



Dear Parents,

Thank you for your interest in Stonebriar's Preschool Pals Program. We have a quality program structured to partner with you in providing the loving care and guidance that preschool children need. The Preschool Pals Program has been planned for 18-month-old through 4-year-old children as well as for 5-year-olds who are choosing a TK program before moving on to kindergarten. We provide the atmosphere and experiences necessary for children to grow mentally, emotionally, socially, physically, and spiritually.

Children experience hands-on learning activities, Bible stories, movement and music, creative arts, science and discovery, outdoor experiences, snack, group time, and play under the loving guidance of our well-trained staff. Our Preschool Pals Program is often a child's first experience in a preschool setting. It is a safe way to introduce children to life and relationships outside the home.

The Preschool Pals program is licensed by the Texas Department of Family and Protective Services and has been inspected and approved by the Collin County Health Department and the Frisco Fire Department. Preschool Pals is also a member of the Early Childhood Christian Network.

If you have any questions about our program, please contact me at 469-252-5370.

For His Kids,

Kelley Wilkinson  
Director

*"Let all the little children come to me, and do not hinder them,  
for the Kingdom of God belongs to such as these."  
Mark 10:14*

**Preschool Pals** Office phone: 469-252-5370 • **Preschool Pals** Fax: 469-252-5421



This packet was last updated on January 7, 2025. You can visit <https://scc.onl/spp-enrollment> to download the current version.

# Stonebriar Preschool Pals

## Program Description 2025-2026

Welcome to Preschool Pals at Stonebriar Community Church. We look forward to a wonderful year getting to know you and your family.

Our mission is to partner with families as a nurturing biblical community to provide child-relevant/age-appropriate opportunities for connecting, discipling, and equipping children to enjoy God for their entire lives.

Preschool Pals is designed to provide a well-rounded program to aid the child's development socially, physically, emotionally, spiritually, and intellectually. Activities are selected that are appropriate for the child's age and stage of development. These include stories, finger plays, songs, games, creative art, science and discovery, dramatic play, music, chapel, Spanish for three and four/five-year-olds, and computers for four/five-year-olds.

The following is a sample class schedule. Schedules will differ slightly from class to class. Your child's teacher will provide a more detailed class schedule at Parent Orientation held prior to the start of school:

- Arrival/free selection of age-appropriate activities built around units of child development from a curriculum resource
- Snack
- Group Time
- Music and Chapel
- Indoor/Outdoor Play
- Spanish (for 3 and 4/5-year-olds)
- Computer (for 4/5-year-olds)
- Lunch
- Quiet Time
- Inside activities
- Preparation to go home

Preschool Pals is for children ages 18 months to 4 years old (or 5 years if not enrolled in kindergarten) as of September 1, 2025.

We observe all FISD school holidays and bad weather days. Our starting date, ending date, and date we return to school after holidays will vary slightly from FISD. **The start date for 2025-2026 SPP classes will be on Tuesday, Aug. 26 for Tues/Thurs, 3-day and 4-day classes, and Wednesday, Aug. 27 for the Wed/Fri classes. The last day of school will be May 13, 2026 for Wed/Fri classes and May 14, 2026 for Tues/Thurs., 3-day and 4-day classes.**

Parent Orientation Video will be emailed on August 15. "Meet the Teacher" for the children will be scheduled by appointment for each family. This will be a time when parents bring their child and have a 20-minute appointment in the classroom with the teacher before the start of school. **"Meet the teacher" for Tues/Thurs and 3-day classes will be Thursday, Aug. 21. "Meet the teacher" for Wed/Fri and 4-day classes will be on Friday, Aug. 22.** Appointment times will be between 9:00-2:00. Teachers will send out a sign-up genius through email a few days prior to the event.

All enrollment forms must be completed upon registration. Please use the checklist when filling out paperwork.

