



A CHRISTIAN SCHOOL SINCE 1983

Fry Road Campus

10203 Fry Rd, Cypress TX 77433~713-937-0842 Fax: 281-758-1487

Med Form: _____
Sec. Code: _____
Previously at Fry: _____
For Office Use

2017/2018 Registration Form

Student Name (First and last) _____ Nickname _____ M or F

Child's date of birth (mm/dd/yy) ____/____/____ Age as of 9/1/17 ____ Years ____ Months

Did your child attend Foundry 2016/17 school year? _____ If Yes, please list teacher's name/s _____

Address _____ City _____ State _____ Zip _____

Subdivision _____ Primary Phone # _____

Mother's Name _____ Work or daytime # _____ Cell # _____

Mom's Email Address: _____

Father's Name _____ Work or daytime # _____ Cell # _____

Dad's Email Address: _____

Are you a member of Foundry UMC? _____ Yes _____ No

Mother's Day Out (All Classes meet from 9:15-2:15)

Classes are for children 15 months – 35 months – as of September 1, 2017

MDO Fees: Please note that the registration fee is NON Refundable.

<u>Desired Days</u>	<u>Registration Fee</u>	<u>Monthly Tuition</u> (due by the 10 th of each month)
____ Mon/Wed	\$170	\$200
____ Tues/Thur	\$170	\$215
____ Mon/Wed/Fri	\$200	\$300
____ Tues/Thur/Fri	\$200	\$315
____ Mon/Tues/Wed/Thur	\$230	\$415
____ Mon/Tues/Wed/Thur/Fri	\$260	\$510

Preschool (All classes meet from 9:15-2:15)

Classes are for children 3 – 5 years of age as of September 1, 2017

Is your child potty trained? Yes or No (\$25 fee per month if not potty trained)

Preschool Fees: Please note that the registration fee is NON Refundable.

<u>Days</u>	<u>Registration Fee</u>	<u>Monthly Tuition</u> (due by the 10 th of each month)
____ Preschool 3's-Tues/Thur	\$170	\$215
____ Preschool 3's-Mon/Wed/Fri	\$200	\$300
____ Preschool 3's Mon/Tues/Wed/Thur/Fri	\$260	\$510
____ PreK-Mon/Wed/Fri	\$200	\$300
____ PreK-Tues/Thur/Fri	\$200	\$315
____ PreK-Mon/Tues/Wed/Thur	\$230	\$415

I understand that the registration fee must be paid at the time of registration and must accompany this form in order to reserve a student's place in a class. The registration fee is **NON REFUNDABLE**. Tuition is due the first of each month with a \$15 late fee being charged after 10 days.

Parent's signature _____

Date _____

Office Use Only
Paid \$ _____ Check # _____ Cash _____ Adm. Date _____



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Child's first and last name: _____ M/F _____ DOB _____

Please list persons to call in case of illness or emergency if parents cannot be reached.

Foundry Preschool will not allow anyone to pick up a child other than the mother, father, legal guardian or names listed on this form, unless permission is given.

Name Relationship Daytime # Cell #

Name Relationship Daytime # Cell #

Name Relationship Daytime # Cell #

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize Foundry Preschool to take my child to:

Physician Address Phone

Hospital Phone

* Note: If it is a true emergency, your child will be taken to the nearest hospital.

Cy-Fair Hospital 281-890-4285, North Cypress 832-912-3500, Willowbrook Methodist 281-477-1000

Handbook Acknowledgement (Handbooks are handed out at the time of registration and are available in the school office)

I have received the Foundry Preschool handbook and understand the policies and philosophy provided. I give my permission for my child to participate in any and all activities at Foundry Preschool. After reviewing the total program, including curriculum, classrooms, playground etc., I willingly enroll my child in the Foundry Preschool program. Also, in consideration of being permitted to participate, I release and hold harmless Foundry Preschool and Foundry United Methodist Church from all claims that might result from any accidental injury and/or death of any minor. I understand that this release agreement pertains to all projects and activities of Foundry Preschool and Foundry United Methodist Church.

Signature of parent or guardian for all items listed above

Date



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Child's first and last name: _____ M/F _____ DOB _____

Has child had any lengthy illness? _____ If yes, please describe _____

Is child frequently ill? _____ Is epilepsy present? _____ Had convulsions? _____

Any known allergies? _____ Please list allergies: _____

Have an Epipen? _____ Instructions for use: _____

Asthmatic? _____ Have an inhaler? _____ Instructions for use: _____

Child currently on any medication? _____ For what? _____

Please list any other medical or emotional issues your child's teacher should be aware of

Lunch: Parents are responsible for providing their child a lunch each day. Lunches should be child friendly, cut in bites (age appropriate) and selections that the child can eat directly out of their lunch kit (lunches cannot be heated). In an effort to cut back on childhood obesity, the state of Texas recommends that lunches contain proteins, fruits, vegetables and other healthy low fat, low sugar foods and drinks.

Water: Water is available to all children at all times of the school day.

Snacks: Foundry Preschool provides snacks for all classes once a day. A snack schedule can be found on the door of the pantry in the kitchen. It is the parent's responsibility to notify the school of any allergies your child has or any special food needs required by your child while in the care of Foundry Preschool.

Please **circle** any item that your child **CAN NOT EAT** and notify your child's teacher of the allergy.

- Animal Crackers made by Keebler
- Graham Crackers made by Keebler
- Cheese-it's made by Nabisco
- Goldfish made by Pepperidge Farms
- Ritz Crackers made by Nabisco
- Vanilla Wafers made by Sysco
- Cheerios

Please read the following items carefully:

- Foundry Preschool has my permission to use diaper ointment (such as Vaseline/Desitine/Butt Paste or other over the counter products) on my child as needed. If **NO** please initial _____
- Foundry Preschool has my permission to apply Neosporin and/or Cortaid to my child for cuts/ scraps/ and bug bites. If **NO** please initial _____
- Foundry Preschool has my permission to take photos of my child during any Foundry Preschool activity. Some photos may be used on the Foundry UMC web site or printed for display. If **NO** please initial _____
- Foundry Preschool has my permission to add my child's name, address etc... in the Preschool Directory. If **NO** please initial _____

Signature of parent or guardian for all items listed above

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Child's first and last name: _____

Child's Date of Birth _____

Foundry Preschool is required by the **State of Texas** to have a physician signature stating that your child is physically able to attend our program. We are also required to have current immunization records on file for each child enrolled. ***This form must be filled out and signed by a physician.*** Attach a copy of the child's immunization records to this form and turn it into the office with the registration paperwork.

Does this child have any allergies? Yes or No

If Yes, please list: _____

Special instructions: _____

Does this child have any special medical needs? Yes or No

If Yes, please list: _____

Special instructions: _____

_____ (Child's Name) has been
**examined by me and is physically able to participate in a preschool
program.**

Date of examination

Required Physician Signature

NOTE: Parents should authorize the physician to accept any call from
Foundry Preschool Director for emergency medical care.