Bilingual Whiz Kidz Preschool Registration Package

Period : 8-09-2021 to 5-25-2022 For Preschool and Up
8-09-2021 to 7-30-2022 For Infant & Toddler

2021-2022

REGISTRATION PACKAGE 2020-2021

REGISTRATION CHECKLIST 2021-2022

"Cultivating the Bilingual, Bi-Literate, Culturally Mindful Child"

Preschool Registration

STEPS TO REGISTRATION

Step 1

Steps to Registration

1- **Pre-register** online on our website www.bilingualwhizkidz.com Link: Pre-Enroll
2- Print (two-sided), fill and bring Registration Package.
3- Make sure to turn in all documents required on the list shown below.
4- Bring all your students registration fee, supply Fee and 1st Month of tuition.
5- Fall placement families will be notified not later than the 4th week of July.
5- Summer Placement families will be notified by the end of April.

Please fill and bring all the all documents and forms in this registration package. If registering to start after December, you will pay for 50% of supply fee, all other requirements will stay the same.

STEP 2 **Checklist:** ☐ For Current Students ☐ For New Students

- ☐ **Pre-register** online on our website www.bilingualwhizkidz.com
- ☐ 1- Programs of Choice and Fees
- ☐ 2- Financial Policy Form
- ☐ 3- Automated Payment Processing Form
- ☐ 4- Registration Form
- ☐ 5- Emergency Contact & Authorized Release Contact
- ☐ 6- Medical Information Form
- ☐ 7- Health Care S. Form + Immunization + Vision & Hearing S.
- ☐ 8- Photo, Directory, Uniform & Handbook Acknowledge Form
- ☐ 9- Liability Release Form
- ☐ 10a & 10b - Confidential Form
- ☐ 11a & 11b - Feeding Form (If Applicable)
- ☐ 12a & 12b - Infant Safe Sleep Form (If Applicable)

STEP 3 **Documents and more:**

- ☐ Copy of Birth Certificate
- ☐ Copy of Drivers license for Parents/ Guardians
- ☐ ☐ Current and Updated Immunization Records
- ☐ Copy of Insurance Card (If Applicable)
- ☐ ☐ 4 Individual pictures + family pictures, etc.
- ☐ ☐ Allergy Plan signed and dated by Doctor and Parents + Required Medicine e.g. EpiPen (and medicine form)/(If Applicable)
- ☐ ☐ **Registration Fee (Non-Refundable)**
- ☐ ☐ **Supply Fee (Non-Refundable) (due upon Regist.)**
- ☐ ☐ **1st Month Tuition Payment (due upon Regist.)**
- ☐ ☐ Health Care Statement Form from Pediatrician
- ☐ ☐ Vision & Hearing Screen (if older than 4 y.old)

Please note: **Incomplete registration packets will not be accepted. We cannot add your child´s name to the enrollment list or hold spots with partially completed packets. You must turn in ALL of the above information to be added to the registration list.**

Next Academic Year Placement 2022-2023. (We will begin accepting Fall registrations for the **2022-2023** school year on **December 2, 2020.**

Returning and current families will have a placement priority if new completed 2022-2023 Registration Package is returned by first business day of last week of every February.
For New families, registrations will be accepted on a first- come, first-served basis starting 1st Monday of every March.

Note: Summer Camps 2023

Current and New families Registration for Summer and Fall school year opens at 7am on the first business day of Last week of February. Space is reserved on a first-come, first-serve basis as well.

Note: First Day of Class TIPS- (NO GLASS CONTAINERS ARE ALLOWED)

- Make goodbyes and hellos short and sweet please.
- Make sure to **MARK** with child's name name every one of your child(dren) items, all that applies, such as:
- Utensils, pacifier, water cups, each diaper, diaper bag, rash ointment, sun block lotion, mosquito repellent, nap mat, lunch boxes, ice packs, sweater, food plastic containers, mark AM or PM snack on plastic container.
- For Salon Rojo (babies) and Naranja Classrooms, bring two zip locks bags(w/name), each one with a set of clean clothes. Bring an additional zip lock bag that will travel daily back and forth with clean clothes. For other classrooms, bring only one set of clothes in a zip lock bag, including shoes and socks.
- Bring and empty zip lock bag marked with name and the word "Dirty Clothes/ Ropa Sucia"
- Children drinking milk in bottle: **MUST** mark **DAILY** name of child, initial of last name, date, amount in oz, and type of milk.

Initial ( ) Parents must update and fill all the forms every new school year. It is the guardian´s/ parent´s responsibility to keep files updated due to any new change during the current school year. _____ DATE

Bilingual Whiz Kidz
Language Immersion Preschool

Aug 09th2020- May 25th 2022 - Enrollment Registration Package

(Page 1a) Programs of Choice and Fees

¨Cultivating the Bilingual, Bi-Literate, Culturally Mindful Child¨

ROJO: 3 m - 17m
NARANJA: 18m-2y.o.
AMARILLO: 2 – 3 y.o.
VERDE: 3 – 5 y.o.

