3307 El Salido
Cedar Park, TX 78613
risingstarspreschool.com

Dear Parents,

Welcome to Rising Stars Preschool! We are thrilled to have you as a part of our community. Enclosed are the required registration forms, Policies and Procedures Check Off Lists, and our New Child Assessment Form,

Please return all the forms with your Registration Fee, Annual Supply Fee and $250 June Deposit. Check carefully for parent signatures on each page and fill in addresses completely (with city, state, and zip code). We also require a copy of your child's immunization history, a Physician's Health Statement, and proof of vision and hearing screening for children four years of age and up. If you have not completed a vision and hearing screening for your child, we will be organizing testing at the preschool in September.

We believe that the success of our program is based on good communication between parents and teachers. Please come and see us if you have questions or concerns! We look forward to seeing you attend our school.

Thank you,

Mafel and Kelly, Owners

Phone (512) 331-4550 Fax (512) 331-5088 E-mail risingstarsschool@sbcglobal.net

Student Pre-Enrollment Form

Child's Full Name: _____
First Middle Last

Preferred Name Used in Classroom: _____

Date of Birth: _____ Gender: Female Male Potty-Trained? _____

If currently being potty-trained, please explain method/routine: _____

_____

Program Desired: M-F MWF TTH (circle one)

List other children in the household:

Name/Age: _____ Name/Age: _____

Parent/Guardian Names:_____

Parent/Guardian Address:_____

Parent/Guardian Phone Number:_____

Please describe any special needs or attention your child will need (include any allergies):

_____

_____

I hereby release Rising Stars Preschool from medical liability due to any illness or injury occurring during my child's attendance at and participation in Rising Stars Preschool. I give permission for my child to go on sponsored field trips and release Rising Stars Preschool, its officers, employees, and its agents from any liability. I will not hold the school financially responsible for the emergency care and/or transportation of said child.

_____ _____
Parent/Guardian Signature Date

This form should be accompanied with registration and supply fees in order to hold the child's place in class.

Office Check list (Staff Initial)

- ☐ *Pre-enrollment form*
- ☐ *Registration Fees*
- ☐ *First Month Tuition*
- ☐ *$250 June Family Deposit Tuition*

TEXAS Health and Human Services

Form 2935
January 2025

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name: **Rising Stars Preschool**		Director's Name: **Mandy Brown**	
Child's Full Name:	Child's Date of Birth:	Child Lives With: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian 1:	Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:	Address of Parent or Guardian 2 if different from the child's:		

List phone numbers below where parents or guardian may be reached while child is in care.

Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: ◯ Yes ◯ No

In case of an emergency, when the parent or guardian cannot be reached, call:

Name of Emergency Contact:	Relationship:	Area Code and Phone No.:
Address:		

I authorize the child care operation **to release** my child to leave the child care operation **only** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

2. Field Trips:

◯ I give consent for my child to participate in field trips. ◯ I do not give consent for my child to participate in field trips.

Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance? ◯ Yes ◯ No If no, your child is required to wear a life jacket while in or near a swimming pool.	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ◯ Yes ◯ No If yes, your child is required to wear a life jacket while in or near a swimming pool.
Do you want your child to wear a life jacket while in or near a swimming pool? ◯ Yes ◯ No	

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for parents to participate in operation activities
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website

5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ _____

Signature — Parent or Legal Guardian **Date Signed**

8. Child's Special Care Needs, check all that apply

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ 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

Explain any needs selected above:

Does your child have diagnosed food allergies? ◯Yes ◯ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

_____ _____
Signature — Parent or Legal Guardian **Date Signed**

9. School Age Children

My child attends the following school:	School Area Code and Phone No.:

My child has permission to:
Check all that apply.

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

_____ _____
Signature — Parent or Legal Guardian **Date Signed**

Requirements for Exclusion from Compliance

◯ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

◯ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ◯Pass ◯Fail

Signature **Date Signed**

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				◯ Pass ◯ Fail
Left				◯ Pass ◯ Fail

Signature **Date Signed**

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. Select **only one** option.

◯ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.

◯ A signed and dated copy of a health care professional's statement is attached.

◯ 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.

◯ 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 submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature **Date Signed**

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

◯Positive ◯Negative Date:

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

Signatures

Child's Parent or Legal Guardian **Date Signed**

Center Designee **Date Signed**

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature **Date Signed**

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 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.

