

## Tiny Treasures Early Childhood Program, New Student Registration

Tiny Treasures Early Childhood Program  
Hope Lutheran Church  
1804 S. Friendswood Drive  
Friendswood, TX. 77546  
281.482.4654; [tinytreasures@hope-lutheran.org](mailto:tinytreasures@hope-lutheran.org)

Dear Parents,

Let us begin by saying what an honor it is to have you consider Tiny Treasures Early Childhood Program. We would love to have the opportunity to welcome you into the Tiny Treasures family. We pray that we have many years together—blessing your child with a loving, nurturing environment.

Our program typically fills to capacity very quickly. If you wish to register your child for Tiny Treasures, we highly recommend that you register as soon as possible. Please call our office to confirm that we have availability. **Registration for all classes will be on a first come-first serve basis.**

Our registration fees and monthly tuition fees will continue to provide for our low student to teacher ratio with two homeroom teachers in every Mother's Day Out and Preschool class, extensive learning curriculum, large inviting classrooms, and our expansive playgrounds. Our children attend Gross Motor Lab, Action Based Learning Lab, Music Class, and Daily Chapel Time. You will find our prices to be very consistent with area programs and we also offer supplemental classes and activities that are truly unique to Tiny Treasures.

We require a Registration fee, Fall material fee, and a tuition retainer/tuition deposit, equal to one month's tuition, to secure enrollment. Since we hire, train, and secure staff, along with ordering materials and curriculum for all of the children registered, all fees regarding registration are completely non-refundable.

We look forward to working with you to nurture and facilitate the development of your child through appropriate cognitive, social, physical, and spiritual experiences.

For His Children,

Mandy Kyle

You can find more information on our website at:

<https://hope-lutheran.org/preschool-mdo>

## FINANCIAL POLICIES FOR TINY TREASURES ENROLLEES

### REGISTRATION/ENROLLMENT

A registration fee of \$75.00 is due at the time of enrollment. This fee is non-refundable and does not apply toward tuition. One registration fee per child is charged. A registration fee is assessed each time your child is enrolled.

**Enrollment is secured and retained with the paying of these fees:**

- Registration Fee is due at the time of registration.
- Material Fee is a bi-annual payment for the school to purchase needed student school supplies –One material fee payment is due at the time of registration and the other payment is due in January.
- Retainer/Tuition Deposit (equal to one month’s tuition cost) is due at the time of registration. This retainer/tuition deposit will be credited to the last month’s tuition payment in May, 2023. Should a child leave the program early, all fees are non-refundable.

**The registration fee, material fee and the retainer/tuition deposit, once paid, are all non-refundable.**

### TUITION AND OTHER FEES

The program is a nonprofit organization which operates on tuition and fees from each child. Therefore, it is essential that your fees be paid promptly and regularly. All fees must be paid for the days your child is registered to attend. If your child is absent, the fees are still due in full. We cannot refund or credit tuition. Tuition will remain the same during periods that contain closings for school holidays, inclement weather, and unforeseen situations.

The tuition is charged by the month. Payments are to be received on the tenth day of every month. An additional charge of \$10.00 per week will be assessed if tuition payments are not made on the due date.

For additional children in the same family, the tuition is reduced by \$10.00 per month for each additional child.

Two material fees/child will be charged for supplies. One fee is due at registration and the other in January.

A fee of \$35.00 will be charged for any check that is returned by a banking institution.

PROGRAM	AGE	DAYS	HOURS	REGISTRATION FEE	MATERIAL FEES 2x/year	MONTHLY TUITION	TOTAL DUE AT REGISTRATION
MDO	18 mos	2 days, M/W	9:00-1:30	\$75.00	\$60.00	\$220.00	\$355.00
MDO	2 yrs	2 days, T/Th	9:00-1:30	\$75.00	\$60.00	\$220.00	\$355.00
MDO	2 yrs	3 days, Tues-Thurs	9:00-1:30	\$75.00	\$85.00	\$290.00	\$450.00
PRESCHOOL	3 yrs	3 days, Tues-Thurs	9:00-1:30	\$75.00	\$85.00	\$290.00	\$450.00
PRESCHOOL	3 yrs	4 days, Mon-Thurs	9:00-1:30	\$75.00	\$110.00	\$355.00	\$540.00
PRESCHOOL	4 yrs	4 days, Mon-Thurs	9:00-1:30	\$75.00	\$110.00	\$355.00	\$540.00
KINDER	5 yrs	4 days, Mon-Thurs	9:00-2:15	\$75.00	\$110.00	\$450.00	\$635.00

## WITHDRAWAL

If for any reason you decide to withdraw your child, you must give one month's written notice to the Director or you will be responsible for the next month's tuition. Please notify the Tiny Treasures office as soon as possible. If your child's name remains on the roll, you will be billed by mail for the tuition. Parents will be billed for an additional month of tuition if written notification is not given. There will be no calculated discount or refund for early withdrawal. Liability for payment of the tuition for the month of withdrawal will remain, plus forfeiture of the retainer/tuition deposit.

## PAYMENT OPTIONS

Registration payments for families that are new to Tiny Treasures should be made via check made out to Hope Lutheran Church with your child's name in the subject line. Payments for established families can be made using your Smartcare Parent App via checking account drafts or credit card charges. Once established, you may set up recurring payments for each month or you can manually make the payments each month utilizing the SmartCare App. There is no charge for checking account payments via the SmartCare app. Credit card payments are provided by a third party and there are convenience fees associated with this payment method. As a non-profit organization, Tiny Treasures cannot absorb these fees. If you wish to use the credit card services, the convenience fees will be added to the amount due on your account.

If you choose not to use the SmartCare App to pay your tuition, monthly payments may be made via check. **NO CASH PAYMENTS WILL BE ACCEPTED.** You may turn in tuition payments at the front office on the monthly due date.

### **Important Registration Paperwork for Tiny Treasures**

- Every child enrolled in Tiny Treasures must meet and continue to meet applicable immunization requirements specified by the Texas Department of State Health Services. Therefore, each child is required to have a health statement and a current immunization record signed by the child's source of medical care. Up-to-date immunization records and the health care statement are required and must be on file by the first day of attendance. The health statement must be dated between June and August of 2022. **Based on recommendations from the CDC and Childcare Licensing, Tiny Treasures will not allow immunization exemptions.**
- Parents will be emailed over the summer regarding our Meet and Greet and a time to drop off important forms. PLEASE make sure we have a correct email address on file for you.
- If your child suffers from seasonal allergies that could mimic an illness (such as a runny nose, frequent cough, shortness of breath, etc.) please make note of this in the additional information section on your registration forms. Also, please write NONE if your child does not have any special needs.
- Signatures are required throughout the registration form. Please make sure to sign in the following places: authorization for emergency medical attention, child's additional information section, receipt of operational policies, meals, the photo/video release section and the bottom of the registration paperwork.
- The Parent Handbook will be linked on the website by Thursday, January 28<sup>th</sup>, 2022, for further review. The health statement will be emailed out at the end of May.
- If you would like to pay by check, please make it out to Hope Lutheran Church with your child's name in the subject line.
- The Health Statement must be filled out between June and August before school starts. The form will be emailed to you at the end of May, 2022. This serves as a reminder to have it scheduled over the summer and also prevents parents from accidentally having it filled out early as we cannot accept forms that are dated before June. Thanks for your understanding.

## Tiny Treasures ECP , Parent Contract

Student's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Open communication, meeting each child and family's needs, having a relationship built on mutual respect for one another, and financial stability are essential to the overall welfare of our students, staff, and program. Therefore, I agree to all of the following Tiny Treasures policies:

1. Enrollment is secured and retained with the following non-refundable fees: the registration fee, a material fee to be paid twice a year (once upon enrollment and the other payment in January) and a Tuition/Retainer Fee (equal to one month's tuition cost and will be applied to May of 2023's tuition). **Should your child leave the program early, the tuition retainer and all fees associated with registration are completely non-refundable.**
2. Monthly tuition fees are due on the 10<sup>th</sup> day of each month. Monthly tuition is payable regardless of attendance and is not prorated for absences, vacations, school closures due to natural disasters, unforeseen circumstances, or inclement weather, holidays and staff professional/conference days. Late fees will be added to overdue accounts.
3. If for any reason you decide to withdraw your child, you must give one month's written notice to the Director or you will be responsible for the next month's tuition. Please notify the Tiny Treasures office as soon as possible. Parents will be billed for an additional month of tuition if sufficient written notification is not given. If your child's name remains on the roll, you will be billed by mail for the tuition. There will be no calculated discount or refunds for early withdrawal. The tuition retainer is completely non-refundable.
4. If someone other than the parent/legal guardian is to pick up your child, notification must be in writing to the program. We will release your child only to the individual authorized by the parents/guardian. The authorized person must be at least 18 years of age and must provide their driver's license to the office staff in order for the staff to release the child. No child will be released from the program without notification from the parent/guardian. At the time of enrollment, parents will provide us with the names and telephone numbers of persons authorized for emergency pick-up for the child. It is the parent/guardian's responsibility to notify the program of any changes.
5. 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. In order to ensure the best relationship between school staff and the families we serve, we ask that all concerns be addressed in this manner. 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 that works together to best meet children's needs.
6. Tiny Treasures reserves the right to terminate a student's enrollment for any reason which could include 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 participates in slander/speaking negatively of the program, consistently late or early arrival/pickup, a potential health or safety risk to the child, the other children, or the staff.
7. I have received a copy of the parent handbook covering the operational policies of Tiny Treasures Early Childhood Program. I give my permission to Tiny Treasures to enroll my child in their program. I understand the policies and procedures given to me and agree to adhere to all school policies. In the case that there is a change to a policy during my child's enrollment, it is my understanding that I will be notified in writing, including electronic communication.