RICHARDSON CAMPUS CIRCLE YOUR PROGRAM OF CHOICE O Program Offered X Program Not Offered		2 Days T,TH				3 Days M,W,F				4 Days M,T,W,TH				5 Days M-F			
		ROJO	NARANJA	AMARILLO	VERDE	ROJO	NARANJA	AMARILLO	VERDE	ROJO	NARANJA	AMARILLO	VERDE	ROJO	NARANJA	AMARILLO	VERDE
o	7:30am - 5:30pm Genius Full Day Program	x	x	O	x	x	x	O	x	x	x	O	O	O	O	O	O
o	9:00am - 5:30pm Full Academic Schedule	x	x	O	x	x	x	O	x	x	x	O	O	x	x	O	O
o	9:00am - 3:00pm Medium Academic Schedule	x	x	O	x	x	x	O	x	x	x	O	O	x	x	O	O
o																	
o	1:00am -5:30pm Short Academic Schedule	x	x	x	x	x	x	O	x	x	x	O	x	x	x	O	x

* I will consider other program option if my first option in not available: No Yes _____

Second Option of choice: ___#of days _____ Days

Third Option of choice: ___#of days _____ Days

Child´s First Name:	Middle Name:	Last Name:
Nickname/Name to be called:	Male/Female	Birthdate
Home Address	City / State	Zip Code
Home Phone Number ( )	Child Lives With	
Father´s Name	Cellphone / Work	Father's E-mail
Mother´s Name	Cellphone / Work	Mother's E-mail

Toilet Trained No Yes Working on it
Be aware that your child needs to be full potty trained to be moved to the Salon Verde Program.

Afternoon Nap? No Yes Sometimes
What time its his/her usual nap at? _____

Allergies No Yes, Please list:

- Student Calendar: BWK follow the Plano ISD Calendar including all major breaks and holidays with few exceptions.
- Program Selection: if your choice of program is not available at time of registration, your child´s name may be added to the class waitlist at your request. Waitlist are updated throughout the year. If an opening occurs, you will be notified immediately. We reserve the right to reschedule or cancel any program due to lack of enrollment.
- New Student Package: Student handbook will be delivered to fully registered families before school start.
- ACADEMIC YEAR: Enrollment is based on a commitment of 11 month from August 2020 to May 2021.
- We offer a 8 week Summer Camp June to July. We are closed the 1st week of July.
- When school is closed, ¨Special Weeks¨ care Camps maybe offered for additional cost for full day program families.
- The Infant(Rojo)-Toddler(Naranja) program enrollment is an Aug.-Jul year commitment.
- **Tuition will not be prorated for absences due to illness, vacations or school holidays or temporally school closures.**

Bilingual Whiz Kidz places great value on providing a global and multicultural environment for its students. We admit students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies or other school administered programs

Parent Name & Signature: _____ _____ Date: _____

Referred to us by:

Bilingual Whiz Kidz
Language Immersion Preschool

RICHARDSON CAMPUS (Page 1b)
Programs of Choice and Fees
Period : 8-09-2021 to 5-25-2022 For Preschool and Up
8-09-2021 to 7-30-2022 For Infant & Toddler

Please CIRCLE your program of choice. Also, CIRCLE Chinese Program if desire.
Call in advance for availability on selected program(s)

		TUITION FEE (CHARGED EVERY 4 WEEKS PER SCHOOL CALENDAR)					YEARLY Non Refundable Fees (Due Every February)		
		2 Days T,TH	3 Days M,W,F	4 Days M,T,W,TH	5 Days M-F	(*) Chinese Enrichment	Registration Fee	Supply Fee	Summer Reg.
Salon Rojo 3 month – 17 month From: 8-09-2021 to 7-30-2022									
o	7:30am - 5:30pm Genius Full Day Program	n/a	n/a	n/a	$1,183	$50	$195	$200	n/a
Salon Naranja 18 month–2 years old Must be drinking from Sippy Cup From: 8-09-2021 to 7-30-2022									
o	7:30am - 5:30pm Genius Full Day Program	n/a	n/a	n/a	$1,218	$50	$195	$200	n/a
Amarillo Program-Multiage 2 years by 9-1-2021 (Must be drinking from Sippy Cup) From: 8-09-2021 – 5-25-2022									
o	7:30am - 5:30pm Genius Full Day Program	$665	$845	$1,037	$1,148	$50	$195	$200	$25
o	9:00am - 5:30pm Full Academic Schedule	$649	$805	$955	$1,055	$50	$195	$200	$25
o	9:00am - 3:00pm Medium Academic Schedule	$505	$650	$800	$910	$50	$195	$200	$25
o	9:00am -1:00pm Short Academic Schedule M	$445	$590	$720	$845	$50	$195	$200	$25
o	1:00am -5:30pm Short Academic Schedule A	$445	$590	$720	$845	$50	$195	$200	$25
Verde-Azul Program Multiage 3 years by 9-1-2021 & Up Note: Must be fully potty trained, using Potty-Unassisted From: 8-09-2021 – 5-25-2022									
o	7:30am - 5:30pm Genius Full Day Program	n/a	n/a	$1,012	$1,133	$50	$195	$200	$25
o	9:00am - 5:30pm Full Academic Schedule	n/a	n/a	$930	$1,050	$50	$195	$200	$25
o	9:00am - 3:00pm Medium Academic Schedule	n/a	n/a	$800	$910	$50	$195	$200	$25
o									

