



Blessed Beginnings Preschool & Mother's Day Out 2017-18 Registration Packet

February 2017

Dear Parents,

Welcome to the *Prince of Peace – Blessed Beginnings Program*. GOD has given the direct responsibility of educating children to the parents. He has also commanded the church to teach. It is our mission to form a partnership with you, the parents, in following HIS direction.

Each child is a gift of GOD, wholly unique and deserving of love and respect. We support children's natural curiosity, generosity and creativity through loving encouragement and praise.

Our program goals are:

- To develop the child spiritually so that he/she knows God's love and responds in faith and love to GOD and others.
- To develop the child socially so that he/she understands his/her role in sharing this world with others.
- To develop the child intellectually so that he/she discovers, communicates, conceptualizes and creates.
- To develop the child physically so that he/she grows in bodily coordination and perceptual motor skills.
- To develop the child emotionally so that he/she lives peacefully with a positive Christian self image.

The *Blessed Beginnings* staff feels especially blessed with the opportunity to educate your child in a Catholic environment. We look forward to a year of learning and fun!

Your questions and comments are always welcome.

In Christ's Service,

Stella Brooks

Director, *Blessed Beginnings*

Parent Advisory Council:

Jacquelyn Blackburn

Kimberly Coronel

Melanie Gasson

Anna Mardijanto

Kelly Rodgers

Valerie Stein

Prince of Peace – Blessed Beginnings Preschool & MDO

Information herein is a general overview of our Mother’s Day Out and Preschool Program. This will assist in getting you acquainted with requirements and policies.

Registration

We are pleased and proud that you have selected *Prince of Peace – Blessed Beginnings* for your child. We are excited to embark on this new journey and hope to make this the best experience your child will have. We will do all that we can to ensure that your child will have a pleasant, stimulating and learning year. Blessed Beginnings Preschool & MDO is licensed by the Texas Department of Family and Protective Services and serves children of all races, nationalities and religious creeds.

Registration & Supply Fee

Registration and **Supply fees** are due at the time of registration. These fees guarantee; your child’s placement in the program, materials, supplies, presentations and special events. There are no family discounts for registration and supply fees. ***Additional Book Fee of \$10.00 for Pre-K students only.** Tuition accounts must be current in order to enroll for the next school year. Classroom assignment is dependent on the child’s age. The child must be the proper chronological age for each class by September 1st. Any exceptions must be approved by the Director.

Withdrawal / Cancellation Policy is as follows;

Prior to May 15th, 2017 a \$50.00 processing fee per child will be held for all withdrawals/cancellations.

May 15th until August 15th, 2017 half the registration & supply fee is refundable for all withdrawals/cancellations.

Aug 15th to Aug 31st, 2017 a partial refund of \$50 only, will be refunded for withdrawals/cancellations.

Tuition

Tuition is set for the entire year and divided equally into nine monthly payments. Tuition payments are due on the first day of school each month. You may choose to pay the full year amount at the beginning of the school year and take a 3% discount or you may pay nine monthly payments September through May. Either a 3% yearly discount or a 10% family discount for 2 or more children can be taken off of one child’s monthly tuition. This is deducted from the higher monthly tuition amount. Tuition accounts must be current in order for your child to be able to attend classes.

Payments are due regardless of holidays and breaks. There are no provisions for make-up days due to illness, inclement weather or extended vacation. Tuition payments are non-refundable in cases of partial attendance or withdrawal. Tuition is payable by monthly bank debit, credit card charge, check or cash.

Immunization Requirements / Medical Form

Each child enrolled must meet applicable immunization requirements specified by the Texas Dept. of Health Immunization Requirements. **Completed medical forms and immunization records must be turned in prior to the student’s first day of school.**

Early Release Days – Thursdays

Teachers meet four times within the school year to plan curriculum, calendar(s) and classroom events. Dismissal time for all classes is at 12:30 pm. (*October, November, February and April*)

Naps & Rest-Time

Toddler class uses cribs, all other classes use vinyl pads for rest-time. Vinyl pads are provided by the school and are sanitized daily. We recommend a crib sheet or small bed roll for your child to use on their mats at rest time. You may also send a small blanket, small pillow or cuddle toy if desired. Blanket and pillow will be sent home weekly for washing.

Drop-off / Pick-up Procedure

St. Joseph Center Classrooms

All persons associated with Blessed Beginnings will be given a name badge at the beginning of the school year. Id badges must be worn and visibly displayed by the parent(s) or authorized person to pick up the child.

Staff members are required to wear and visibly display their name badge at all times.

Parents or authorized persons are required to sign the classroom sign in and sign out sheet, which is displayed outside the classroom.

