

# Children of Joy! Preschool

## 2022-2023 Registration Form

**Please complete one form per student. Registration can also be completed online at [sojoy.org/preschool](http://sojoy.org/preschool) under the "Registration Info" tab.**

Check all that apply:

\_\_\_ Current Student \_\_\_ Years at COJ! \_\_\_ Sibling \_\_\_ Alumni \_\_\_ New Student \_\_\_ Church Member

Child's Name \_\_\_\_\_ Male or Female

DOB \_\_\_\_\_ Child's age as of September 1, 2021 \_\_\_\_\_ (years) \_\_\_\_\_ (months)

Address (with zip code) \_\_\_\_\_

Parent's Names \_\_\_\_\_

Mom Cell Phone ( \_\_\_\_\_ ) Dad Cell Phone ( \_\_\_\_\_ )

Email Address \_\_\_\_\_

Previous Preschool(s) Attended \_\_\_\_\_

How were you referred to our Preschool? \_\_\_\_\_

**If you are a returning family, please indicate if any of the above information is a change from previous years. Please note any changes to employers, insurance, designated emergency contact information, allergies, etc. on the back of this form. Please provide updated immunization records to the Preschool Office when obtained.**

Please mark your first and second choice for classes:

Choice	Class	Days
	Toddlers	Tuesday/Thursday
	Two's	Monday/Wednesday/Friday
	Two's	Tuesday/Thursday
	Threes	Monday/Wednesday/Friday
	Threes	Tuesday/Thursday
	Pre-K	Monday/Wednesday/Friday
	Pre-K	Tuesday/Thursday
	Pre-K	Monday through Thursday
	Transition	Monday through Thursday

Any special request(s): \_\_\_\_\_

\_\_\_ **I am interested in Fun Friday for the fall on a month to month basis for the Pre-K and Transition classes only.** Cost is \$30/week, calculated on a monthly basis. You must attend all month.

A \$275 registration fee for new families and \$225 registration fee for returning families is due to hold your enrollment space. Account must be current with no past due balance before enrollment will be accepted.

All families **must** enroll in Auto Payment using ACH, bank draft, or Debit Card. If you have any questions, please contact the Preschool office at [preschool@cojpreschool.org](mailto:preschool@cojpreschool.org) or 936-242-1826.

**Children of Joy! Preschool**  
**NEW FAMILIES ONLY!**  
 2022-2023 **Physician's** Health Statement

Child's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Immunization Record:**

\_\_\_\_\_ Attached is a copy of my child's most current immunization record.

\_\_\_\_\_ Date of next immunization due.

\_\_\_\_\_ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an **official notarized affidavit** form developed and issued by the Department of State Health Services ([www.dshs.state.tx.us/immunize](http://www.dshs.state.tx.us/immunize)). I understand this affidavit is valid for 2 years.

Date of Last Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**MEDICAL CONDITIONS**

Chronic Medical Conditions/Related Surgeries • List medical conditions/ ongoing surgical concerns	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to physical activity • List limitations/special considerations	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

Does the child have an existing illness, take medication for long term use, or is subject to seizures, allergies or any other medical condition that would restrict normal preschool activities?      Yes      No

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

I have examined the above named child **within the past year** and find that he/she is able to participate in the preschool program. I also hereby certify that the above referenced information in regards to Immunizations is correct.

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician Name**

\_\_\_\_\_  
**Phone Number**

**Children of Joy! Preschool**  
2022-2023 **Parent** Health Statement

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_

Please answer each question **completely**. State of Texas Licensing requires that all medical information below must be on file at the Preschool before a child can be admitted to the school. **Incomplete Medical Forms will not be accepted.**

**Immunization Record:**

\_\_\_\_\_ Attached is a copy of my child's most current immunization record.

My child has had chickenpox and is not required to have the Varicella vaccine.	Yes	No
<b>If</b> your child has had chickenpox, please complete the following statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need the varicella vaccine.		
_____	_____	_____
<b>Parent Signature</b>		<b>Date</b>

\_\_\_\_\_ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an **official notarized affidavit** form developed and issued by the Department of State Health Services ([www.dshs.state.tx.us/immunize](http://www.dshs.state.tx.us/immunize)). I understand this affidavit is valid for 2 years.

My child, \_\_\_\_\_, has been examined by \_\_\_\_\_, \_\_\_\_\_ (name and address of physician) on the above mentioned date and has been found to be free of existing illness and is able to participate in preschool activities.

\_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Authorization for Emergency Medical Attention:**

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the facility director or staff person in charge to take my child to:

Child's Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Physician's Address \_\_\_\_\_ Hospital Preference \_\_\_\_\_  
Insured 's Name \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Company Policy # \_\_\_\_\_

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

\_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Health History**

Has your child had any previous serious illness or hospitalization? Yes No

If yes, briefly explain: \_\_\_\_\_

Is your child receiving on going care from a specialist (speech, ECI, other)? \_\_\_\_\_ Yes No

If yes, please provide details: \_\_\_\_\_

Is your child taking any prescription medications? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any special needs Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any allergies? Yes No

If yes, please be specific as to reactions and severity: \_\_\_\_\_

\_\_\_\_\_

*\*For children with allergies, an Allergy Plan Form (provided by COJ) must be completed by a physician and kept on file at the preschool as required by licensing.*

**PERSONS AUTHORIZED TO PICK UP CHILD OR TO BE CALLED IN CASE OF AN EMERGENCY**

A child will be released only to parents or to an adult designated in writing by a parent. A staff member must be aware of a child's departure. Please list persons who have your permission to pick up your child, and who can be contacted in case of an emergency if you cannot be reached. Please be certain that the people you list are willing to pick up your child in case of illness or emergency. **COJ! REQUIRES at least one contact person (other than parents) on file for your child.** I hereby authorize the following person(s) to leave the child care facility with my child:

1. Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Children of Joy! Preschool

## Preschool Tuition Agreement for New Families

Congratulations! We are delighted you and your family will be joining Children of Joy! Preschool. Please carefully read the policies regarding enrollment and tuition below. **Sign this agreement and return it to the preschool office with the Automatic Tuition Withdrawal Form.**

### Enrollment and Tuition Policies:

1. There is no discount, refund or allowance for absence, illness, vacation, holidays, teacher workdays, unexpected school closures or weather related school closures.
2. Registration fees are non-refundable.
3. For returning families, your account must be current with no past due balance before enrollment will be accepted.
4. Families are required to give a 30-day notice to terminate enrollment. The "Withdrawal From Preschool" form must be submitted to the preschool office and signed by the family. The first installment payment is your non-refundable tuition deposit. Upon termination, the deposit will be applied to your balance and the remaining balance will be the responsibility of the family. Tuition is prorated on a daily basis using the annual tuition amount and the number of days in the school year.
5. All COJ! families are required to submit the Automatic Withdrawal Form for tuition and payments. COJ! accepts ACH or debit card as payment on your preschool account.
6. COJ! offers a multi-child discount in the amount of 10% off your least annual tuition. In the event more than two children are enrolled, each additional child will also receive a 10% annual tuition discount. This discount does not apply to registration fees or supply fees. Discounts cannot be combined. (This does not apply to the 3% payment discount).
7. COJ! offers a Military Discount for Active Duty, Veterans, Guard and Reserves. The Military Discount applies to immediate family members only. The discount is 10% annually and applies to all children at COJ! This discount does not apply to registration fees or supply fees. Discounts cannot be combined. (This does not apply to the 3% payment discount).
8. A supply fee is due August 1<sup>st</sup> and January 1<sup>st</sup> of each school year. Supply fees are also subject to the late payment penalties.
9. Tuition installments are due on the first of every month (May 1<sup>st</sup> and August 1<sup>st</sup> through April 1<sup>st</sup>). If a family begins preschool after May, the tuition installment amounts will be adjusted. The "Tuition Installment" form will detail the amounts of the installments and when they are due. Electronic statements will be emailed before the first of the month. Installment payments not received by the 10<sup>th</sup> of the month will incur a \$35 late fee. Additionally, a \$35 fee will apply to all returned payments.
10. Families requesting a delayed start date must pay tuition installments in order to guarantee a child's space in the classroom.

Student Name: \_\_\_\_\_

Classroom \_\_\_\_\_

Student Name: \_\_\_\_\_

Classroom \_\_\_\_\_

Student Name: \_\_\_\_\_

Classroom \_\_\_\_\_

I have carefully read the Enrollment and Tuition Policies for Children of Joy! Preschool. I agree to comply with all terms and regulations as expressed above and in the Children of Joy Parent Handbook. I also agree to be bound by the school to pay all tuition and fees required in accordance with the financial policies of the school. This agreement will remain on file for the duration of your family's enrollment at Children of Joy Preschool.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



# Automatic Withdrawal Form For Bank Account and Debit Card

Children of Joy Preschool is pleased to offer the safety, convenience and ease of *Tuition Express*, a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or debit card.

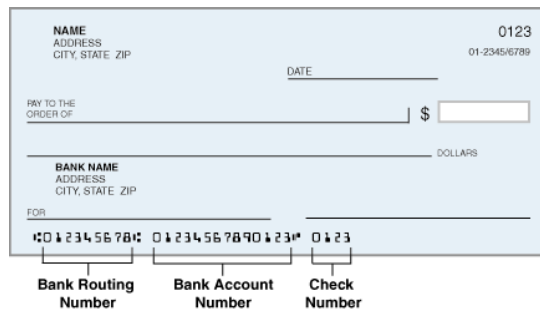
I (we) hereby authorize **Children of Joy Preschool** to initiate charges to the below referenced debit card account (Section A) OR, initiate debit entries to my (our) checking or savings account indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

## COMPLETE ONE SECTION ONLY Section A (Debit Card only)

_____		_____
Cardholder Name	Cardholder Phone Number	
_____		_____
Cardholder Address	City, State, Zip	
_____	_____	_____
Visa/MC Account Number	Expiration Date	CVV Code (on back of card)
_____	_____	_____
Cardholder Signature	Date	
<input type="checkbox"/> This is a debit card.	<input type="checkbox"/> This is a credit card.	

## Section B (Bank Account only)

_____		_____
Customer Name	Customer Phone Number	
_____		_____
Customer Address	City, State, Zip	
_____	_____	
Bank or Credit Union Name	Bank City, State, Zip	
_____	_____	
Bank Routing Number	Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____	
Customer Signature	Date	



# Children of Joy Parent Intake Form

## NEW FAMILIES ONLY



Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and successful preschool experience. Thank you!

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Personality

What descriptive words generally describe your child.

Does your child have any siblings? If so, how many?

What is your child's temperament?

Does your child become frustrated easily? If yes, explain

How does your child express frustration?

Please list any further information you believe will be helpful to understanding your child.

### Play & Social Skills

Has your child attended preschool or child care before?

Does your child play with other children? Yes No Sometimes

What is the gender of most of your child's playmates?

Are your child's playmates older or younger? Older Younger

Previous play group experience:

Preschool Play Group Church Group Other

What is your child's participation in play?

Just watches Joins in gradually Eager to participate

What is your child's interaction with other children?

Likes to play with others Plays by himself/herself Just watches

Sharing toys and protection of personal rights:

Passive (lets others take toys)

Cries but does not defend rights

Physically defends rights

Uses words to defend rights

Is your child comfortable with group situations?

Yes No

What activities does your child enjoy? Give some examples

What activities does your child avoid?

Is there anything we should know about your child's play with other children or themselves?  
Concerns?

### Development

Do you have any concerns about your child's development?

If yes, please circle all that apply:

Hearing

Vision

(Speech) Language

Gross Motor (ex. running, jumping, throwing)

Fine Motor (ex. cutting, holding a crayon, tearing)

Social

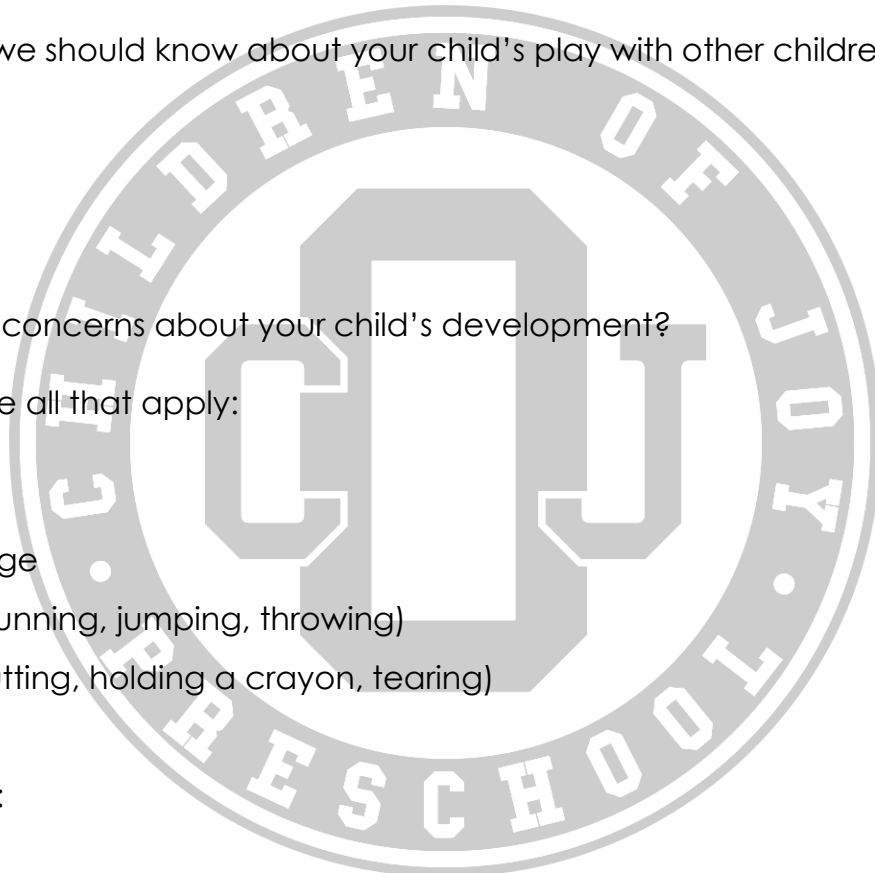
Other (list please):

Has your child ever received therapy services or an assessment from a physician or therapy professional? If yes, please provide a copy of the assessment.

What is the primary language spoken at home?

Are there any other languages used with your child?

How many words are used during communication attempts? (ex. 1-2 words, pointing, phrases, etc.)





## Behavior & Coping

What soothes your child?

What frightens your child?

Does your child have a favorite song or game that comforts them?

What are your expectations for your child at school?

How does your child handle changes in routine? Smoothly It's a challenge

Does your child easily separate from parents (say goodbye)?

Do you anticipate any difficulties with separation?

How does your child react to new situations?

## Toileting

Is your child potty trained? Yes No Almost there

Do you use diapers or pull ups?

Does your child use the potty or the toilet?

How does your child let you know when it's time "to go"?

## Self Help Skills

Can your child: Dress/undress himself zipper, button, snap, etc.

Yes No With assistance

Can your child feed himself/herself? Can he/she use a fork and/or a spoon?

Yes No With assistance

## Please circle what word best describes your child's communication

Uses words to express himself Good Average Needs Help N/A

Speaks clearly Good Average Needs Help N/A

Vocabulary is age-appropriate Good Average Needs Help N/A

Understands directions Good Average Needs Help N/A

**Please use this space to tell us anything else about your child that would be helpful for us to know to make their Preschool experience better. Thank you completing this form!**