(*) Chinese Enrichment is Optional (CE): Mandarin Language is already added it to your child's program.
- Chinese Enrichment is offered everyday at the fixed additional price of $50 per month.
- Instruction time will start with 20 min per day for younger students, and it will increment in time for older classrooms. Chinese Enrichment it's imbedded in the morning lessons. We reserved the right to close any program due to lack of enrollment. (*Chinese Enrichment is already included in the Tuition Price)

Accelerated Chinese Immersion Program (ACLI):
- Starting soon, and depending on demand, BWK will be offering a Chinese Immersion (CLI) Classroom for full time & fully potty trained 3 years old and up students.
- Only students approved by BWK teachers and director with a strong foundation of 2nd language acquisition and good level of proficiency, will be able to add a full time (7:30am-5:30pm) 2 days or 3 days, to their child language Immersion Program. Ex: 3 FT Days Spanish LI + 2 FT days Chinese LI, or 3 FT Days Chinese LI + 2FT days Chinese language Immersion.
- 5 Full Time Afternoon 1-5:30pm Acc. Chinese immersion, plus 5 days Spanish immersion morning program is available.

Parent Name & Signature: _____ _____ Date: _____ Student Name: _____

BWK REGISTRATION 2021-2022

2020-2021 FINANCIAL POLICY FORM - Start Date: _____

Bilingual Whiz Kidz is an independent, private preschool. Our operations are not subsidized by a sponsoring organization and our income derives solely from tuition fees and fundraisings efforts. Our budget constrains mean that every family has a responsibility to pay their tuition in-full and on-time. An explanation of the school fees and refund policies follows: (Please initial every item)

Registration Fee + Supply Fee_____ Parent Initials	Annual Supply and Registration fees are paid once each year to cover the cost of initial supplies, special projects, etc. The supply fee of $200 and registration fees of $195 are nonrefundable and nontransferable. And both fees are due at the time of registration along with 1st month of Tuition. From the Yellow Classroom and on, There is a small $25 registration fee to Pre-Register students for our 8 week Summer Continuation Program (Jun-Jul).
Tuition Payment _____ Parent Initials	- Preschool tuition fee is charged every 4 weeks reflecting the preschool August-May academic year for a total of 11 charges. June and July are offered as 8 weeks of Summer Camps. - Nursery and Toddlers classrooms tuition is a yearly commitment August-July. There are 13 tuition charges in total which due dates are posted and charged per BWK school calendar. - If for any reason new registered families decide to push back on original committed start date, child(ren) will be placed on a waiting list until there is an available spot and parents re-summit the non refundable annual fees; registration and supply fees. First month tuition fee will be returned to the credit card on file.
School Breaks _____ Parent Initials	• **BWK campus is closed to all students the last week of May, the week of July 4th, and the first week of August.** • **We are also closed Fall break week, Spring break week, Winter break (two weeks), and all mayor holidays are followed** according to the Plano ISD Calendar. Although, depending on demand, we may offer to full time families "Special Care Camp" for Fall, Spring and Winter breaks for an additional cost. • We are closed the first week of August for Staff training purposes.
Emergency Guidelines_____ Parent Initials	Tuition payment is due every four weeks, regardless of illness, vacation, holidays or any type of weather/emergency closings. We will not issue any refunds for temporally closures. During extended temporary closures due to government declared disasters, damage to the facility, or orders to shelter in place, BWK will offer an alternative online educational platform morning and/or afternoon thru an online platform morning and/or afternoon until the emergency subsides.
Payment Procedures _____ Parent Initials	• Automatic ACH Debit payments and Credit Card payments are our preferred method or payment. Please complete the Automated Payment Processing Form available in the Preschool office to avoid late fees and missed payments. • Credit Cards payments (3.1% convenience fee added) • Bank ACH Debit payment ($2 extra fee) • Cash and check payments are to be dropped off at the Bilingual Whiz Kidz Preschool office or sent to Bilingual Whiz Kidz Preschool at: 720 W Lookout Drive, Richardson TX 75080. Please make sure to include your child's name/month of payment on the check.
Late Payment Charges _____ Parent Initials	• Tuition payments received after the 5th day of the month are deemed late and subject to a late charge of $35.00. avoid late fees and missed payments. • Any payment received will first be applied to any outstanding late fees, then to the outstanding tuition balance. A charge of $35.00 is also assessed on an insufficient funds checks or checks returned by the bank for any reason.
Non-Payment _____ Parent Initials	If a family experiences a change in circumstances or is otherwise unable to meet their payment obligations, it is the responsibility of family to contact the Director to work out an acceptable arrangement. If a family remains in arrears and a satisfactory arrangement cannot be reached, the Director may require that the child(ren) be withdrawn from the school and a payment schedule will be made until the balance is paid in full.
Withdrawal_____ Parent Initials	After the beginning of the year, should unforeseen circumstances arise, parents must provide the Director with 30 days prior written notice of withdrawal and shall be liable for tuition for a period of 30 days from the date notice is given to the school.
Temporary Absences _____ Parent Initials	No refunds and/or make up days will be made for temporary absences due to family vacations, illness, accidents, health notices, holidays, school temporally closures, etc. In the event of special circumstances, a parent may apply in writing to the Executive Committee of the Preschool Board of Directors for special consideration.
Care Beyond your Program _____ Parent Initials	Care beyond your program (CBP) and Before Care (BC) is offer to families that are not on a full schedule and sporadically need few extra hours. CBP will incur a charge of One child: $11.50/hour, two children: $16.50/hour, and three children: $18.50/hour. Before care (BC) is available between 7:30 a.m. to 9:00 a.m. and is $11.50/hour. Hourly costs are not prorated. A full hour will be charged after 10 minutes if parent do not call in advance. Care beyond your program fees are payable 5 days before the first of each month along with monthly tuition.
Multi-Child Discount _____ Parent Initials	In the event a family has two or more children enrolled in the school during the same school year, the family will receive a 5% discount on the tuition for one additional child. (The discount applies to the child in the family with the lowest tuition rate.) Offer is for full day program siblings only.
Late pickup_____ Parent Initials	Full schedule students: it is $1.50 per minute after 5:30pm M-F. Academic schedule students will be charged $1.50 per min after their stablished scheduled pick up time.
Tax Statements_____ Parent Initials	According to the Internal Revenue Service, a childcare expense for working parents is tax deductible. Your payments and our Tax ID number are available upon request.
Teacher/Staff Discount ISD Parent Initials	Any teacher or staff member under contract within the accepted schools district will receive a discount of 5% on the tuition for any child(ren) enrolled for that school year. Discounts may not be combined.
Diaper/Wipes Policy _____ Parent Initials	Please provide diapers, wipes and diaper ointment (if needed) for your non-potty-trained child(ren). All items must be labeled (e/diaper as well) with the child's first and last name, including each individual diaper. You can bring a weekly package of diapers and wipes to leave at the center. If you run out of diapers we will provide them to you automatically for a fee of $5 per diaper.

BWK REGISTRATION 2021-2022

I,_____(Printed Name) have read the Bilingual Whiz Kidz Preschool Financial Policy in its entirety and agree to comply with the terms stated herein. Signature / Date : _____ Child´s Name: _____ DOB: _____

Bilingual Whiz Kidz
Language Immersion Preschool

AUTOMATED PAYMENT PROCESSING FORM

¨Cultivating the Bilingual, Bi-Literate, Culturally Mindful Child¨

CREDIT CARD / ACH DEBIT AUTHORIZATION FORM

For Official Use Only
Date Received:_____ Employee Name: _____

Child´s Name: _____

I, _____ (payer´s name) hereby authorize Bilingual Whiz Kidz/ ProCare Tuition Express to debit my credit/debit card /bank account for:

○ Recurring monthly tuition of $ _____ and any extra care hours that have been accumulated five days before the 1st of each month until

○ One-time payment of $ _____ .(1st Month Tuition + Reg. Fee + Supply Fee+ Summer Fee)

Name as it appears on account				
Billing Address				Zip Code:
Email Address				
Phone Number				
Credit Card:	○ Visa	○ Mastercard	○ Discover	○ American Express
Name as it appears on Credit Card				
Credit Card Number				
Expiration Date				
CVV Code				
ACH Debit Authorization:	○ Checking		○ Savings	
Name on Account				
Routing Number				
Account Number				
Bank Name				

_____ _____

Authorized Signature Date:

BILINGUAL WHIZ KIDZ – Richardson Campus | EIN: 47-3707159

Bilingual Whiz Kidz
Language Immersion Preschool

Registration Form

Date of Registration-Start Date: _____
Date of Withdrawal: _____

BASIC INFORMATION

Student´s Full Name	DOB	Age as of Sept.1st	Gender	Fully Potty Trained? Yes No Working on it
Nickname	Primary Language spoken by student		Primary Residence Mother Father Both Guardian	
Student´s Primary Home Address	City	Zip Code	Sibling at BWK? Yes No	Parent on Staff Yes No
Parents are Married Single Divorced Separated Widowed	Are there any Court Order regarding custody of which BWK should be aware? No Yes, then please attached Court Order. Date C.Orders received:_____			
List the family members your child lives with – include names and ages of siblings:				

SCHOOL-AGE INFORMATION 5-13

My child attends the following school / address: School Ph#:

School Start Time School End Time Grade in School

School transportation provided by: Elementary School Parent/Guardian Other_____
BWK does not provide transportation services.

Check all that apply
- His/ her immunization record is on file at the school and all required immunization and/or tuberculosis test are current.
- Vision and Hearing screening are also on file.

My child has permission to:
- walk to or from school or home
- be released to the care of his/her sibling(s) under 18 years old.
- Name of sibling(s):

HOURS OF CARE/MEALS

Circle Days to Attend		Arrival Time:	Departure Time:
	AM MON TUES WED THU FRI (Drop IN)		
	PM MON TUES WED THU FRI (Drop IN)	Arrival Time:	Departure Time:

I understand only parent-provided food will be served to my child while under BWK care. I understand that I am required to furnish the following meals. I also designate that treats are approved to be served:
☑ Breakfast ☑ AM Snack ☑ Lunch ☑ PM Snack (After-Care only)

I authorize Treats (birthday, holiday, class celebrations) Yes No

WATER ACTIVITIES

I hereby authorized for my child to participate in the following Water Activities_____ Sprinkle Play Splashing / Wadding Pools Water Table Play

PRIMARY CONTACT AND RELEASE INFORMATION (Fill Everything Please)

Parent/Guardian #1:	Relationship to Child
Home Phone:	Cell Phone
Home Address:	Home Email Address
Driver´s License No. / State	Car Model/Color/License Plate No.
Employer:	Employer Address
Work Phone No./Extension	Work Hours
Parent/Guardian #2:	Relationship to Child
Home Phone:	Cell Phone
Home Address:	Home Email Address
Driver´s License No. / State	Car Model/Color/License Plate No.
Employer:	Employer Address
Work Phone No./Extension	Work Hours

BWK Use Only Date of Admission:	Class Placement	Date Forms Received:	Discipline/Guide	Health S.	Medical Info.	Fin.Inf+: Auto. Payment:	**1st Month TUITION Pd/ Date:** Check Credit Card
Date of Withdrawal:	Aftercare F	Photo/Directory Form	Parent Handbook	Emergency F.	Confidential Info:	Child Info Card	

Name of Child: _____ Date: _____ Parent/Guardian Initial: ____

Bilingual Whiz Kidz
Language Immersion Preschool

EMERGENCY CONTACT AND AUTHORIZED RELEASE CONTACT

"Cultivating the Bilingual, Bi-Literate, Culturally Mindful Child"

You MUST fill every field *, otherwise it will be consider incomplete

Name No.1 - MANDATORY: (Must be other than parents names)

In case of injury or sudden illness, and I cannot be reached I request this individual be called first and to show proof of their ID.

Name No.1*:		Relationship to Child*:	
DOB*:	Email*:	Cell Phone*:	Home Phone:
Home Address*:		Gov. Issue Photo ID Type & Number*:	
Employer*:		Employer´s Address*:	
Work Phone/Ext.*:		Work Hours*:	Car Model/Color/License Plate

☐ Release Only ☐ Emergency Contact & Release (In the event I cannot be reached to make arrangements, I authorized medical personnel to provide any and all necessary emergency medical care for my child, including arranging for emergency transport for my child to the nearest medical care facility. _____ _____ _____ (PARENT SIGNATURE/NAME/ DATE)

Name #2 - OPTIONAL

Name #2*:		Relationship to Child*:	
DOB*:	Email*:	Cell Phone*:	Home Phone*:
Home Address*:		Gov. Issue Photo ID Type & Number*::	
Employer*:		Employer´s Address*:	
Work Phone/Extension*:		Work Hours*:	Car Model/Color/License Plate

☐ Release Only ☐ Emergency Contact & Release (In the event I cannot be reached to make arrangements, I authorized medical personnel to provide any and all necessary emergency medical care for my child, including arranging for emergency transport for my child to the nearest medical care facility. _____ _____ _____ (PARENT SIGNATURE/NAME/ DATE)

Name #3 - OPTIONAL

Name #3*:		Relationship to Child*:	
DOB*:	Email*:	Cell Phone*:	Home Phone*:
Home Address*:		Gov. Issue Photo Type & Number*::	
Employer*:		Employer´s Address*:	
Work Phone/Extension*:		Work Hours*:	Car Model/Color/License Plate

☐ Release Only ☐ Emergency Contact & Release (In the event I cannot be reached to make arrangements, I authorized medical personnel to provide any and all necessary emergency medical care for my child, including arranging for emergency transport for my child to the nearest medical care facility. _____ _____ _____ (PARENT SIGNATURE/NAME/ DATE)

OPTIONAL (Please don't release my child to...) Provide Photo and any paperwork related.

Name:	Relationship to Child:
Address:	Cell Phone:
Gov. Issue Photo ID No.:	Car Model/Color/License Plate No.

