

**SOUTHMINSTER PRESCHOOL
APPLICATION FORM 2023-2024**

[] Returning Student [] New Student

Child's name _____ Date of Birth _____
[] boy or [] girl month/day/year

Mother's name _____ Father's name _____
Mother's address/phone number *Father's address/phone numbers (if different)*

Home address _____ street/apt # _____
city/state/zip code city/state/zip code

Preferred phone _____ Type _____ Preferred phone _____ Type _____

Email address _____ Email address _____

Place of employment: _____ Place of employment: _____

Work Phone _____ Work Phone _____

Parent's Church _____ Name(s) of _____
Affiliation _____ Sibling(s) applying _____ Age: _____

How did you hear about our school? _____

I would like to receive text messages from Southminster through Remind? _____

In order to receive text messages please provide the following information:

The number(s) you would like to receive text messages. _____

- The Enrollment of \$ 100.00 will be drafted by Tuition Express account on March 15th, 2023.
- I understand that the Application Fee of \$100.00 is NON REFUNDABLE.
- Placements are subject to change according to enrollment numbers and at the Director's discretion.
- Signature of parent _____

(Application Not Accepted without Tuition Express form, Parent's Signature and copy of Birth Certificate.)

FOR SCHOOL OFFICE USE ONLY:	<input type="checkbox"/> Tuition express form received:
<input type="checkbox"/> Date of Application:	<input type="checkbox"/> First Day of School:

Southminster Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin.

4200 Cartwright Road, Missouri City TX, 77459 (281)261-8872

Students Name:_____

- **Please circle the desired schedule 2023 - 2024.**

Students are placed in programs by their age.

Preschool Hours at 9am - 2pm

18 month old program (by 08-31-23):

Monday/Wednesday Friday

Tuesday/Thursday

Monday-Friday

2 year old program (by 08-31-23):

Tuesday/Wednesday/Thursday

Monday-Friday

3 year old program (by 08-31-23):

Tuesday/Wednesday/Thursday

Monday-Friday

PRE-K (4 years by 08-31-23):

Tuesday/Wednesday/Thursday

Monday-Friday

Bridge and Kindergarten hours are 8am - 2pm

Bridge(5 years by 08-31-23) :

Monday - Friday

Kindergarten (5 years by 08-31-23):

Monday - Friday

Extended Day:

Morning (7am-9am)

Afternoon (2pm-6pm)

Full Day (7am-6pm)

GENERAL INFORMATION ABOUT YOUR CHILD

Childs Name: _____

Please fill out completely and sign below.

1. List child's special interests, favorite learning/playing activities _____

2. List special attachments (blanket/stuffed animal, etc.) _____

3. Is your child ☐ friendly? ☐ outgoing? ☐ cautious? ☐ withdrawn?

4. How does your child react or adjust to:

- separation from parent _____
- a new situation _____
- being alone _____
- strangers _____

5. Is your child frightened by: _____ (general comments)

- animals ☐ yes ☐ no _____
- the dark ☐ yes ☐ no _____
- loud noises ☐ yes ☐ no _____
- storms ☐ yes ☐ no _____
- other (describe) _____

6. Describe how you comfort your child when frightened or upset: _____

7. Is there any family information that will help us with your child? _____

8. What do you want to see The Preschool at Southminster help develop in your child?

9. Why did you select Southminster Preschool for your child? _____

The above is general information about my child that may be shared with my child's teacher at this school.

Signature of parent _____
(Required)

Date _____

AUTHORIZATION TO RELEASE STUDENT FORM – SCHOOL YEAR 2023-2024

NAME OF STUDENT _____
(FIRST AND LAST NAME REQUIRED)

I hereby authorize Southminster Preschool to release my child to the following person(s)

- PLEASE LIST ONE OR MORE AUTHORIZED PERSONS (OTHER THAN PARENTS)
- REQUIRED: Print complete name, relationship to child & phone number

FIRST & LAST NAME

RELATIONSHIP TO CHILD

PHONE NUMBER

[Parents must come to the Preschool Office to make any changes to the above information]

NO ONE WILL BE ALLOWED TO TAKE YOUR CHILD FROM HIS/HER CLASSROOM WITHOUT WRITTEN PERMISSION OR IN AN EMERGENCY PARENTS MAY GIVE PHONE PERMISSION TO THE SCHOOL OFFICE.

A teacher who does not recognize a person who comes to pick up your child will check this sheet to make sure that person has been authorized by you. That person must then show their driver's license for identification.

Release Authorization

Parent's Signature _____ Date _____

[OR] SIGN WAIVER THAT STUDENT BE RELEASED TO PARENTS ONLY

I choose to have my child released to "Parents only" & accept full responsibility for this decision.

Release child to parent's only

Signature of parent _____ Date _____

Student's Name _____

Per The State of Texas Standards, through the Dept. of Protective & Family Services, each student's forms must show the following information or a Waiver from the parent.