Toddler and 2 year old Classrooms

Parents are required to escort these children into the classroom at 9:15 am. At 2:15 pm, parents will pick-up in the classroom.

3 and 4 year old Classrooms

Parents are required to escort these children into the classroom at 9:15 am, until morning car-line begins. At 2:15 pm, parents will pick-up at the classroom.

Morning car line for 3 & 4 year old children will begin approximately the third week of September. The teachers will sign in the children arriving in car-line.

The interior doors to the St. Joseph Center will be electronically locked approximately 15 minutes after the scheduled start time of school. The children will not be locked in the building, as these doors will be available as emergency exits. The south entrance doors remain open during business hours, and should be used for entry and exit during the school day.

Health / Medication

Your child's health and safety are important to all of us. Health status information is critical to ensuring that the individual needs of children are met, while protecting the health and safety of all children in our care.

If a child becomes ill during school the parent will be contacted. The child will be taken to the office and isolated from the other children. Please make every attempt to pick-up your child when contacted in a timely manner. This is most important to a sick child who just wants his/her Mom or Dad!

We will dispense medications to a recovering child per doctor's orders. It must be in its original container with child's name, prescribed dosage and dispensing instructions. All prescribed or over the counter medication must be brought to the office and appropriate paperwork will be filled out.

Special Guests / Performances

All special events and performances are available to all children enrolled in the program. If the event is on a day that your child does not attend school, your child may attend the event with no additional charge. However, after the special event has ended, you will take your child home.

What to Wear

We recommend that you send your child to school in COMFORTABLE CLOTHES, which allow for ease of movement, and easy access for toileting. Elastic, pull-on pants are ideal for this purpose. TENNIS SHOES PREFERRED. Sandals, hard-soled shoes, and boots are not recommended. They make it hard for the child to climb and play and restrict the child's ability to be active.

We ask that you send an extra set of clothes. These will remain at school for the school year and used if necessary. ***Label everything individually!***

Lunch Time / Snacks

Students bring their own lunches. Simple is usually best. Try not to overwhelm your child with too many choices or too much to eat. ***Label everything individually!***

Licensing requires that we do not feed children food that may pose as a choking hazard. Therefore we ask that foods such as apples, bananas, grapes, raw vegetables, hot dogs, meats and cheeses be cut into small bite size pieces.

A 'snack calendar' will be sent home monthly, assigning a different parent for a week to send snacks for the class.

“Let the children come to Me...

Matthew 19:14”

Stella Brooks – Director

www.pophouston.org

Preschool Phone 281-469-4805



Prince of Peace - Blessed Beginnings Preschool & MDO
2017-18 Registration Information

THIS SECTION TO BE COMPLETED BY OFFICE STAFF

Registration Date: _____ Admission Date: _____

Registration Fee Paid: **Y N** Registration Amt pd _____ Cash _____ Check # _____ C Card _____

W _____ **M/W** _____ **T/TH** _____ **T/W/TH** _____ **M/T/W/TH** _____

Withdrawal Date: _____

Child's Full Name _____ Male/Female _____ Birth date _____

'Nickname' - Child prefers to be called _____ Age as of September 1, 2017 _____ years

Home address _____

Subdivision _____ Home Phone _____ City _____ Zip _____

Email Address-used for school reminders _____

Mother's First & Last Name _____ DL # _____

Cell Phone # _____ Work Phone # _____

Father's First & Last Name _____ DL # _____

Cell Phone # _____ Work Phone # _____

Who does the child live with? _____

Are you a member of Prince of Peace Catholic Community? **Y N**

If no, what church do you attend? _____

Allergies (Medications/Food/Insects/Other): _____ **Is doctor note attached, confirming allergies? Y N**

Has child been prescribed an EPI PEN for allergies? Y N IF YES; Action Plan required for child

Subsequent reactions: _____

Does your child take any other medications prescribed for continuous, long term use? **Y N**

Explain: _____

Has your child been hospitalized within the past 12 months? **Y N**

Explain: _____

Are there any special needs that your child requires? **Y N**

Explain: _____

=====

I understand the above information is for the confidential use by staff that will be working with my child.

Signature - Parent or Legal Guardian

Date

Prince of Peace - Blessed Beginnings – 2017-18 Contact Information & Operational Releases

Child's Name _____

Who is the DAYTIME CONTACT _____ / _____

Relationship

Phone Number(s) _____

This is the first person we will contact in case of emergency, illness, forgotten lunch, change of clothes, late pick up, etc.

Other than parents, list below those authorized to pick up your child. Picture ID will be required, for verification.