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

_____ _____
Signature Date

____Parent _____Employee/Caregiver

NUT FREE Agreement

Rising Stars Preschool will be a NUT FREE environment. I acknowledge that I have read the information provided by the school and understand the severity of the allergy. By signing below I agree to abide by the NUT FREE policy and send snacks/lunches with my child that are NUT FREE. I will also be vigilant of washing my child's hands, etc. if they have had peanut products before coming to school. In addition, I will contact the school if I am unsure about any food products before sending them.

_____ _____

Signature Date

Photograph/Video/Film/Website/Internet Release Form

I, _____ hereby authorize / do not authorize
Name of Parent or Guardian

_____
Name of Student

to participate in the making of photographs and/or video/film production and /or internet website. I specifically understand that Rising Stars Preschool shall hereby retain any and all rights in the photograph(s) and /or video/film production and/or internet/website, including by not limited to, the right to reproduce, copy, edit, exhibit, publish, or distribute such photograph(s) and/or video/film and/or internet.

Homeroom App Photo Release

We will be using an app called Homeroom to share photos from inside the classroom with parents. Biweekly, we will be snapping pictures during the day of the class as a group, engaging in small group activities and experiencing individual adventures.

Each classmate's family will need to download the free app Homeroom in order to participate. The app will be private between just the families of this year's class and never shared on the internet or social media. We would like to use your child's photo only within Homeroom between our class parents to enhance our classroom communication.

_____Yes, my child's photo may be posted to Homeroom
_____No, my child's photo may NOT be posted to Homeroom

_____ _____
Signature Date

Contact Information and Email List

Mother: _____

Mother's e-mail address: _____

Father: _____

Father's e-mail address: _____

Home phone number: _____

Mother's cell phone number: _____

Father's cell phone number: _____

Home address: _____

❑ You may use my e-mail address in the Rising Stars Preschool Parent Email List, which may be distributed to all RSP parents.

_____ _____
Signature Date

Policy and Procedure Review

You should have received a copy of our Family Handbook. We encourage you to read it in its entirety to help us provide the best learning environment for your children. In order to best provide you with concrete expectations, we have outlined a few of our more overlooked policies. Please initial that you understand these policies and that more information on these policies can be found in the Family Handbook that we have provided you.

_____ I understand Rising Stars Preschool operates August through June with an optional summer program in July.

_____ I must submit ALL completed registration forms before my child is able to attend school, including immunization records, and physician's statement.

_____ Children who are 4 years of age by September 1 are required by State Law to have their vision and hearing tested before the beginning of the school year. A copy of the test results is required for your child's records and must be dated within the current school year.

_____ In preschool classes ages 3 and up (Pandas and higher), children are required to be potty trained. We understand that occasional accidents will happen, but if it is determined that a child is not consistently potty trained, the child can be placed in a younger class. This is both for the success of the child and the whole of the class structure.

_____ I understand that monthly tuition is due on the 20th of each month (not the 1st) and represents payment for the following month. For example: September tuition is due on August 20th. I understand that tuition rates are the same each month regardless of holidays, school closures and number of weeks in a month.

_____ I understand that tuition payments made after the 20th of the month are considered delinquent. A $20 late fee will be assessed for each week a payment is delinquent.

_____ I understand that if withdrawal is necessary, I am required to submit a 30 day written notice.

_____ It is clear to me that my child's registration fee, supply fee, and June deposit is not refundable.

_____ I have received a copy of the school year calendar.

_____	_____	_____
Print Name	Signature	Date

Child Assessment Form

Child Name (last, first, middle)			Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	**City**		**County**	**Zip**
Mailing Address (if different) -- Street or P.O. Box	**City**		**County**	**Zip**
Telephone No. (include A/C)				

* If applicable.

1. Health

Does your child have any allergies?	☐ Yes	☐ No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	☐ Yes	☐ No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	☐ Yes	☐ No
Is your child taking any medication?	☐ Yes	☐ No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	☐ Yes	☐ No
Are there any side effects we should be alerted to?	☐ Yes	☐ No

2. Toileting:

Does your child need assistance with toileting?	☐ Yes	☐ No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	☐ Yes	☐ No
How does your child communicate his/her needs?	☐ Yes	☐ No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		

Child Assessment Form

What position is most comfortable for your child when he/she is napping?	

4. Eating Preferences:

What are your child's favorite foods?			
Does your child use utensils, eat with fingers, feed self?			
Does your child choke easily while eating?		☐ Yes	☐ No

5. Activities:

What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	

I verify that the above assessment was discussed with the parent(s) of _____

_____

_____

_____ _____

Signature of Director Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

_____ _____

Signature of Parent Date Signed

Additional Comments:
