



Enrollment Packet
2, 3 & 5-Day Programs
9:00am-3:00pm
Extended Day Options

Enrollment process consists of:

1. Complete Enrollment Application
2. Turn in the enrollment application with the non-refundable enrollment fee **(\$50 per child)** to the Seasons Preschool office.
3. Complete and return the state required paperwork listed below plus first month's tuition
 - A. Completed Seasons MDO and Preschool Enrollment Application
 - B. Medical Examination Report signed by physician or nurse
 - C. A copy of your child's Immunization History
 - D. A signed copy of the Notice of Parental Responsibility Form
 - E** 1st month's tuition and annual supply fees

Your child is not registered until all steps are completed.

PLEASE RETURN ALL PAGES OF PACKET.

4. You will receive an email confirming your child's enrollment in the preschool

For More Info Call 940-321-0488
seasons@thousandhillspeople.org
www.thousandhillspeople.org

****PLEASE INDICATED YOUR DESIRED ENROLLMENT DAYS AND ANY OPTIONS****

August-May

10% Discount for Tuition Paid in Full ([ONLY AVAILABLE IN AUGUST](#))

\$150 supply fee/\$175 Infant/\$175 Pre-K Supply Fee Due in fully in August

([SUPPLY FEE IS NOT PRORATED UNTIL JANUARY](#))

*Please see school calendar for school dates, holidays, and closings

Tuition Rates & Schedule ***\$20 Sibling Discount**

Regular Hours: 9:00a-3:00p

Please circle appropriate tuition:

Days Per Week	6-17 mo. old	18-23 mo. old	2 years old to Pre-Kindergarten
2 Days Tues/Thurs	Annual Tuition: \$3200 \$320 mo. (Aug-May)	Annual Tuition: \$2800 \$280 mo. (Aug-May)	Annual Tuition: \$2400 \$240 mo. (Aug-May)
3 Days MWF	Annual Tuition: \$4250 \$425 mo. (Aug-May)	Annual Tuition: \$3600 \$360 mo. (Aug-May)	Annual Tuition: \$3000 \$300 mo. (Aug-May)
5 Days Monday-Friday	Annual Tuition: \$6000 \$600 mo. (Aug-May)	Annual Tuition: \$5000 \$500 mo. (Aug-May)	Annual Tuition: \$4000 \$400 mo. (Aug-May)

Optional Extended Day ***No discounts applied to extended day pricing**

Extended Hours Rates & Schedules

Please circle appropriate fee:

	5 Days	3 Days	2 Days
8:00 am arrival	\$120 month	\$85 month	\$65 month
4:00 pm pick-up	\$120 month	\$85 month	\$65 month
Both early/late hours	\$220 month	\$160 month	\$120 month

Summer Program: June-July

*Summer Supply Fee is \$75 and is Due in full in June

Tuition Rates & Schedule ***\$20 Sibling Discount**

Regular Hours: 9:00a-3:00

Please circle appropriate tuition:

Days Per Week	6-17 mo. old	18-23 mo. old	2 years old to Pre-Kindergarten
2 Days Tues/Thurs	Summer Tuition: \$640 \$320 mo. (June/July)	Summer Tuition: \$560 \$280 mo. (June/July)	Summer Tuition: \$480 \$240 mo. (June/July)
3 Days MWF	Summer Tuition: \$850 \$425 mo. (June/July)	Summer Tuition: \$720 \$360 mo. (June/July)	Summer Tuition: \$600 \$300 mo. (June/July)
5 Days Monday-Friday	Summer Tuition: \$1200 \$600 mo. (June/July)	Summer Tuition: \$1000 \$500 mo. (June/July)	Summer Tuition: \$800 \$400 mo. (June/July)

Optional Extended Day ***No discounts applied to extended day pricing**

Extended Hours Rates & Schedules

Please circle appropriate fee:

	5 Days	3 Days	2 Days
8:00 am arrival	\$120 month	\$85 month	\$65 month
4:00 pm pick-up	\$120 month	\$85 month	\$65 month
Both early/late hours	\$220 month	\$160 month	\$120 month

Enrollment Information

Child's Name _____
First Middle Last

Address _____

City/State/Zip _____

Date of Birth _____ Age _____ Male _____ Female _____

Allergies/Special Needs/Disabilities: (If none please indicate NONE)

Mother's Name _____

Cell Telephone Number _____

Secondary Telephone Number _____

Email Address _____

Mother's Occupation (optional) _____

Father's Name _____

Father's Cell Number _____

Email Address _____

Father's Occupation (optional) _____

Church Family Attends _____

Who referred you to our program? _____

Emergency Contacts

The following people are authorized for my child to be released to or called in the event of an emergency or when parents cannot be reached. All persons listed will use need their telephone number and I.D. to check-out out my child in the electronic Tadpoles System used by Seasons Preschool.