_____ Parent Initials

In case you need to send a person to pick up your child not listed in the above form, you must notify the school office in both writing and by phone. Your child will not be release without prior authorization in writing. In this case, or in the case of an already authorized person from the above list, the person authorized to pick up your child must be ready to show a government issue photo ID.

_____ Parent Initials

To ensure the safety of our school children´s and staff, it is critical to use our secured access to enter the building and to sign in your child according to state Child care licensing regulations. If you must pick up your child after closing time, you will be charged a late pick up fee of $1.50 per minute after 5:30pm, or after your child departure time. Monday thought Friday per child until the child(ren) is/are pick up. Per state licensing regulations, we may be required to contact local authorities after 30 min of child departure time or if child is not pick up within the hour when sick. Please check with the front office for additional information.

Name of Child: _____ Date: _____ Parent/Guardian Initial: _____

Bilingual Whiz Kidz
Language Immersion Preschool

Medical Information Form

"Cultivating the Bilingual, Bi-Literate, Culturally Mindful Child"

MEDICAL INFORMATION

In the event of a medical issue requiring a physician´s care,

1. Would you like us to call your preferred family physician ? No Yes

2. And/or also, would you authorize us to take your child to the nearest medical care facility? No Yes
   In the event I cannot be reached to make arrangements, I authorized medical personnel to provide any and all necessary emergency medical care for my child, including arranging for emergency transport for my child to the nearest medical care facility, such as such as: Vibra Hospital of Richardson located at 401 W Campbell Rd #300, Richardson TX PH: 469-329-7300.

_____ _____ _____ (PARENT SIGNATURE/NAME/ DATE)

Please provide the following information:

Preferred Physician Name:	Preferred Physician Phone No.:	
Preferred Physician Address:	City/Zip Code:	
Preferred Hospital/Clinic for Acute Care and Emergency Care:	Address:	Phone No.
Preferred Dentist Name:	Practice Clinic/Name	
Preferred Dentist Address:	Preferred Dentist Phone No.:	

HEALTH INSURANCE: Please attach copy of your insurance card.

Health Insurance Provider:	Policy Number:
Secondary Health Insurance Provider:	Policy Number:
Last Tetanus/ Diphtheria Booster:	Allergies to drugs, foods, other:

Please list any special medications or pertinent information:

I (we) _____ and _____ , do hereby state that I am (we are) parents legal guardian(s) of _____, a minor child age _____, born on _____ , who resides with me (us) at _____. I (we), _____ authorized, for emergency purposes only, a school employee to transport the above minor by ambulance and consent to any examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of _____.

Parent/Guardian Signature:	Date:	Appeared before me and rendered copy of a valid Government Issue Photo ID as identification:
Director Signature:	Date:	

Name of Child: _____ Date of Birth: _____ Parent/Guardian Initial: _____

Main Emergency Contact Name: _____ Phone No.: _____

Bilingual Whiz Kidz
Language Immersion Preschool

MANDATORY HEALTHCARE STATEMENT
IMMUNIZATION RECORD
VISION AND HEARING SCREENING

MANDATORY HEALTHCARE PROFESSIONAL´S STATEMENT ☆

ADMISSION REQUIREMENT:

- One of the following options must be presented when your child is admitted to BWK or with a week of admission.
- If your child does not attend pre-kindergarten or school away from BWK, one of the following must be present when your child is enrolled in BWK or within one week of enrollment. **Please check only one option: (PREFERED OPTION: 2)**

1. ☐ HEALTH-CARE PROFESSIONAL´S STATETMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____

Health Care Professional´s Signature | Name | Date

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

3. ☐ My child has been examined within the past year by a health care professional and is able to participate in the BWK program. Within 12 months of admission, I will obtain a health care professional´s signed statement and will submit it to the child-care operation.

Information of your Health Care Professional

Name:	Address:	Telephone:

Parent/Legal Guardian Name | Parent/Legal Guardian Signature | Date

REQUIRED IMMUNIZATION RECORD: I have provided BWK with a copy of my child´s current record. I recognize that all BWK students must be up-to-date on all State-recommended immunizations.

BWK Rec´d Date:_____ ☆

Vaccine	Date/ dose 1	Date/dose 2	Date/ dose 3	Date/ dose 4	Date/B ooster
Hepatitis B					
Rotavirus					
Diphtheria, Tetanus, Pertussis [DPT/DTaP/DT]					
Haemophilus Influenza Type b [HIB]					
Pneumococcal PVC					
Polio [IPV or OPV]					
Influenza					
Measles, Mumps, Rubella					
Varicella					
Hepatitis A					
Hepatitis B					
Meningococcal					
Varicella/Chickenpox (see below)					
TB TEST (if required)	○ Positive	○ Negative	Date:		

Varicella (chickenpox vaccine is not require if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about _____ (date) and does not need the varicella vaccine.