**I have read the above, agree to the above, and understand all of the policies listed and understand that they will apply to my family and child/children while at Tiny Treasures. I have reviewed and agree to the Parent Handbook, as well.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**GENERAL INFORMATION**

Operation's Name: Tiny Treasures Early Childhood Program	Director's Name: Mandy Kyle
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Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian
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Child's Home Address:

Date of Admission:	Date of Withdrawal:
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Name of Parent or Guardian Completing Form	Address of Parent or Guardian (if different from the child's):
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List telephone numbers below where parents/guardians may be reached while the child is in care.

Parent 1 Name and Phone #	Parent 2 Name and Phone #	Guardian's Name and Phone #	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No Do they affect care at the program? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>EMERGENCY CONTACT:</b> <u>To the right, please give the name, address, and phone # of the responsible individual to call in case of an emergency if parents/guardians cannot be reached. This person must live within 30 minutes of the school.</u>	Relationship: Name: Address: Phone # :
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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 # for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

Name and Phone #
Name and Phone #
Name and Phone #
Name and Phone #
Name and Phone #
Name and Phone #

**PERSON(S) WHO MAY NOT PICK-UP CHILD:**

**SmartCare App Access:** Tiny Treasures Early Childhood Program utilizes the SmartCare system for parents to sign in/sign out children from our care. Please list below if you'd like to grant SmartCare access to people regularly picking up/dropping off other than the parents. Anyone named below must also be named above as an authorized pickup person.

Authorized Pick Up Person Name:	Email Address:

Authorized Pick Up Person Name:	Email Address:

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event of a medical emergency, I give permission to the staff at Tiny Treasures to make decisions for and/or provide care for my child, which could include calling 911 and being transported by ambulance. I understand that during a medical emergency there may not be time to contact a parent prior to action being taken. I also understand that in cases of an emergency, a child may be taken to the nearest available hospital. I understand that I will be notified of any emergency as soon as possible. I understand these are all done in order to ensure the best care possible in the time of an emergency. **Signature – Parent or Legal Guardian**

**Please make sure name, address including the city and zip code, and phone number are all included below.**

<b>Name of Physician:</b>	<b>Address:</b>	<b>Phone #:</b>
<b>Name of Emergency Room associated with a Hospital:</b>	<b>Address:</b>	<b>Phone #:</b>

**CHILD'S ADDITIONAL INFORMATION SECTION**

Below, please list any **SPECIAL NEEDS** that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of. If your child does not have any special needs, please make sure to write **NONE** in the provided space.

Does your child have **DIAGNOSED** food or other life threatening allergies?  YES  NO

Allergy Plan submitted to facility on: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line @ (800)514-0301 (voice) or (800)514-0383 (TTY)

<b>Signature – Parent or Legal Guardian:</b>	<b>Date Signed:</b>
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**PARENT INFORMATION**

<b>Mother</b>	<b>Father</b>
<b>Occupation</b>	<b>Occupation</b>
<b>Employer</b>	<b>Employer</b>
<b>Work Phone</b>	<b>Work Phone</b>
<b>Cell</b>	<b>Cell</b>
<b>Email</b>	<b>Email</b>

**FAMILY INFORMATION-OTHER CHILDREN IN THE FAMILY**

<b>Name and Date of Birth #1</b>	<b>Name and Date of Birth #2</b>
<b>Name and Date of Birth #3</b>	<b>Name and Date of Birth #4</b>
<b>Do you belong to an area church?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of Church:</b>

**CONSENT INFORMATION**

**1. TRANSPORTATION**

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care and/or evacuation    N/A on field trips    N/A to and from home    N/A to and from school

**2. FIELD TRIPS**

N/A 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: TINY TREASURES DOES NOT OFFER FIELD TRIPS

**3. WATER ACTIVITIES**

I give consent for my child to participate in the following water activities:

water table play    N/A Sprinkler play    N/A Splashing /wading pools    N/A Swimming pools    N/A Aquatic playgrounds

**4. RECEIPT OF WRITTEN OPERATIONAL POLICIES**

I received a copy of the Parent Handbook covering the operational policies of Tiny Treasures Early Childhood Program. I give my permission to Tiny Treasures to enroll my child in their program. I understand the policies and procedures given to me and agree to adhere to all school policies. In the case that there is a change to a policy during my child's enrollment, it is my understanding that I will be notified in writing, including electronic communication.

