\_\_\_

CUSTODY PAPERS MUST BE PROVIDED WITH ANY CUSTODY AGREEMENT ASSOCIATED WITH A STUDENT IF this person is NOT allowed to pick up your child, then you MUST provide us with appropriate legal documentation

## Parent information:

### Father:

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Does child reside with you: yes no

Home address (if not the same as student):

\_\_\_\_\_  
\_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

### Mother:

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Does child reside with you: yes no

Home address (if not the same as student):

\_\_\_\_\_  
\_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_



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# Emergency Authorization/ Medical Information

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS

Student's full name: \_\_\_\_\_

Mother's name and contact numbers: \_\_\_\_\_

Father's name and contact numbers: \_\_\_\_\_

Person to call if parents cannot be reached: This person may leave the premises with my child Y / N

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Persons other than parents/guardians authorized to leave the premises with my child (pick-up and/or emergency):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any conditions your child may have such as: Physician diagnosed food allergies, existing or previous illnesses, injuries sustained in the last 12 months, previous diagnosis (ADD, ADHD, Autism, etc.), or any medication prescribed for continued use. A "food allergy" requires an action plan that can be obtained from the SonLight desk and requires signatures from the parent and a medical professional. PLEASE INDICATE "NONE" IF NO CONDITIONS OR ALLERGIES EXIST.

\_\_\_\_\_  
\_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the School Administration or person in charge to take my child to:

Physician: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

I give consent for SonLight Preschool to secure any and all necessary emergency medical care for my child including transportation, if necessary:

⇒ **Signature of Parent or Legal Guardian:** \_\_\_\_\_

SonLight Preschool admits students of any race, color, national and ethnic origin, to all rights and privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, financial aid program, athletics, and other school-administered programs.

# SonLight Preschool Discipline and Guidance Policy

- \* 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 by using clear, positive statements;
  - 3) Redirecting behavior using positive statements; and
  - 4) Using brief, supervised separation of 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

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

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

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

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

Circle one please: parent employee/caregiver



## HEALTH STATEMENT

All NEW students must have a current Health Statement on file in the school office before the start of the school year. Please complete the top portion of this form and submit it to your child's physician for completion. This form must be received in the SonLight preschool office by the first day of class.

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

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

Parents Name (s): \_\_\_\_\_

The above patient has been examined by me and found to be free of any contagious diseases and is able to participate in school activities.

Date of last physical exam: \_\_\_\_\_

Physician signature: \_\_\_\_\_

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

All PreK students must have a hearing and vision screening. Please complete the following for children 4 years or older: Vision screening was normal \_\_\_\_\_

Hearing screening was normal \_\_\_\_\_

Screeners signature: \_\_\_\_\_

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

\*\*\*\* Signed health statement is due by 1st day of attendance at school. If this student requires an action plan for food allergies, that plan must be attached to this form and signed by health care professional and parent.

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