



January 2019/2020

Dear Parents,

This packet includes registration information and the necessary enrollment forms. **The Medical form and a current immunization record are due in the school office by May 24, 2019.** Returning students must present a new medical form and current immunization record each year. Also included is the Early Bird and Late Bird Registration and the CHUMS Lunch Bunch Registration (an after-school program offered Monday through Friday from 12:15 PM – 2:30 PM).

Registration will begin at 8:45 AM in the Hospitality Center. Please bring the **completed** enrollment application, together with your attached check or credit card information. If you have a conflict with the registration schedule, another person may carry your completed registration materials and check through the registration line. The registration will be on a first-come, first-served basis. You will be notified only if your child did not receive placement.

The following fees must be paid at registration: **(Payable to CHUMS)**

1. Registration fee of \$100.00 for the first child, \$75.00 for the second, and \$50.00 for the third child.
2. The annual supply fee
3. Tuition for August and May.

For your convenience, these fees may be paid in two or three equal payments. These fees must be paid in full by **MAY 24, 2019** to guarantee your child's place at Colonial Hills United Methodist School. Please consult the fee sheet for proper calculation of charges. If you need other payment arrangements, do not hesitate to call our school office.

***Please note: All accounts need to be current for the school year in order to register for the next school year.**

The registration fee is non-refundable. Tuition and supply fees will be refunded if you elect to withdraw your child from school by **March 29, 2019**. The supply fee, August and May tuition will not be refunded if you withdraw your child from school after **March 29**, unless we are able to fill the opening in that class and the class is at capacity.

You and your child will receive an invitation to our *Get Acquainted Open House*. You will receive a parent packet with additional school information at that time. The first day of school is **August 21**. Please check our website at www.colonialhills.info for up to date information. The staff and I look forward to a fantastic school year with you and your family.

Sincerely,

Kristan Schrader
School Director

12/4/18 Reg LL



REGISTRATION POLICY HIGHLIGHTS

Registration is on a **FIRST-COME, FIRST-SERVED** basis. When a class is filled, a waiting list will be established for the **2019/2020** school year.

The registration fee is **NON-REFUNDABLE**. If you are withdrawing your child from school, tuition and supply fees will be refunded if the school is notified by March 29, 2019. After **March 29, 2019**, the **supply fee, August and May tuition** will not be refunded unless we are able to fill the place vacated by your child, and that the class is at capacity.

REMINDER: No diapering facilities are available in the school classrooms. Independent toileting is required and children are expected to be fully potty-trained in order to attend our school. If you have concerns about this matter, or if your child has a medical problem, notify the Director. Please call the school office (210-349-1092) if your child is NOT potty-trained by **May 24, 2019**.

REGARDING CLASS ASSIGNMENTS: Student class assignments are made after thoughtful consideration for each child individually and as a class member. **We are unable to guarantee individual teacher requests.** Please base your registration on the class desired.

All tuition is due the first week of the month, and is considered past due after the 10th of the month. A \$30.00 late charge is added to all late payments. Payments may be mailed. There is a \$25.00 charge for returned checks.

Colonial Hills United Methodist School does not practice discrimination in regard to race, color, creed, sex, religion, national origin, or marital status.

Colonial Hills United Methodist School makes an effort to accommodate all children, but reserves the right not to accept a child whose special needs require individual attention that cannot be provided for by available staff.

Both NEISD and NISD calendars are considered before a Colonial Hills United Methodist School calendar is determined.

Your child will receive an invitation to a "Get Acquainted Party" just prior to the start of school from his or her teacher. This will be a good opportunity for your child to meet the teacher, to see the classroom, and to make new friends.

**COLONIAL HILLS UNITED METHODIST SCHOOL
CLASS CHOICE**

Child's Name: _____ Birthdate: _____ Sex: _____

ALL CHILDREN ENTERING THE CHUMS SCHOOL PROGRAM MUST BE POTTY-TRAINED

Three Year Old Program	School hours 8:45 a.m. – 12:10 p.m.
Tuesday/Thursday	_____ Three years old by September 1, 2019
Monday/Wednesday/Friday	_____ Three years old by September 1, 2019
Monday through Friday	_____ Three years old by September 1, 2019 (Please note, your child may have two teachers; a M/W/F teacher and a T/Th teacher)
Four Year Old Program	
Monday/Wednesday/Friday	_____ Four years old by September 1, 2019
Monday through Friday	_____ Four years old by September 1, 2019
*Kindergarten	
Monday through Friday	_____ Five years old by September 1, 2019
*Kindergarten students stay until 2:30 p.m. on Monday, Wednesday and Thursday	
Additional Programs:	Please check desired days
Early Bird: (8:00 AM – 8:40 AM)	_____ M _____ T _____ W _____ Th _____ F
Lunch Bunch: (12:15 PM – 2:30 PM)	_____ M _____ T _____ W _____ Th _____ F
Late Bird (2:40 PM – 3:30 PM)	_____ M _____ T _____ W _____ Th _____ F

Regarding class assignments: Student class assignments are made after thoughtful consideration for each child individually and as a class member. We are unable to guarantee individual teacher requests. Please base your registration on the days desired. If you have any special concerns regarding your child, please notify the director in writing.

Signed _____ Date _____
Parent Signature

Please check which payment plan: _____1 Payment _____2 Payments _____3 Payments

Amount Paid: _____

Medical Form Received: _____



ENROLLMENT APPLICATION – INFORMATION AGREEMENT

Please Print Clearly:

Child's Full Name _____ Prefers to be called _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Sex _____ Age as of Sept. 1, 2019 _____ yr. _____ mo.

Has your child had previous school experience? _____

If here at CHUMS, who was your child's teacher? _____

If elsewhere, name of school/location _____

Any known allergies? ____ Yes ____ No

Please Print:

Father's Name _____

Mother's Name _____

Home Address _____

Home Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Church Affiliation _____

Church Affiliation _____

Occupation _____

Occupation _____

Name of Firm _____

Name of Firm _____

Business Address _____

Business Address _____

City/State/Zip _____

City/State/Zip _____

Business Phone _____

Business Phone _____

Email address _____

Email address _____

Are parent's separated or divorced? _____ If so, who has legal custody? _____

Other custodial information: _____

Does the parent or guardian have an active military ID? ____ Yes ____ No If yes, please provide a copy.

Person responsible for tuition payments: _____

(Continued on Reverse Side)

If parents have remarried please provide spousal information.

Please Print:

Stepfather's Name _____	Stepmother's Name _____
Home Address _____	Home Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Church Affiliation _____	Church Affiliation _____
Occupation _____	Occupation _____
Name of Firm _____	Name of Firm _____
Business Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Business Phone _____	Business Phone _____
Email address _____	Email address _____

Names and ages of other children in applicant's family: (If attended CHUMS, please list previous teachers)

Does your child have any health problems? ____Yes ____No

(I.e. heart problems, breathing problems, medical physical problems)

If yes, please describe: _____

Any vision, hearing or speech problems? _____

Does your child wear glasses? ____Yes ____ No

Are there any medications given regularly? _____

Injuries or accidents? _____

Doctor _____

Address _____

Phone _____

Medical Authorization

I (we) authorize and consent for CHUMS personnel to seek medical treatment and administer First-Aid and secure required transportation in the event of a minor injury or emergency. Every attempt will be made to immediately contact parent. I (we) do not hold the above named, or Colonial Hills United Methodist School responsible or liable for any action necessary in the emergency care of my (our) child. I (we) will assume any expense incurred by such treatment.

Parent Name _____ Date _____

Parent Signature _____

Parent Agreement Form

Please initial each item and sign full signature at the bottom.

____ I understand, by May 24, 2019, I must submit a current Medical Form signed by me and the doctor.

____ I understand, by May 24, 2019, I must submit a current immunization record signed by the doctor.

____ I understand that the Director and staff are available for individual conferences during my child's enrollment at Colonial Hills, and that any problems or occurrences affecting him/her will be brought to my attention, including any serious communicable diseases found in the facility.

____ I understand that the CHUMS Registration Fee is non-refundable. If I withdraw my child by March 29, 2019, tuition and supply fees will be refunded.

____ I understand if I am withdrawing my child from the program after March 29, 2019, tuition and supply fees paid in advance will be refunded only if the class is at capacity and we are able to fill the space vacated by your child.

____ I understand May 2020 tuition will not be refunded after March 29, 2019, unless the class is at capacity and we are able to fill the opening.

____ I grant my child permission to participate in on-campus events.

____ I grant my child permission to participate in all field trips (if applicable). I understand it is required for my child to be secured in a safety/booster seat. I will provide such seat and install it in the vehicle my child is riding in. I understand that if I am a parent driving on any field trips, I will provide to the school a copy of my driver's license and liability insurance.

____ Roster Information: The school distributes a class roster in your child's classroom. It will include you and your child's names, address and telephone number.

Please do not include:

____ **Address**

____ **Telephone Number**

____ I grant permission for CHUMS to photograph or videotape my child. (These may be used for class projects or school displays.)

____ I grant permission for a photograph of my child to possibly be placed on our website, newsletters, brochures, CHUMS Facebook page or other social media. Children's names are never used.

____ CHUMS has my permission for my child to participate in the following activities: (Check each to give permission.)

____ Wading Pools

____ Sprinklers

____ I hereby give permission for my child to be cared for by CHUMS and for my child to participate in all activities of the school and use all play equipment.

I HAVE READ, UNDERSTAND, AND AGREE WITH ALL THE INFORMATION REPRESENTED IN THIS APPLICATION AND INFORMATION AGREEMENT.

Parent Name (*please print*) _____ Date _____

Student Name _____

Director's Signature _____ Parent Signature: _____



SUPPORT DOCUMENT FOR STUDENTS WITH ALLERGIES

My child _____ has known allergies. ____ Yes ____ No

If yes, we ask that you complete this form in order for us to be completely informed and maintain safe and healthy classroom environments.

Please describe allergy:

If food allergy: Does the allergy occur only when the food is ingested? _____
Does the allergy occur if the child touches or smells the food? _____

Symptoms: Please indicate symptoms to watch for

<input type="checkbox"/> Hives	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Throat tightness or closing
<input type="checkbox"/> Itching	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Difficulty swallowing
<input type="checkbox"/> Swelling	<input type="checkbox"/> Stomach cramps	<input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> Red watery eyes	<input type="checkbox"/> Coughing	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Runny nose	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Fainting or loss of consciousness

Other: _____

Do you carry an EpiPen? ____ If yes, have you brought one for the school office? ____
(A medical authorization form must be completed)

What specific course of action has been recommended by your Allergist/Physician?

Please describe your expectations for your child's classroom (and Lunch Bunch room, if applicable):

____ Yes ____ No I need to keep medication at school for CHUMS staff to administer to my child.

A permission form must be signed for this. All medications must be in a prescription bottle. FYI: Any drugs, including over the counter medicines may not be left in the child's tote or given to his/her teacher to administer.

Parent Signature

Date

12/4/18 Reg LL



CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize Colonial Hills United Methodist School to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting tuition related payments. I (we) understand that the charges to the below referenced credit card account will be based charges that are due and payable at the time of the credit card transaction.

I (we) understand that this agreement is between myself (us) and Colonial Hills United Methodist School. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give Colonial Hills United Methodist School written notice of revocation. I understand a 3% processing fee is charged per transaction. A minimum of 5 business days is required to affect revocation.

Cardholder Name

Phone #

Cardholder Billing Address

Account #

City State Zip

Expiration Date Code

Cardholder Signature

Date

Please initial if you want this card used for:

_____ Registration Fees 2019-2020

_____ Monthly Tuition Payments 2019-2020

Record Retention Notice: Colonial Hills United Methodist School shall retain all parent (client) authorization forms in a secure location for the duration of the school year.

For Official Use Only:

Date Received: _____

Employee Signature: _____



INDIVIDUALS PERMITTED TO PICK UP CHILDREN

Dear Parents:

In accordance with the state laws we must have on file the names, addresses and telephone numbers of the individuals permitted to drop off and collect your child (ren) from our school. If someone arrives to collect your child (ren) and we have not been introduced and their name is not in our file we **CANNOT** allow your child to leave with them.

Please list below any person's name, address and telephone number who might arrive to collect your child.

Thank you for your cooperation.

Name/Relation _____ Phone _____

Address _____ Cell _____

Name/Relation _____ Phone _____

Address _____ Cell _____

Name/Relation _____ Phone _____

Address _____ Cell _____

I understand that if the name does not appear on this list, my child will not be released from school.

Parent Name (Please Print)

Child's Name (Please Print)

Parent Signature

Date _____

Home # _____

Cell # _____

Work # _____



Lunch Bunch

2019/2020

Dear Lunch Bunch Parents:

I would like to welcome you to the Colonial Hills United Methodist School Lunch Bunch program. Lunch Bunch is an “after school program” optional program offered Monday through Friday from 12:15 PM– 2:30 PM for those students enrolled in CHUMS. Lunch Bunch gives these students the opportunity to eat with their school friends, and spend the afternoon learning in a less structured atmosphere.

I am looking forward to an exciting enrichment program for the **2019/2020** school year. The schedule includes lunch time (provided by the student), playground, science, music, motor skills, art, games, stories, special events, and much more.

Please send a clearly labeled lunch box with your child. Please bring a well-balanced nutritious lunch that your child will eat.

The following fees must be paid at registration:

1. The annual supply fee
2. August and May tuition

For your convenience, these fees may be paid in three equal payments. These fees must be paid in full by **May 24, 2019** to guarantee your child’s place in Lunch Bunch. Please make checks payable to “**CHUMS**”.

If you choose to drop your child from the Lunch Bunch program at any time during the year, the May tuition will not be refunded, unless the spot is filled and the class is at capacity.

Drop-in students will be accepted on a space available basis at a charge of \$20.00 per session. Please fill out a form and pay in the school office on the day that your child stays.

Sincerely,

Elizabeth Lagos
Lunch Bunch Director