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

I authorize my child may be released to those listed above or may be contacted, if I am unable to be reached.

Signature - Parent or Legal Guardian

Date

Operational Releases

Classroom Student Directory – These are distributed to your child’s class mates and teachers. Information listed in the directory will be; student name, parent names, address, home phone number, subdivision and email address.

_____ I DO give permission for my child to be listed in the classroom student directory.

_____ I DO NOT give permission for my child to be listed in the classroom student directory.

On-Campus Walking Trips – Blessed Beginnings does not participate in any field trips that would require a child to leave the school property. Our campus walking trips consist of nature walks around the grounds, visiting the Church, Mary Chapel and utilizing the community centers as an indoor gym facility.

_____ I DO give permission for my child to participate in these events.

_____ I DO NOT give permission for my child to participate in these events.

Photography / Video - It is common for Blessed Beginnings to photograph or video tape your child for the purpose of publicity, a curriculum activity, bulletin board, memory page or any other presentation which may be viewed by the general public. These may include efforts to promote our school and showcase its programs, or for inclusion in church bulletins. Your child’s name will not be released to the public. Please indicate your preference in allowing your child’s picture to be used.

YES NO Display of my child’s pictures in the class or hall, as they are participating in class activities & school events.

YES NO My child’s photographs may be used for memory page and presentations during graduation programs.

YES NO Media releases not limited to brochures, newsletters and church bulletins.

YES NO Internet sites for Blessed Beginnings and Prince of Peace Catholic Community.

I have read the above operational policies and indicated my selections as appropriate.

Signature - Parent or Legal Guardian

Date

Prince of Peace – Blessed Beginnings 2017-18 Registration Fee & Tuition Acknowledgement Form

Child's Name _____

Registration and Supply fees are due at the time of registration. These fees guarantee; your child's placement in the program, materials, supplies, presentations and special events. There are no family discounts for registration and supply fees. ***Additional Book Fee of \$10.00 for Pre-K students only.** Book used is "Handwriting Without Tears".

Registration and Supply Fees are based on the number of days enrolled in the program

If Enrolled 2 days a week.....\$180.00

If Enrolled 3 days a week.....\$240.00

If Enrolled 4 days a week.....\$320.00..... + \$ _____

Book Fee is \$10.00 for 4 yr old Pre K classes only; payable now or by Sep 30th, 2017..... + \$ _____

Total Registration & Supply Fee / Book Fee = \$ _____

Withdrawal / Cancellation Policy is as follows;

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May 15th-Aug 15th, 2017 half the registration & supply fee is refundable for all withdrawals/cancellations.

Aug 15th- Aug 31st, 2017 a partial refund of \$50 only, will be refunded for withdrawals/cancellations.

Tuition Information

Mother's Day Out Program - 17 – 35 months old as of Sep 1st, 2017

Monthly rate – Enrolled 2 days a week \$ 204.00

Preschool Program – 3 and 4 year old children as of September 1st, 2017

Monthly rate – Enrolled 2 days a week \$ 210.00

Monthly rate – Enrolled 3 days a week \$ 304.00

Monthly rate – Enrolled 4 days a week \$ 404.00

- Tuition is based on an annual amount. Tuition payments may be paid, monthly for 9 month period. This first payment begins in September 2017 and ends with May 2018.
- Tuition payments are due on the first day of school of the month. A late fee of \$10.00 may be assessed after 15 days, if prior arrangements haven't been made with the Director.
- No refunds for partial attendance. This includes holidays, vacations and illnesses.
- A 3% discount will be given, if the annual tuition is paid within the first month of school. **OR**
- A 10% family discount for 2 or more children is taken off of one child's monthly tuition. This is deducted from the higher monthly tuition amount.

Signature - Parent or Legal Guardian

Date

Prince of Peace – Blessed Beginnings Preschool & MDO
2017-18 Release Form for Activities and Emergency Procedures

I understand that **Prince of Peace-Blessed Beginnings** follows the highest standards for playground and classroom safety, but cannot be held liable for any accident occurring on the premises. _____ **Parent/Guardian initial**

I hereby grant permission for my child to participate in all splash day and water table activities of the school. _____ **Parent/Guardian initial**

I hereby grant permissions for the Director or Acting Director to take any steps necessary to obtain emergency care if warranted, and release **Prince of Peace** and the **Blessed Beginnings** Program (including pastors, director and affiliated staff) from any liability resulting from this care and treatment. These steps may include, but are not limited to:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parent through significant others listed at enrollment.
4. If a parent or a child's physician cannot be contacted, the Director may do one or all of the following;
 - a. Consult an associate physician in the office or group identified by the parent at enrollment.
 - b. Call an ambulance.
 - c. Have the child taken to an emergency facility in the company of a staff member.
5. Any expenses incurred under 4., above, may be charged to the child's family.