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

I acknowledge receipt of the facility's operational policies, including those for:

<input checked="" type="checkbox"/> Discipline and guidance	<input checked="" type="checkbox"/> Procedures for release of children
<input checked="" type="checkbox"/> Suspension and expulsion	<input checked="" type="checkbox"/> Illness and exclusion criteria
<input checked="" type="checkbox"/> Emergency Plans	<input checked="" type="checkbox"/> Procedures for dispensing medication
<u>N/A</u> Procedures for conducting health checks	<input checked="" type="checkbox"/> Immunization requirements for children
<u>N/A</u> Safe sleep	<input checked="" type="checkbox"/> Meals and food services practices
<input checked="" type="checkbox"/> Procedures for parents to discuss concerns with the Director	<input checked="" type="checkbox"/> Procedures to visit the center without securing prior approval
<input checked="" type="checkbox"/> Procedures for parents to participate in operation activities	<input checked="" type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

**5. MEALS**

I understand that the following meals will be served to my child while in care: No meals to be provided by Tiny Treasures.

None     Breakfast     Morning Snack     Lunch     Afternoon Snack     Supper     Evening Snack

Parents will provide their child's snack and lunch from home. 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 lunch that is nutritious. Well-balanced meals provide the food children need to grow, think, fight infection and fuel their bodies.

**6. DAYS AND TIMES IN CARE**

My child is normally in care on the following days and times (ADMIN will advise you to check which days at registration once class availability is confirmed).

- Monday/Wednesday, 9:00 AM-1:30PM
- Tuesday/Thursday, 9:00 AM-1:30PM
- Tuesday through Thursday, 9:00 AM-1:30PM
- Monday through Thursday, 9:00 AM-1:30PM
- Monday through Thursday-KINDER only, 9:00 AM-2:15PM

**ADMISSION REQUIREMENT**

The following must be presented when your child is admitted to Tiny Treasures or within one week of admission.

Note: Tiny Treasures does NOT allow immunization exemptions.

- A signed and dated copy of a health care professional's statement (Health Statement)
- A current, up to date, immunization record signed by the child's source of medical care. The immunization record must include the child's name, date of birth, the number of doses and vaccine type, the month, day, and year that each vaccine was received and the signature or stamp of the physician or other health care professional who administered the vaccine.
- N/A A signed and dated affidavit stating that a medical diagnosis and/or treatment conflicts with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. Based on recommendations from the CDC and Childcare Licensing, Tiny Treasures does not allow immunization exemptions.

**VARICELLA (CHICKENPOX)**

**Varicella (chickenpox) vaccine is not required IF your child had chickenpox disease.**

**IF YOUR CHILD HAS HAD CHICKENPOX, PLEASE COMPLETE THIS STATEMENT AND SIGN BELOW:**

MY CHILD HAD VARICELLA DISEASE (CHICKENPOX) ON OR ABOUT THE FOLLOWING DATE \_\_\_\_\_, AND DOES NOT NEED THE VARICELLA VACCINE.

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

**REQUIREMENTS FOR EXCLUSION FOR CHILDREN 4 YEARS AND OLDER**

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

**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 and Security Policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

**PHOTO, VIDEO, AND DIRECTORY CONSENT**

I give permission to Tiny Treasures ECP to release the following. I understand I will not be compensated and waive all claims for compensation. Please write YES or NO in each blank. Parent Signature \_\_\_\_\_

- \_\_\_\_\_ Photos and videos for all purposes including the TTECP website, Facebook page, and other forms of media.
- \_\_\_\_\_ Photos and videos for the private classroom Facebook page with other parents in the class and the teachers.
- \_\_\_\_\_ Directory Information (Name, Address, Email address, phone number, parents, etc.) to be released only to parents in my child's class. This is to be used for invitations, contacting other parents, and classroom communication.

I understand that Tiny Treasures ECP live-streams school-wide programs, such as: The Christmas Program, End of the Year Chapel, and More. I understand that I have the right to exclude my child from these programs if I do not want my child to be in the live stream. Please write EXCLUDE in the blank below if you do not want your child to participate in the live streaming. \_\_\_\_\_

**SIGNATURES**

I give permission for my child to be enrolled at Tiny Treasures Early Childhood Program. I have received a copy of the parent handbook and agree to adhere to all school policies. I understand that I must provide a signed physician's statement granting consent for my child to attend school, along with an up-to-date immunization record, prior to school starting. I also understand that all fees regarding registration are completely non-refundable. If at any point any of the above information I provided is no longer accurate, I will inform the program of any changes in writing.

Signature or Parent or Guardian:	Date:
Signature of Director or Designee:	Date: