

Registration for Tiny Treasures Early Childhood Program, 2024-2025

Dear Parents,

It is an honor to be considered to serve you and your family through Tiny Treasures Early Childhood Program, a ministry of Hope Lutheran Church. It is a true blessing to watch and participate with you and your child as he/she grows cognitively, socially, physically, and spiritually.

Our program typically fills to capacity very quickly. Children are placed in classes based on their age as of September 1, 2024. Children will remain in the same class the entire school year. Registration for all classes will be on a first-come, first-serve basis. For public registration, please join us in the gym in the Activity Building on Tuesday, January 23, 2024 at 10:00 a.m. For those registering on the morning of January 23rd, please drive around to the back of the parking lot and park there by the gym. Enter through the gym door marked "Registration." The front doors of the Activity Building will not be used for registration. If you'd like to come early to line up, the doors will open at 8:00 a.m. and parents can begin lining up in the gym. Feel free to bring your own folding chair if you'd like. (We will have chairs, they're just not very comfortable.)

We use a number system for an efficient registration process. Numbers will be passed out to families waiting in line in the gym starting at 8:30 a.m. and every thirty minutes thereafter. At 10:00 a.m., we will register families in number order; you must be present when your number is called. We will begin a waitlist for classes/programs that are filled, and families will be added to that list on a first-come, first-serve basis. There is no financial commitment to be placed on our waitlist. Should you be interested in registering after January 23rd, please call our office to check on availability. Hope Lutheran Church's Congregation registration will be on January 18th and 22nd from 10:15 a.m. to 12:00 p.m. in the Tiny Treasures office.

We require a completed registration form, the registration fee, the fall material fee, an up-to-date immunization record/affidavit of exemption, and a tuition retainer (equal to one month's tuition), to secure enrollment. The health statement can be turned in at registration or by March 1, 2024. The tuition retainer will be credited to the tuition payment in May 2025. Should a child leave the program early, all fees are non-refundable. Since we hire, train, and secure staff, along with ordering materials and curriculum for the children registered, once paid, all fees regarding registration are completely non-refundable. Fees for registration may be paid via check or money order. Once classes begin in the fall, you can choose to make tuition payments via check or Brightwheel which does charge a convenience fee. For each additional child in the same family, the tuition from September through April is reduced by \$10.00 per month (this does not apply to the tuition retainer due at registration). Once you have turned in your registration paperwork and paid the associated fees, you will receive an email inviting you to our Child Management Platform, Brightwheel, to complete the rest of the registration process. Your child's portfolio in Brightwheel should be complete within 72 hours of receiving the invitation to Brightwheel in order to complete and finalize your child's registration.

We look forward to welcoming you all to the Tiny Treasures family where we laugh, learn, love, and grow together.

God Bless,

Mandy Kyle, Director



*****For those registering on the morning of January 23rd, please pull around to the back of the parking lot, park there by the gym, and enter through the gym door labeled "Registration." The front doors of the Activity Building will not be used for registration. ***

*****Please print out the next two pages (you can print them on front and back if you'd like), complete these forms, and bring the completed forms to registration. We will have extra forms on registration day. **IMPORTANT:** Every single part of this registration paperwork must be filled out. Pay close attention to the highlighted information and make sure every box has information listed and/or has been checked. Even if the answer is none or the same, it must be filled out. When it asks for address information (for the child, the parent/guardian, the physician, the ER facility, etc.) you must list the street address, city, zip code, and full phone number. Make sure any yes/no questions are answered. If your form is incomplete when it comes to your turn in line at registration we will need to go on to the next person in line until all the information is complete. ***

*****Please attach an up-to-date immunization record. We must also have a physician's health statement on file in our office by March 1, 2024. If you did not turn one in at registration, please have one on file in our office by March 1, 2024. ***

*****Information regarding our back-to-school Meet and Greet and our calendar for next fall will be sent out to parents in early summer via Brightwheel. Please make sure you have downloaded the Brightwheel app and allow for notifications as this will be our main way to communicate. Parents will also be able to add additional allowable pickup people through the Brightwheel app. ***

*****Our Operational Policies will be available on our website by January 17, 2024. Since our Operational Policies must reflect the most recent standards as defined by childcare licensing, we wait until the new year to publish our policies, ensuring they are up-to-date with the current standards released by licensing. ***

Tiny Treasures 2024-2025 Student Registration

SECTION 1-OFFICE PURPOSES ONLY

Program	Total Fees	How Paid	Date	Received by	Brightwheel Invite Sent	Student Info Complete	Date of Enrollment

Student Information-Please fill out one form per child.

Child's Name and Nickname	Child's Home Address (Including city and zip code)	Child's Home Phone	Child's Date of Birth
Parent/Guardian Name	Parent/Guardian Address (Including city and zip code)	Parent/Guardian Phone and Parent's Occupation	Parent/Guardian Email

Does your child have a **DIAGNOSED** food or other life-threatening allergy? YES NO If there are none, write none.
If yes, please explain.

I understand if my child has a life-threatening allergy, I must provide the school with an allergy action plan and treatment. Initials _____

Does your child have any special health problems, existing/ongoing illnesses, injuries, or hospitalizations in the last 12 months? _____
If none, write NO. If yes, please provide details or any other relevant information our staff needs to know.

Does your child have any special needs, receive any special services, or attend any other educational programs? _____
If none, write NO. If yes, please explain.

If a parent/guardian can't be reached, list an emergency contact person who can pick up your child. List the person's name, relation to the child, address, city, zip code, and telephone number (must live within 30 minutes of the school and cannot be a parent):

Name, address, city, zip code, and telephone number of the child's physician:

Name, address, city, zip code, and telephone number of the child's emergency care facility (must be within 30 minutes of Tiny Treasures):

Do you have a home church? YES NO If yes, what church? _____

My child will be enrolled and attend on the following days (Please only select the days once your child is registered)

- | | |
|--|--------------------------------------|
| _____ Monday/Wednesday, 9:00 a.m.-1:30 p.m. | 18 months and 2 years old only |
| _____ Tuesday/Thursday, 9:00 a.m.-1:30 p.m. | 2 years old only |
| _____ Tuesday through Thursday, 9:00 a.m.- 1:30 p.m. | _____ 2 years old _____ 3 years old |
| _____ Monday through Thursday, 9:00 a.m.- 1:30 p.m. | _____ 3 years old _____ 4 years olds |
| _____ Monday through Thursday, Kinder/Transition Kinder, 9:00 a.m.-2:15 p.m. | Kindergarten/Transition Kinder Only |

PERMISSIONS—I give permission for the following:

- My child's picture to be shared on Brightwheel, our secure child management software. YES NO
- My child's directory information to be shared with the other parents in my child's class. YES NO
- My child's photo/video to be shared for media/publications, such as the program's Facebook page and website. YES NO
- Emergency treatment and transportation while my child is in care at Tiny Treasures. I agree

I have attached an up-to-date immunization record and/or affidavit of exemption. As applicable, I understand I will provide updated immunization records to the office staff when my child receives new vaccinations. I agree
I understand a physician's health statement must be turned in to Tiny Treasures at registration or at the latest by March 1, 2024. (If registering after March 1, the health statement must be turned in within a week of registration.) Initial Here _____

Tiny Treasures ECP, Parent Contract

1. I have received a copy of the Operational Policies. I understand and agree to the policies listed in the Operational Policies Handbook. I understand these policies will be utilized in operating the center while my child is in care. I will be notified of any changes to the policy in writing during my child's enrollment.
2. I understand that it is my responsibility to provide additional information through the Brightwheel app. Furthermore, it is my responsibility to update any information pertinent to my child's file, up to and including parent/guardian pickup information, directory information, allowable people to pick up/drop off, etc. Once I make changes to this information, I will inform the program in writing of any changes made. I understand that Tiny Treasures uses Brightwheel to communicate with parents and I will be responsible for the information disseminated through Brightwheel.
3. Once paid, all of the registration fees are non-refundable and due at the time of registration. The registration fee, fall material fee, and tuition retainer are all due at the time of registration. The tuition retainer/deposit will be credited to the tuition payment in May 2025. Should a child leave the program early, all fees are non-refundable.
4. No meals will be provided by Tiny Treasures. Parents send in their child's drinks, snack and lunch. Tiny Treasures is not responsible for its nutritional value or meeting the child's daily food needs. We encourage parents to provide a snack and a lunch that are nutritious. Well-balanced meals provide the food children need to grow, think, fight infection, and fuel their bodies.
5. Tiny Treasures reserves the right to terminate a student's enrollment for the following reasons: an inability for a student to adjust to the school/classroom environment, extreme differences in philosophy, a parent's needs not being compatible with the school's best interest, a child/family's presence in the program is a distraction, disruption, or danger to others in the program, recurrent late payments, an inability to meet the needs of the student and/or parent, a parent engages in slander regarding the program or staff, consistently late pickups, or a potential health or safety risk to the child, the other children, or the staff.
6. The parents, children, and staff at Tiny Treasures should always treat one another with mutual respect for a positive working relationship that serves the best interest of the children. This includes when a conflict, complaint, or concern arises, the parent will speak directly with the school staff in an attempt to try to respectfully resolve the issue. Tiny Treasures follows conflict resolution practices consistent with Matthew 18:15-17 from the Bible. Slandering and speaking negatively to others regarding the program, the children in the program, or the staff is not conducive to a positive working relationship.