Parent Signature:_____ Date:_____

Healthcare Professional signature, stamp or public health personnel verifying immunization above information: | Date:

○ 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. I understand this Affidavit is valid for **2 years.**
Parent Signature:_____ Date: _____

○ For more information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

VISION AND HEARING SCREENING: ○ please attach copy of current test* (Only for 4 year olds and over)

Following Childcare State regulations,* if your child is (4) years of age or older, please have a healthcare professional complete the following vision and hearing test, or attach the results of current vision and hearing test. These tests can be done as part of your child´s yearly well visit.

VISION	R 20/_____	L 20/ _____	○ PASS	○ FAIL

SIGNATURE_____ DATE _____

HEARING	1000 Hz	2000 Hz	4000 Hz	
R				○ PASS ○ FAIL
L				

SIGNATURE_____ DATE _____

I attest that the information contained on this form is true and correct. I will notify BWK immediately if any information contained on this form changes.

_____ _____

Signature – Parent or Legal Guardian | Date

DOB: _____

Name of Child: _____

Bilingual Whiz Kidz
Language Immersion Preschool

PHOTO/ DIRECTORY OPT-OUT FORM
HANDBOOK ACKNOWLEDGE /UNIFORM POLICY

Name of Child: _____ DOB: _____

MEDIA/PHOTO OPT-OUT FORM

During the course of a school year many wonderful photos are taken both in the classroom and at school-events. These photos are intended to capture the joy of early learning. Each week teachers will share pictures of children hard at work in the classrooms using Kids Report and weekly collages. From time-to-time we will also post pictures on Bilingual Whiz Kidz social media accounts, BWK may do live online circle time with classmates using zoom.com.

Please initial and sign below if you do not want your child's picture included in any Bilingual Whiz Kidz or classroom communications.

☐ Please do NOT include my child's picture in any Bilingual Whiz Kidz classroom or school communications. ____ (Initials)

PRESCHOOL DIRECTORY OPT-OUT FORM

The Bilingual Whiz Kidz Preschool Directory is published on the private classroom Kids Report page in an effort to facilitate parent communication and to share contact information for birthday parties and community gatherings. The list will not be sold, used or distributed outside of the preschool.

☐ Please do NOT include my contact information in the classroom directory.

Note: By not checking the above boxes you consent to participation in Bilingual Whiz Kidz Directory and use of photos on Kids Report, weekly emails, and other social media accounts.

_____ _____ _____

Parent/Guardian´s Name Parent Signature Date

VIDEO CAMERA SYSTEM AGREENMENT

☐ I understand Bilingual Whiz Kidz uses a video camera system in the classrooms that is accessed by the Director for exclusivity used of school for quality assurance purposes. _____ (Initials)

UNIFORM POLICY

By enrolling my child in Bilingual Whiz Kidz Preschool, I agree to send my child to school dressed according to the BWK Uniform Policy. All top pieces must be purchased through **Academic Outfitters** and logoed with the approved BWK logo. Khaki bottom pieces may be purchase through **Academic Outfitters** or retailers. Approved uniform pieces are identify on our school provider site or website. Closed-toed sneakers/shoes are required.

_____ _____ _____

Parent/Guardian´s Name Parent Signature Date

ACKNOWLEDGMENT OF RECEIPT AND ACCEPTANCE OF THE FAMILY HANDBOOK POLICIES

My signature verifies that I have read and received a copy of the **Bilingual Whiz Kidz® Parent Handbook Policies and Procedures** and agree to abide by the terms. I understand that I will be notified of any change in policy.

_____ _____ _____

Parent/Guardian´s Name Parent Signature Date

Cultivating the Bilingual, Bi-literate
Culturally Mindful Child

双语

Child's Name: _____ DOB: _____ Address: _____ City: _____ Zip Code: _____ Start Date: _____	Director: Monica Reid Classification: Director

LIABILITY RELEASE WITH PARENTAL CONSENT FOR MEDICAL / EMERGENCY TREATMENT AND TRANSPORTATION

The undersigned (s) being the lawful parent(s) and /or guardian(s) of the above child, hereby consent to the participation by the child in all child care activities conducted by Bilingual Whiz Kidz, LLC and to the participation on the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees agents and representatives of Bilingual Whiz Kidz, LLC to provide for, approve and authorize any health care at any hospital, emergency room, doctor´s office or other institution, employ any physicians, dentist, nurses, or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or other dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either child care personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the child care staff will first use reasonable efforts to contact the parent(s) and / or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Bilingual Whiz Kidz, LLC shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The child care is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the child care center and agree(s) to release, indemnify, defend and forever discharge Bilingual Whiz Kidz, LLC and it´s staff, owners, and agents of and from all liability, claims, demands, damages, cost, expenses, actions and causes of action in respect of death, injury, loss or damage to child, or by the child howsoever caused, arising or to arise by reason of or during the child´s participation in the child care center of Bilingual Whiz Kidz, LLC.

IN WITNESS WHEREOF, this Agreement is signed and executed on the date below (the ¨Effective Date¨).