To the attending physician:

Kindly accept this document as authorization for any emergency medical/surgical/dental care required in my absence. I accept financial responsibility for any and all medical treatments.

Child's Name

Signature – Parent or Legal Guardian

Date

Prince of Peace – Blessed Beginnings Preschool & MDO – 2017-18 Medical Form

Child's Name _____ Birth date _____

Child's Physician _____ Clinic/Group Name _____

Physician/Clinic/Group Address _____

Physician/Clinic/Group Phone Number _____

Does your child take any other medications prescribed for continuous, long term use? Y N

Explain: _____

Has your child been hospitalized within the past 12 months? Y N

Explain: _____

*****PLEASE ATTACH COPY OF IMMUNIZATION RECORDS*****

Attn: Physician's office – Blessed Beginnings is requesting the following information be filled out by your office on the above child for admittance to our preschool and mother's day out program. Thank You!

Child's Weight _____ Height _____

Are there any existing illnesses, injuries Blessed Beginnings should be aware of? Y N

Comments: _____

Has this child ever had seizures? Y N Comments: _____

Does this child have any disabilities? Y N Comments: _____

Has this child had a vision test? Y N Results: _____

Has this child had a hearing test? Y N Results: _____

Comments or special considerations regarding health or development _____

Does this child have any allergies? Y N *Please include food, insect, skin, sunburn, airborne or contact substances we would encounter in the classroom or playground; as well as medications that may be administered by an emergency facility.*

Comments: _____

This child *is / is not* in good health and may participate in a day care setting.

Physician's Signature

Date

This form may be faxed from health care professional to Prince of Peace, Attn: Blessed Beginnings at 281-469-8418

Prince of Peace – Blessed Beginnings – 2017-18 Student Information Sheet

Child's full name _____

What adults live in the home? _____

Siblings; Names/Ages? _____

What is primary language spoken at home: _____

Parent's work schedule: Dad _____ Mom _____

Are there any other caregivers for your child? Y N Comments: _____

Eating-approximate times for: Breakfast _____ Lunch _____ Dinner _____ Snack(s) _____

Does child drink with a cup? Y N with / without lid? Comments: _____

Does child use fork & spoon? Y N Comments: _____

Is your child potty trained? Y N

Toilet habits: (diapers, potty training, uses toddler toilet, adult toilet, etc.) _____

Are there any bowel or bladder problems? Y N Comments: _____

Sleep schedule: Wake-up time _____ Bedtime _____

Does your child nap? Y N Approximate Time? _____ Duration? _____

Child's sleep routine: (ex – rocks, pacifier, cuddle toy, etc.) _____

Child's favorites: (ex - toys blankets, TV shows, characters, food, friends, etc.) _____

Child's area of interest: (reading, art, singing, praying, soccer, indoor/outdoor activities, etc.) _____

Child's dislikes: (ex-foods, darkness, thunder, naps, clothes, etc.) _____

Does your child enjoy books? Y N Comments: _____

Does your child listen to stories? Y N Comments: _____

Is your child: _____Active _____Sedate _____Quiet _____Aggressive

Does your child play well with others? Y N Comments: _____

What causes your child to show his/her temper? _____

What form of control/discipline is your child accustomed to? _____

Special words ("Binky" for pacifier, 'Bobba' for bottle, etc.) _____

Does your family have any pets? Y N Names _____

My special child (Tell us about him/her in your own words) _____

Did your child attend Blessed Beginnings for the 2016-17 school year: Y N Class Name: _____

**Prince of Peace – Blessed Beginnings Preschool & MDO
2017-18 Teacher Substitute Form**

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Cell Number: _____

Please note: This is a paid position

Virtus training is an archdiocesan requirement and must be completed before placement in the classroom.

The VIRTUS Programs are selected by the Archdiocese of Galveston-Houston to educate clergy, staff and volunteers who work with children and youth about child sexual abuse and the ways to create a safe environment for children. The live sessions include videos and facilitated discussions. Adults learn how to recognize the warning signs of sexual abuse and to respond appropriately.

Information for this training is available at Virtus.org registration

Click on registration

Select the “Galveston-Houston Archdiocese”

To register for “Protecting God’s Children” workshop, create a User ID and Password and continue

Choose where to take your class from the list of churches offering Virtus classes.

Days you wish to substitute (please circle)

Monday

Tuesday

Wednesday

Thursday