- EITHER Fill out the appropriate information on this form, sign & date
- OR Sign & date the waiver at the bottom of this page.

NAME, ADDRESS, PHONE NUMBER of another responsible person or persons who should be contacted in an emergency when the parents cannot be reached.

Emergency Contact _____
OTHER THAN PARENTS NAME PHONE NUMBER

Address _____
REQUIRED STREET CITY/STATE ZIPCODE

Emergency Contact _____
OTHER THAN PARENTS NAME PHONE NUMBER

Address _____
REQUIRED STREET CITY/STATE ZIPCODE

- *Permission for Emergency Contact*
- Parent's Signature _____ Date

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**[ OR ] SIGN WAIVER THAT PARENTS ONLY ARE TO BE CALLED IN EMERGENCIES**

I choose to have "Parents only" called for emergencies & accept full responsibility for this decision.

- *Contact Parent's Only*
- Parent's Signature \_\_\_\_\_ Date

**SOUTHMINSTER PRESCHOOL**  
**Parent Financial Agreement Form**  
**2023-2024**

Child's name: \_\_\_\_\_

**Payment of Tuition and Fees Agreement**

1. I understand that the enrollment fee, supply fee and September 2023 tuition are non-refundable once tuition and fees have been paid.
2. I hereby agree to pay my child's monthly tuition on or around the 3<sup>rd</sup> of the month via Tuition Express.
3. I understand that following the third business day, a late fee of \$25.00 per day will be assessed for tuition not paid. After the 10<sup>th</sup> business day of non-payment, the status of my child will be reviewed and my child will be subject to loss of enrollment.
4. I understand that my child may be asked to leave the program if the tuition is paid late thereafter.
5. An original Tuition Express form must be kept on file for my family, including an original signature. Information cannot be given over the phone or via email.
6. If it becomes necessary to withdraw my child from Southminster Preschool, I must inform the director, in writing, a minimum of one month before the date of withdrawal. I will be responsible for payment of tuition for the month following notification. Any fees and tuition payments made are non-refundable.

**Tuition will be paid**      \_\_\_\_\_ Monthly      \_\_\_\_\_ In Full

By signing this form, I am accepting my child's enrollment to Southminster Preschool for the 2023-2024 school year and agree to the above terms of payment for tuition and fees.

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

**Southminster Preschool  
Permission and Release Form  
2023 - 2024**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Please read and initial each of the following consents:**

**Photographic Permission**

\_\_\_\_\_ I hereby grant permission to Southminster Preschool, to allow my child to be photographed or videotaped in school activities to be used for classroom viewing, class projects/ gifts, parent education events, local publicity or on the church/school website. No names will be attached to these images.

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**Release**

\_\_\_\_\_ I hereby release Southminster Preschool, Southminster Presbyterian Church, The school at Southminster, all officers, directors, and staff from any liability in the event of an accident or injury occurring on the premises.

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**Information Release**

\_\_\_\_\_ I hereby authorize Southminster Preschool to release our address, phone number(s) and email address for classroom and church purposes only.

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**Special Occasion Food Release**

\_\_\_\_\_ Occasional birthdays, class parties and other special events are celebrated during your child's school day. Often Store bought cookies or cupcakes, pizza from local restaurants, or baked goods from the local grocery store are part of these celebrations. I hereby authorize Southminster Preschool to serve these items to my child.

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**Water Play**

\_\_\_\_\_ I hereby grant permission to Southminster Preschool, to allow my child to participate in water play, including but not limited to water tables, wading pools, and sprinklers.

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**Screening(Preschool/Pre-K Only)**

\_\_\_\_\_ Southminster Preschool strongly advocates early intervention for hearing and vision development concerns. As a service to all, children four yrs. (by Sept 1<sup>st</sup>) and older will have their hearing and vision screened. Results are sent home in the spring after the screening. Your initials indicate that you have read and acknowledge your child will be screened.

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**Medication/Emergency**

\_\_\_\_\_ I give Southminster School permission to administer Benadryl or generic equivalent to my child ONLY for sever allergic reactions.

\_\_\_\_\_ I give Southminster School permission to apply Neosporin or generic equivalent to my child for redness and pain.

\_\_\_\_\_ I give Southminster School permission to apply Calamine lotion or generic equivalent to my child for red/itchy skin or bug bites.

\_\_\_\_\_ I also consent, in the event that I can not be reached, to take my child to the nearest available hospital for medical treatment. Such consent includes, without limitation, x-rays, injections, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of a licensed Physician/surgeon, whether the diagnosis or treatment is rendered at the office of said Physician/ surgeon at the hospital.

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

Parent name printed \_\_\_\_\_

Dear Southminster Preschool Parents,

As a licensed child care facility, it is required that Southminster Preschool keep accurate records of demographic information on our students.