Full Name: _____ Phone Number _____
Relationship to child: _____

Full Name: _____ Phone Number _____
Relationship to child: _____

Full Name: _____ Phone Number _____
Relationship to child: _____

Authorization for Emergency Medical Attention

Name of Physician _____ Phone Number _____
Address _____

In the event of a medical emergency I give consent for the facility to secure any and all necessary
emergency medical care for my child. I understand that if 9-1-1 is called my child may be
transported to the nearest hospital for medical care.

Parent Signature or Legal Guardian _____

Preschool Admission Requirement (Infant-Pre-Kindergarten)

The following must be presented when your child is admitted to the childcare operation or within one week of admission:

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 childcare program.

Health Care Professional's Signature

Date

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

OR

3. ____ Official Texas Immunization Waiver signed and notarized within the past 2 years.

PLEASE ATTACH MOST CURRENT IMMUNIZATION RECORD OR WAIVER

SEASONS PRESCHOOL AGREEMENTS

1. I understand that tuition is due in full on my child's first day of school. A 10% discount is given to full payments made in AUGUST only. If payment is not made in full, I agree to the Seasons Installment plan and will make equal monthly installments of my balance. Tuition is not prorated for absence, vacation or school closings. **INITIAL** _____
2. I understand that tuition paid in full in August will not be refunded after March. I further acknowledge that the School Year Supply Fee and Enrollment Fees are non-refundable. **INITIAL** _____
3. I understand that tuition is due on my child's first school day of each month. A \$10 late fee will be charged each week tuition is late. Failure to pay tuition in a timely manner is cause for dismissal from the Seasons Preschool program. Tuition not paid within the month will terminate enrollment with Seasons Preschool. Alternative tuition arrangements can only be made by contacting the Executive Director. **INITIAL** _____
4. I understand that if school is cancelled due to inclement weather or unforeseen circumstance that tuition is not prorated. Seasons preschool follows both the Denton and Lake Dallas ISD school calendar for closings. Inclement weather postings will be emailed, posted on our Facebook page, and sent by text via the Tadpoles Parent application. Seasons Preschool may close regardless of other school closing for safety of our staff and children. **INITIAL** _____
4. I understand that Seasons Preschool ends its day at 3:00 p.m. (4:00 p.m. for extended day) and I will be charged a late fee of \$1 per minute if my child is not picked up within 10 minutes of closing (\$10.00). Children who are not enrolled in extended daycare and are still at the center at 3:15 p.m. will be charged for extended day care (\$25.00) and parents will pick their child up in the extended daycare classroom. Children who are at the center at 4:15 p.m. will be charged a \$25.00 late fee. **The late fee payment is due BEFORE the child can return to school on their next scheduled day. Excessive lateness is cause for termination of enrollment.** **INITIAL** _____
5. When my child is ill, I understand that my child will not be accepted or allowed to remain at school (Please see ILLNESS EXCLUSION in the PARENT HANDBOOK). I also agree that if my child becomes ill at school, I will make arrangements to pick-up my child within 1-hour of being notified by the director. Failure to pick up my child will result in a SICK CARE CHARGE of \$25.00 due before the child may return to school. In the event of contagious or unidentifiable illness, I understand that a doctor's note will be required. **INITIAL** _____
6. I agree to communicate with Seasons Preschool when my child will be absent. I understand that I can update this information using the TADPOLES PARENT APP. **INITIAL** _____
7. I understand that I need to give 1-month notice of withdraw from the program. Failure to

give 1-month notice will require **2-weeks payment at the time of notice**. Payment will be due before child can finish enrollment period. Notice is given in writing and to the Executive Director ONLY. **INITIAL** _____

8. I have received a school year calendar. I am aware of our scheduled school closings. I also acknowledge that Seasons Preschool may change the calendar at any time due to arising conflicts or circumstances necessary to do so. **INITIAL** _____
9. I give my permissions for my child to be photographed and photos to be used for school use only (yearbook, classroom posters, etc.) I understand that if pictures are posted on social media no names of children will ever be used. **INITIAL** _____
10. **FOR CHILDREN 12 MONTHS AND UNDER: I have read and understand the parent handbooks infant/sleep safety policy. I understand that Seasons Preschool abides strictly to this policy and that no deviation other than medical necessity will be allowed. Personal preference in not a medical necessity.** **INITIAL** _____
11. I have read the Seasons Preschool Parent Handbook and agree to all policies and procedures within. **INITIAL** _____

Please return this application to the preschool office with your non-refundable registration fee, immunizations and health care signature. I understand that enrollment is not complete until full packet with payment has been submitted.

Parent Signature _____ Date _____