PARENT (1) CERTIFICATION: I hereby certify that I have review and understood this form, and know that my signature imply complete and full agreement.	PARENT (2) CERTIFICATION: I hereby certify that I have review and understood this form, and know that my signature imply complete and full agreement.
_____ _____ Parent´s 1 Signature (Date)	_____ _____ Parent´s 2 Signature (Date)
_____ _____ Parent´s Name (Date)	_____ _____ Parent´s Name (Date)

Bilingual Whiz Kidz
Language Immersion Preschool

CONFIDENTIAL INFORMATION

"Cultivating the Bilingual, Bi-Literate, Culturally Mindful Child"

Child´s Full Name : _____ Age: _____ Date: _____
Preferred Name: _____ Date of Birth ___ / ___ /___ Sex: F M
Home Address: _____ City/State _____ Zip code _____
START DATE: _____

Moher´s Name:			**Father´s Name:**	
Employer:			Employer:	
Occupation:			Occupation:	
Celphone:			Celphone:	
Email:			Email:	

- Was your child premature? Yes No — Baby's weight
- Is your child adopted? Yes No — If so, at what age?
- Has she/he been told of the adoption? Yes No
- Are the child´s parent divorced? Yes No — Child lives with:
- Does the child´s visit the parent who is not living at home? Yes No
- How often? — Is it a positive relationship?

TOILLETING INFORMATION

- Is your child toilet trained? Yes No Working on it
- If yes, what words are spoken for toileting?

_____

SLEEPING INFORMATION

- How many hours of sleep does your child receive at night? _____
- Does your child needs to be awakened in the morning to attend school? _____

_____

- What are your child´s sleeping arrangements? Check appropriate answer.
  Own room Shares room with_____ Sleeps in crib Sleeps in bed
- What are your child´s bedtime rituals? _____

_____

_____

- Does your child take naps? No Yes How long? What time (s) _____
- Does your child needs a favorite item (such as a blanquet for a nap? No Yes
- If so, does your child have a special name for it? _____

Initial here ____ This Confidential information package will be shared with my child(ren) teachers.

Name of Child: _____ Date: _____ Parent/Guardian Initial: ____

Bilingual Whiz Kidz
Language Immersion Preschool

CONFIDENTIAL INFORMATION

¨Cultivating the Bilingual, Bi-Literate, Culturally Mindful Child¨

CHILD´S PROFILE

Please share with us your insight about your child´s development with us. Please take a moment to complete this information which will help is know your child´s better and to meet his or her individual needs.

- Is this your child´s first preschool experience? Yes No
- Name of previous preschool(s) and dates attended:

_____

- What would you like most for your child to experience with us?

_____

- What does your child enjoy doing the most?

_____

- What are your child´s favorite toys/games?

_____

- What are some of the his/her favorite indoor and outdoor activities

_____

- What means of discipline do you find most effective?

_____

- With whom your Childs reside? Please list names and relationships to child, and names and ages of other children:

_____

- How does children at home interact?

_____

- Is your child accustomed to playing with older children same age younger children none
- Does your child usually get along with other children?

_____

- Who also cares for your child(ren)?

_____

- What language(s) is spoken in your home?

_____

- Family religious preference (optional)

_____

- Tell us about any pet(s) you have

_____

- How does your child expresses anger or react to frustration?

_____

- Does your child have any particular fear(s)?

_____

- How does your child react to change (such as being left by parents)?

_____

- How does the child comfort himself/herself?

_____

- Please tell us anything else we need to know about your child. Your child´s teacher keeps this form confidential.

HEALTH / ALLERGIES PROFILE

- Does your child has any emotional, developmental, medical or physical needs? Yes No Please Explain:

_____

_____

- Check all that apply:

Asthma	Roseola
Visual Disorders	Scarlet Fever
History of Ear Infection	Whooping Cough
Polio	Fainting Spells
German Measles	Hay Fever
Rheumatic Fever	Hearing Problems
Frequent Headaches	Chicken Pox (__ /__ /__)
Eczema	Mumps
Crossed Eyes	Nosebleeds
Measles	Convulsions
Aids	

Please provide further explanations of any ¨yes¨ answers:

_____

_____

- Is your child on any daily medication? If so, what/doses?

_____

_____

- Does your child have a history of or does he or she currently have:
  Any allergies? Milk Nuts Pets Eggs
  Other _____
- Reactions /allergies to medications?
  Penicillin Other _____
- What are the foods your child likes best?

_____

- What are the foods your child likes least?

_____

- What are your child´s mealtime routines at home:

_____

_____

_____

- Does your child have any problems with:

Eating:	Yes	No	Describe:
Sleeping:	Yes	No	Describe:
Bathroom:	Yes	No	Describe:

If your child needs an EPI pen for Allergies, you must bring Allergy Form, medicine with Child's Name on the prescription and Authorization for Dispensing Medication form. _____ Parent Initials

Name of Child: _____ DOB: _____