Southminster Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin.

Please complete the form, one for each child.

Student's Name \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Hispanic, Latino, or Spanish origin

☐ Yes

☐ No

Race: Mark one or more boxes.

☐ White

☐ Black, African American

☐ American Indian or Alaska native

☐ Native Hawaiian

☐ Filipino

☐ Asian Indian

☐ Chinese

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian \_\_\_\_\_

☐ Other Pacific Islander

☐ Other Race \_\_\_\_\_

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

Date \_\_\_\_\_

Thank you,

Carly Hawkins  
Director of School  
The Preschool at Southminster  
(281)261-8872



SOUTHMINSTER PRESCHOOL  
HEALTH STATEMENT FORM AND IMMUNIZATION RECORDS

**\* ATTACH CURRENT IMMUNIZATION RECORD TO THE BACK OF THIS FORM \***

This Health Statement Form with the Immunization Records attached must be completed and signed by your child's doctor AND RETURNED before the first day of school.

BY STATE OF TEXAS STANDARDS, NO CHILD IS ALLOWED TO ATTEND SCHOOL  
WITHOUT A HEALTH STATEMENT AND IMMUNIZATION RECORD ON FILE.

THIS FORM MUST BE SIGNED (BELOW) BY YOUR CHILD'S PHYSICIAN  
WITH IMMUNIZATION RECORD ATTACHED & RETURNED BY THE ABOVE DATE  
FOR YOUR CHILD TO ATTEND SOUTHMINSTER PRESCHOOL

CHILD'S NAME \_\_\_\_\_  
First Last

DATE OF BIRTH (M/D/Y) \_\_\_\_\_

I have examined the above named child on \_\_\_\_\_ and may take part in Southminster  
Preschool program. Date of exam

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_  
(Must be signed & dated)

Physician \_\_\_\_\_

(Print or Stamp) Name Address Phone Number

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

1. Does your child have: (MUST DISCUSS WITH DIRECTOR IF ANY ANSWER BELOW IS "YES")
  - special problems/needs \_\_\_\_\_
  - allergies diagnosed by a doctor \_\_\_\_\_
  - intolerances to food or environment \_\_\_\_\_
  - previous/existing medical conditions \_\_\_\_\_
  - hospitalizations last 12 months \_\_\_\_\_
  - medication prescribed/continuous use \_\_\_\_\_
2. Permission is given to transport my child (name) \_\_\_\_\_ to the  
above named physician or to other licensed physician(s) or to an emergency-care facility for  
emergency medical treatment.

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

# School Disciplinary Policy

## General Philosophy

Character development in a Christian environment is worthy of pursuit. Southminster School expects students to be a credit to themselves, their families, and their school. The school's goal is to provide a safe, secure environment where students can grow emotionally, as well as intellectually. Acceptance of school rules means the expectation for behavior is understood and valued.

## Individual accountability for behavior

Each student will be held personally accountable for his/her actions. The entire class will not be punished for the behavior of one or a few students. Students will be held responsible for the consequences of their actions, and penalties will relate to offenses and be age appropriate.

## Behavior Expected At Southminster

Preschoolers are learning how to function appropriately within a community. We will be guiding them towards:

- Responding to and being respectful of their teacher and other staff at Southminster.
- Learning to respect their peers using kind words and soft hands.
- Participating in classroom activities.

## Consequences for Inappropriate Behavior

### Minor Infractions

Most minor infractions are resolved with the teacher's guidance. Redirection and relocation are often the best solution to resolve simple conflicts.

Students who have exercised inappropriate conduct may be separated from others for a short "break" period in the classroom. The break will not exceed the number of minutes that equal the child's age.

In each student's red binder, a daily report or icon sheet will document the child's day. Should a minor infraction occur, parents will be informed through this method.

Teachers will notify parents if there is a concerning behavior is repetitive. Working together, the teacher and parents can usually come up with a reasonable plan to help a student reach his/her behavior goals.

### Continued Behavior Problems

When a particular matter is not resolved after steps have been taken by the teacher and parents, the Director of Preschool may recommend a short suspension, expulsion, or that the student not be invited to return the following school year.

**Please retain the disciplinary policy for your records at home. Sign and return the section below to acknowledge that you have read this policy.**

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## **School Disciplinary Policies**

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

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

**Please go to our website [www.southminsterschool.org](http://www.southminsterschool.org) under the Important Parent Information tab to review the Parent Handbook. Please sign the acknowledgment form below.**

## **SOUTHMINSTER SCHOOL ACKNOWLEDGEMENT FORM**

### **Parent Handbook**

I, \_\_\_\_\_  
Print Child and Parent Name

have read and understand the Parent Handbook and will abide by the policies therein.

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

\_\_\_\_\_  
Date