Program options are as follows:

- 2-day class (Tuesday/Thursday for all ages or Wednesday/Friday for Tods, and 2-year-olds)
- 3-day class (Tuesday/Wednesday/Thursday) for the Tods, 2, 3 and 4-year-olds.
- 4-day class (Tuesday/Wednesday/Thursday/Friday) for 3-year-olds and 4/5-year-olds.
- Transitional Kindergarten (Tuesday/Wednesday/Thursday/Friday) for 5-year-olds not enrolling in kindergarten.

Preschool Pals admits children of any race, color, national and ethnic origin to all rights, privileges, programs, and activities.

Parents of special needs children are welcome to register their children for Preschool Pals. Please contact us in advance of the registration date, so that we can conduct an evaluation of your child's special needs. We will assess our ability to meet their needs while still providing a quality preschool experience for the entire classroom.

Our mature, experienced teachers lovingly introduce the children to what may be their first school experience and serve as positive Christian role models. All teachers are required to attend orientation, pre-service training, and to obtain a minimum of 24 hours of continuing education classes each year as well as first aid /CPR instruction and a food handlers safety course.

Preschool Pals will serve a morning snack. Parents are responsible for sending lunch as well as a beverage for snack-time and lunch time. Please be aware that **WE ARE A NUT-FREE FACILITY**. Due to children with severe nut allergies, we cannot allow nut products of any kind including soy butter, almond butter, or any other peanut butter-looking products. We also ask that you look at labels and do not bring foods that were packaged in a facility that processes nuts.

**WHAT TO BRING (ALL ITEMS MUST BE LABELED)**

- lunch
- 2 beverages (1 for snack and 1 for lunch) or a water bottle we can refill.
- Nap mat (toddlers and 2yr,) or bath/beach towel for 3yr, 4yr & TK
- A full-size backpack or bag with 2 COMPLETE changes of clothes. (Including underwear, socks, and 1 pair of shoes)
- Wipes, diapers / pull-ups, if needed.

**FEE SCHEDULE**

**Registration Fee** (All children): \$175.00 (Refundable until June 1, 2025) per child.

**Supply fee:** *2-days:* \$75 in Sep. & \$75 in Jan., *3-days:* \$100 in Sep. & \$100 in Jan., *4-days:* \$125 in Sep. & \$125 in Jan.

<b><u>Tuition:</u></b>	<b><u>No. Days</u></b>	<b><u>1st Child</u></b>	<b><u>2nd Child</u></b>	<b><u>3rd Child</u></b>
Tods, or 2-year-olds	2 WF**	\$340mo.	\$320mo.	\$320mo.
All Ages	2 TT **	\$340 mo.	\$320 mo.	\$320 mo.
Tods, 2, 3, or 4-Year-Olds	3	\$400 mo.	\$380 mo.	\$380 mo.
3 or 4-Year-Olds	4	\$480 mo.	\$460 mo.	\$460 mo.
Transitional Kindergarten (5-year-olds)	4	\$520 mo.	\$500 mo.	\$500 mo.

**PAYMENT INFORMATION**

**Nine Month Payment Plan:**

The first payment is due by **August 1, 2025**, with monthly payments continuing through April 2026.

**Payment Methods:**

Tuition and fees may be paid by cash, check, credit/debit card, money order, or automatic withdrawal through Tuition Express. Payments may be paid in person, by mail, or through the tuition express parent portal at [www.myprocare.com](http://www.myprocare.com). If tuition is not paid by the fifth of each month at 12pm, then it will be automatically drafted from the information on file. It is perfectly fine to allow it to be drafted automatically each month and is what most families choose to do.

**Late Payment Fee:**

Monthly tuition payments are due on the first of each month and become past due after 12pm on the fifth of each month. A \$20 fee will be assessed if payment is received after the fifth of the month.

**NSF Check Fee and Credit Card Decline Fee:**

A \$20 fee will be assessed for any insufficient fund checks. A \$20 fee will be assessed for any declined Credit Card charges.

**Withdrawal:**

If you withdraw your child/children during the course of the year, there is a 30-day paid notice of withdrawal or one month’s tuition will be charged from the date of your written notice to the Preschool Pals office.

**Delinquent Accounts:**

Accounts that are 30 days delinquent will require withdrawal of the child/children unless appropriate arrangements have been made with the Preschool Pals office.

We thank you for allowing us to join you in providing loving and nurturing care for your child. Parents and teachers working together can help each child develop to his/her full potential. We look forward to having your child in our Preschool Pals program! Please call the SPP office at 469-252-5370 or visit our website at [www.stonebriar.org/preschool](http://www.stonebriar.org/preschool) for more information.

*The Preschool Pals Staff*

**2025-2026  
Preschool Pals Registration  
Checklist**

- Please have \$175 cash or check for registration fee made out to SPP  
*or* indicate that you would like the fee drafted from the financial info. on file.
- New Enrollment Accounting Form (pink form)
- Tuition Express Form
- Enrollment Form - *signature and date required*
- Photo Release Form – *signature and date required*
- Child and Family Information Form (2 pages)
- Child’s Health History Form (2 pages) - *signature and date required*
- Over-the-Counter Product Release Form - *signature and date required*
- Authorization for Emergency Medical Care Form  
**BOTH *Mother AND Father’s or Legal Guardian’s signature and date required***
- Health Requirements Form - *signature and date required*
  - ⇒ Shot Records **signed** by doctor or Notarized State Exemption Form  
(if you are on a delayed schedule, we need the State exemption form)
  - ⇒ Health Care Professional Statement
  - ⇒ Vision/Hearing Screening Results (Required for 4/5-year-olds only)
- Discipline and Guidance Policy Form - *signature and date required*
- Parent Handbook Acknowledgement Form – *signature and date required*





**Automated Payment Processing**  
**Safe – Convenient – Easy**



We are excited to offer the safety, convenience and ease of Tuition Express – a payment processing system that allows secure, on-time tuition and fee payments from either your bank account or credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD**

I (we) hereby authorize Stonebriar Preschool Pals to initiate debit entries to my (our) Checking or Savings Account, indicated below **(section A)** OR initiate credit/debit card charges to the below referenced credit/debit card account **(Section B)**. To properly affect the cancellation of this agreement, I am required to give 30 days' written notice. Credit Union Member: Please contact your Credit Union to verify account and routing numbers for automatic payments. Master Card, Visa, Discover and American Express accepted.

(Parent signature) \_\_\_\_\_ (date) \_\_\_\_\_

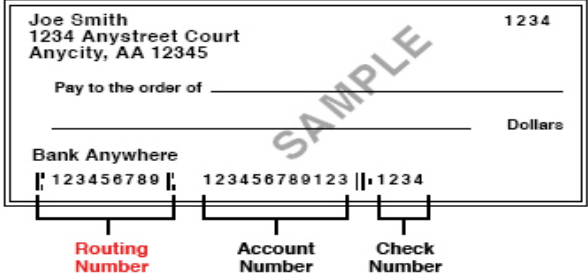
**COMPLETE ONE SECTION ONLY:** Student's name \_\_\_\_\_  
SECTION A (Bank Account)

\_\_\_\_\_  
Your Name Phone#

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Bank or Credit Union Name

\_\_\_\_\_  
Routing Transit Number (9 digits - see sample below) / Account Number (see sample below)



**SECTION B (Credit/Debit Card)**

\_\_\_\_\_  
Cardholder Name Phone #

\_\_\_\_\_  
Cardholder Address City State Zip

\_\_\_\_\_  
Cardholder Signature Date Last 4 digits of Credit Card Number

\_\_\_\_\_  
Credit/Debit Card Account Number\* Expiration Date

\*Once entered into the Tuition Express system, we will not keep this account number on any records in our facility



<u>Image Release</u>	<u>FOR OFFICE USE ONLY</u>		<u>Epi Pen</u>
Days enrolled: T/T	W/F	T/W/T (2's, 3s & 4s)	T/W/T/F (3/4/5s)
Room No.: _____	Check #: _____	Amount \$ _____	
Date of Admission: _____	Date of Withdrawal: _____		

# 2025-2026 Enrollment Form

Check one:  Returning student  
 New Student    How did you hear about us? \_\_\_\_\_

Please write the days you prefer:    **1<sup>st</sup> Choice** \_\_\_\_\_    **2<sup>nd</sup> Choice** \_\_\_\_\_

## CHILD'S INFORMATION

Child's Name (Last, First, Middle): \_\_\_\_\_ Name child goes by: \_\_\_\_\_

Child lives with:     Both Parents     Mom     Dad     Guardian

Best Contact Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Age as of September 1, 2025: \_\_\_\_\_ Gender: \_\_\_\_\_ Custody Papers on File:  Yes     No

### 1.) Mother's Information:

Name (Last, First): \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### 2.) Father's Information:

Name (Last, First): \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### EMERGENCY CONTACTS (*individuals other than parents if parent/guardian cannot be reached*):

I hereby authorize the childcare facility to notify the following person/s in case of emergency if parent/guardian cannot be reached. **\*ALL EMERGENCY CONTACTS ARE AUTOMATICALLY CONSIDERED AS AUTHORIZED TO PICK UP MY CHILD**

1. \_\_\_\_\_  
Name Phone Relationship to Child
2. \_\_\_\_\_  
Name Phone Relationship to Child

### PICK-UP AUTHORIZATION (*individuals other than parents and emergency contacts*):

*There is room for more names on the back.*

I hereby authorize the childcare facility to allow my child to leave the childcare facility **ONLY** with the following persons:

1. \_\_\_\_\_  
Name Phone Relationship to Child
2. \_\_\_\_\_  
Name Phone Relationship to Child

I acknowledge that the above information is true and correct to the best of my knowledge – Parent signature & date below:

Signature – Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL PICK-UP AUTHORIZATION** (*individuals other than parents*):

I hereby authorize the childcare facility to allow my child to leave the childcare facility **ONLY** with the following persons:

	<u>Name</u>	<u>Phone</u>	<u>Relationship to Child</u>
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____



Decline: \_\_\_\_\_  
Parent (for minor child)

Date Declined: \_\_\_\_\_

## **Stonebriar Preschool Pals Photo, Recording, and Image Release 2025-2026**

Children love to see photographs of themselves and their friends. At Stonebriar Preschool Pals ("SPP"), our staff may take photographs and video and audio recordings of the children for classroom use only. Any photos displayed will be located only in the classroom or on the walls near the classroom. Photos will be used during school hours and removed for weekend church use. Photos and recordings may be used for, but not limited to, the following ways:

- (1) Classroom game pieces or activities;
- (2) Picture labeling of personal/classroom space (e.g., cubbie space, job charts, check in charts);
- (3) Class books to learn other student's names and faces;
- (4) End of year memory books or DVD to be given to parents within your child's class;
- (5) Compile photos in a private photograph site so all parents in the class can see and view all photos (e.g., Shutterfly);
- (6) Photos may be used in the classroom newsletter and shared only with family members of your child's class

SPP staff **will not** share any photos or video recordings with Stonebriar Community Church for posting on websites, advertising, flyers, or brochures without prior written consent by the parent. SPP staff **will not** post photos or names of students on any church or personal social media websites without prior written consent by the parent.

\*\*PRINTED Name of Student

\_\_\_\_\_  
Student/Child

\_\_\_\_\_  
Birthdate

***I, the undersigned parent, hereby grant SPP permission to take photographs and audio and video recordings of the above-named child, whose name is stated above, and to use and edit the photographs and audio and video recordings in any manner consistent with the uses stated above. I am the parent and/or legal guardian of the child and that my parental and/or legal guardian rights include the ability to sign this agreement on behalf of the child. I give my consent and authorization without reservation to the terms herein on behalf of the child.***

\_\_\_\_\_  
Signature of Parent/Legal guardian

\_\_\_\_\_  
Date signed

**Stonebriar Preschool Pals  
Child and Family Information  
2025-2026**

**Other Children in Family**

1. Name \_\_\_\_\_ Age \_\_\_\_\_

Name of School \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_

Name of School \_\_\_\_\_

**Others living in the home besides parent[s] & siblings (include age & relationship to child)**

\_\_\_\_\_

**Those Caring for Child (who regularly cares for your child other than parent[s])?**

\_\_\_\_\_

\_\_\_\_\_

**Church Affiliation**

Name of church currently attending \_\_\_\_\_

Attending:      Weekly              Monthly              Occasionally  
(circle one)

We do not attend church \_\_\_\_\_

**Language**

What is the primary language spoken at home? \_\_\_\_\_

Is a second language spoken around the child? YES \_\_\_\_ NO \_\_\_\_ If yes, what language? \_\_\_\_\_

**Sleeping Habits**

Time child usually goes to bed at night: \_\_\_\_\_ Wakes up: \_\_\_\_\_

Does child sleep well? YES \_\_\_\_ NO \_\_\_\_ If no, explain: \_\_\_\_\_

## Eating Habits

Time child usually eats: Breakfast \_\_\_\_\_ a.m. Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ p.m.

## Dressing Habits

Does child: Dress self? YES \_\_\_\_ NO \_\_\_\_ Undress self? YES \_\_\_\_ NO \_\_\_\_

## Toiletry Information

Word child hears/uses for: Urination \_\_\_\_\_ Bowel Movements \_\_\_\_\_

Is your child fully potty trained? \_\_\_\_\_

## Social Information

Describe your child's personality: \_\_\_\_\_

How does child relate to siblings and/or other children? \_\_\_\_\_

What are child's favorite:

Indoor play activities? \_\_\_\_\_

Outdoor play activities? \_\_\_\_\_

Parent/child activities? \_\_\_\_\_

## Disciplinary Information

List the ways your child expresses anger: \_\_\_\_\_

Describe any fear your child has? \_\_\_\_\_

Method of discipline used in child's home: \_\_\_\_\_

What is child's usual reaction to the discipline? \_\_\_\_\_

**Stonebriar Preschool Pals  
Child's Health History  
2025-2026**

Name \_\_\_\_\_ Room \_\_\_\_\_

1. Has your child ever been tested for or diagnosed with:

- |                              |                                    |
|------------------------------|------------------------------------|
| _____ ADD/ADHD               | _____ Heart Conditions             |
| _____ Asthma                 | _____ Hepatitis                    |
| _____ Anemia                 | _____ Kidney/Urinary/Problems      |
| _____ Chicken Pox            | _____ Orthopedic/Bone Problems     |
| _____ Diabetes               | _____ Pneumonia/RSV                |
| _____ Emotional Problems     | _____ Rheumatic Fever              |
| _____ Epilepsy/Seizures      | _____ Sensory Issues/Sensitivities |
| _____ Fainting Spells        | _____ Skin Conditions/Eczema       |
| _____ Head Injury/Concussion | _____ Tuberculosis                 |

Please use this space to explain items checked above: \_\_\_\_\_

\_\_\_\_\_

2. Does your child have allergies? YES \_\_\_\_ NO \_\_\_\_ . If "Yes," to what (medications, insects, foods, etc.)? \_\_\_\_\_

\_\_\_\_\_

Does child have an epi pen for allergies? \_\_\_\_\_

3. Is your child under a doctor's treatment now? YES \_\_\_\_ NO \_\_\_\_

Reason: \_\_\_\_\_

4. Is your child taking any medication regularly? YES \_\_\_\_ NO \_\_\_\_

If "Yes," name of medication(s) \_\_\_\_\_

5. Does your child have any problems with: Speech \_\_\_\_ Vision \_\_\_\_ Hearing \_\_\_\_

If "Yes," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Has your child ever been hospitalized? YES \_\_\_\_ NO \_\_\_\_

Any surgeries? YES \_\_\_\_ NO \_\_\_\_ Any fractures, sprains? YES \_\_\_\_ NO \_\_\_\_

If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

7. Has your child ever had a very high fever? YES \_\_\_\_ NO \_\_\_\_

Seizures? YES \_\_\_\_ NO \_\_\_\_

If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

8. Does your child have: frequent colds \_\_ sore throats \_\_ nosebleeds \_\_ headaches \_\_  
sinus trouble \_\_ ear infections \_\_ high fevers \_\_ stomach aches/vomiting \_\_ toothaches \_\_  
frequent use of bathroom \_\_ bedwetting \_\_ frequent constipation \_\_ overactive bladder \_\_

9. Does child have tubes in his/her ear(s)? YES \_\_\_\_ NO \_\_\_\_

If yes, which ear(s) \_\_ right \_\_ left?

9. Please list any other developmental areas not listed that our staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

10. Has child had any serious accidents? YES \_\_\_\_ NO \_\_\_\_

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

11. Describe your child's overall health

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Signature

Date

**Stonebriar Preschool Pals  
Over-the-Counter Product Release  
2025-2026**

Dear Parents,

Occasionally your child may require first aid during the day. For these occasions, we maintain a limited supply of first aid products. Please complete the following form and return it with enrollment materials.

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

I/we give permission for my child *to have* these first aid products administered when deemed necessary. Please indicate with a check mark any/all items your child may receive.

	Hydrogen Peroxide ( <i>abrasions</i> )
	Band aids
	Anti-itch cream (hydrocortisone)
	Triple Antibiotic Ointment ( <i>Bacitracin, Neomycin Sulfate, Polymyxin B Sulfate for abrasions</i> )

*No other medication will be given at SPP by the SPP staff\*. Examples of this include but are not limited to: breathing treatments, sunscreen, acetaminophen, ibuprofen, antibiotic, or allergy medicine.*

**\*This policy does not pertain to inhalers & epi pens used during life threatening situations.**

**When there is a Rescue Inhaler, Benadryl or an Epi Pen that will be kept in the classroom for emergencies, a form including doctor instructions for when to administer Rescue Inhaler, Benadryl or Epi Pen, dosage amount, doctor signature and parent signature and date must be included along with the Epi pen in the original box with the pharmacy label and pharmacy labeled Benadryl and Rescue Inhaler to be stored in the classroom.**

\_\_\_\_\_  
Parent or Guardian Name (please print)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

# Authorization for Emergency Medical Care 2025-2026

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

I HEREBY     DO     DO NOT

GRANT PERMISSION FOR THE DIRECTOR OR ACTING DIRECTOR TO TAKE THE FOLLOWING STEPS TO OBTAIN EMERGENCY MEDICAL CARE, IF THEY FEEL IT IS WARRANTED:

THESE STEPS MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to reach names on the emergency contact list provided on enrollment form.
4. If the Stonebriar Preschool Pals staff cannot contact the parent/guardian or the child's physician, the staff will call an ambulance.
5. Any expenses incurred under #4 (above) will be the responsibility of the child's family.
6. The Stonebriar Preschool Pals staff will not assume responsibility for a child who is not enrolled in the Preschool Pals program.

\_\_\_\_\_  
Mother or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father or Legal Guardian Signature

\_\_\_\_\_  
Date

\*If both parents have custody, BOTH parent signatures are REQUIRED.

## Emergency Contact Information and Hospital Choice

Name of Physician	Phone Number
Physician's Office Address	

Name of Hospital	Phone Number
Hospital Address	

## HEALTH REQUIREMENTS FORM 2025-2026

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

Attached is a copy of the Immunization Records for the child listed above. I understand that it is my responsibility to bring updated records to the office throughout the year as immunizations are administered.

I am implementing a delayed immunization schedule. I will supply a notarized affidavit of exemption until my child's immunizations are up to date with state requirements.

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.

For additional information regarding immunizations contact the Department of State Health Services at  
[http://www.dshs.state.tx.us/immunize/school\\_info.htm](http://www.dshs.state.tx.us/immunize/school_info.htm)

Varicella (chickenpox) vaccine is not required 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 varicella vaccine". \_\_\_\_\_

Parent signature and date

**ADMISSION REQUIREMENT:** One of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

**Please check only one option:**

1.  A Doctor's statement is attached.

2.  DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

3.  My child has been examined within the past year by a health care professional and is able to participate in the day care 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.

\_\_\_\_\_  
Doctor's name/Doctor's address / Doctor's phone number

**4/5 YEAR OLDS ONLY (please check only one option):**

I have attached a copy of the hearing and vision screening results for the above named child.

Results for the hearing and vision screening are as follows:

**VISION:** R 20/\_\_\_\_ L 20/\_\_\_\_ AUTO Screener used: yes/no  PASS  FAIL

**HEARING:** 1000HZ 2000HZ 4000HZ  
R: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  PASS  FAIL  
L: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

*I acknowledge that the above/attached information on this entire page is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date



# Discipline and Guidance Policy for Stonebriar Preschool Pals

- ❖ Discipline must be:
  1. Individualized and consistent for each child;
  2. Appropriate to the child's level of understanding; and
  3. Directed toward teaching the child the acceptable behavior and self-control.
  
- ❖ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which includes at least the following:
  1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  2. Reminding a child of behavior expectations daily by using clear, positive statements;
  3. Redirecting behavior using positive statements; and
  4. Using brief supervised separation or time away from the group, when appropriate for the child's age and development.
  
- ❖ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  1. Corporal punishment or threats of corporal punishment;
  2. Punishment associated with food, naps, or toilet training;
  3. Pinching, shaking, or biting a child;
  4. Hitting a child with a hand or instrument;
  5. Putting anything in or on a child's mouth;
  6. Humiliating, ridiculing, rejecting, or yelling at a child;
  7. Subjecting a child to harsh, abusive, or profane language;
  8. Placing a child in a locked or dark room, bathroom, or closet with the door closed;
  9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and understand this discipline and guidance policy:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Stonebriar Preschool Pals**  
**Parent Handbook, Water Play and Snack acknowledgement Form**  
**2025-2026**

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

**Parents, please read and place a check mark by the following acknowledgements and print/sign\* and date the bottom:**

\_\_\_\_\_ I acknowledge that I have read and understand the policies and procedures in the Stonebriar Preschool Pals Parent Handbook. I understand that I can access it at any time during the school year on the Stonebriar Community Church website at [www.stonebriar.org/preschool](http://www.stonebriar.org/preschool). I understand that I can be provided with a hard copy of the handbook from the SPP office upon request at any time. I also understand that I can request an emailed copy of the handbook from the SPP office at any time.

\_\_\_\_\_ I acknowledge that there are times in the classroom in which a water table play area may be set up in one of the centers for creative play and I give permission for my child to participate.

\_\_\_\_\_ I acknowledge that the school will provide a morning snack for my child, and I will have access to a calendar showing what is being served. I give permission for my child to eat snacks and will provide an alternative snack if they have an allergy or there is something I don't want my child to eat.

\_\_\_\_\_ I understand that the teacher will notify the parents of their students through email or class newsletter when a special cooking activity involving food that they will eat will be conducted. I will communicate to the teacher if there is a food activity that I do not want my child to participate in.

\_\_\_\_\_  
Mother or Legal Guardian Name (please print)

\_\_\_\_\_  
Mother or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father or Legal Guardian Name (please print)

\_\_\_\_\_  
Father or Legal Guardian Signature

\_\_\_\_\_  
Date

**\*BOTH parent signatures required**