My signature below indicates that I understand and agree to the information outlined on this page.

Parent Signature _____ **Date** _____

PROGRAM	AGE & HOURS	MAX # OF CHILDREN IN CLASS & # OF TEACHERS IN CLASS	DAYS	REGISTRATION FEE	MATERIAL FEES (2x/year)	MONTHLY TUITION	TOTAL DUE AT REG.
MDO 18 months & 2 years	9:00 am-1:30 pm	8:2	2 days, Mon/Wed	\$75	\$90	\$230	\$395
MDO 2 years old	9:00 am-1:30 pm	8:2	2 days, Tues/Thurs	\$75	\$90	\$235	\$400
MDO 2 years old	9:00 am-1:30 pm	8:2	3 days, Tues-Thurs	\$75	\$110	\$315	\$500
PRESCHOOL 3 years old	9:00 am-1:30 pm	14:2	3 days, Tues-Thurs	\$75	\$110	\$315	\$500
PRESCHOOL 3 years old	9:00 am-1:30 pm	14:2	4 days, Mon-Thurs	\$75	\$125	\$375	\$575
PRESCHOOL 4 years old	9:00 am-1:30 pm	16:2	4 days, Mon-Thurs	\$75	\$140	\$375	\$590
KINDER & TRANSITION K	9:00 am-2:15 pm	12:1	4 days, Mon-Thurs	\$75	\$170	\$460	\$705

*Families new to our program can pay for registration with a check or money order made out to Hope Lutheran Church.

*Families may pay in one check/money order for multiple children. The sibling discount does not apply to fees due at registration. Children are placed in classes based on their age as of September 1, 2024.

Tiny Treasures Immunization Record and Health Statement-Complete all 3 sections

Child's Name _____ Date of Birth _____

IMMUNIZATION RECORD: Please check either 1 OR 2. Then attach a copy of your child's immunization record showing the child is up-to-date on all required immunizations or a notarized affidavit of exemption. Please complete #3 as applicable.

- 1. Attached is a copy of my child's up-to-date immunization record. I understand my child must stay up-to-date on immunizations and that I am to provide Tiny Treasures with an updated copy of my child's immunization record each time my child receives an immunization.
- 2. I am excluding my child from immunizations due to a medical reason or reason of conscience, including a religious belief. I have provided Tiny Treasures with a notarized and signed affidavit as required by the State of Texas.
- As needed—My child had varicella disease (chickenpox) on or about the following date _____ and does not require the varicella vaccine.

For more information regarding immunization exemptions please visit: <https://co-request.dshs.texas.gov/> and www.dshs.texas.gov/immunization-unit/texas-school-child-care-facility-immunization/texas-immunization-exemptions

HEALTHCARE PROFESSIONAL STATEMENT: I have examined the above-named child within the past year and found that he/she is able to take part in the childcare program.

Please check ONE of the below and include a signature and date from a healthcare professional:

- The child does not have any diagnosed severe allergies that require emergency treatment and medication.
- 2. The child has been diagnosed by a healthcare professional with severe allergies that require emergency treatment and medication. A Healthcare Professional's written and signed Allergy Emergency Plan is attached.

Healthcare Professional's Name _____ Healthcare Professional's Signature _____ Date _____

The parent can also provide a signed and dated copy of a healthcare professional's statement OR a completed affidavit of exemption. Please use this exemption form from childcare licensing: <https://co-request.dshs.texas.gov/>. A health statement or affidavit must be turned in to Tiny Treasures for your child's registration to be complete.

Vision and Hearing Screening: The chart below only needs to be filled out if the child turns 4 before Sept 1, 2024. The Texas Health and Safety Code requires that children 4 years and older by Sept 1 of the current school year must be screened or have a professional examination for possible hearing and vision problems. **Please check one of the below.**

- The below does not apply as the child will not be 4 by Sept 1, 2024.

For children 4 years or older by Sept 1, 2024, check one of the below:

- 1. The below chart was filled out and signed by a healthcare professional.
- 2. I have provided Tiny Treasures with an attached vision and hearing screening signed by a healthcare professional.
- 3. I am excluding my child from the vision and hearing screening due to religious beliefs or reasons of conscience. I have provided Tiny Treasures with a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination I am an adherent or member of.

Vision	R 20/ _____	L 20/ _____	Vision		
			<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Hearing	1000 Hz	2000 Hz	4000 Hz	Hearing	
	R				<input type="checkbox"/> Pass
	L				<input type="checkbox"/> Fail

Healthcare Professional's Name _____ Healthcare Professional's Signature _____ Date _____

Parent or Legal Guardian's Signature _____ Date _____