

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 Texas Baptist Church Weekday Education Association.

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

Stonebriar Preschool Pals

Program Description 2019-2020

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 year olds, and computers for four 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 in 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, 2019.

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 2019/2020 SPP classes will be on Friday, August 30, 2019 for Wed/Fri & 4 day classes, Wednesday, September 4, 2019 for 3 day classes or Thursday, September 5, 2019 for Tues/Thurs classes. **The last day will be Wednesday, May 20, 2020.****

Parent Orientation will be held on Tuesday, August 27, at 7pm. Open house for the children will be held on Wednesday, August 28 and Thursday, August 29 from 10 a.m.-12 p.m.

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

Program options are as follows:

- 2 day class (Tuesday/Thursday or Wednesday/Friday) for all ages.
- 3 day class (Tuesday/Wednesday/Thursday) for the 3 and 4 year olds.
- 4 day class (Tuesday/Wednesday/Thursday/Friday) for 4/5 year olds.

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.

Preschool Pals will serve a morning snack. Parents are responsible for bringing a 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)
- Nap mat (tods, 2 yr , 3 yr) or bath/beach towel for 4yr/ TK
- A backpack or bag with a COMPLETE change of clothes. (including underwear, shoes, and socks)
- Wipes, diapers / pull-ups, if needed.

FEE SCHEDULE & FINANCIAL AID

Registration Fee (All children): \$100.00 (Refundable until June 1, 2020) Supply Fee: \$50 in Sep. and \$50 in January

<u>Tuition:</u>	<u>No. Days</u>	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>
All Ages	2	\$260 mo.	\$240 mo.	\$240 mo.
3 & 4 Year Olds	3	\$345 mo.	\$325 mo.	\$325 mo.
4 Year Olds	4	\$425 mo.	\$405 mo.	\$405 mo.

PAYMENT INFORMATION

Nine Month Payment Plan:

The first payment is due by **August 1**, 2019, with monthly payments continuing through April 2020.

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. If tuition is not paid by the fifth of each month at 2pm, then it will be automatically drafted from the information on file. It is perfectly fine to allow it to be drafted automatically each month.

Late Payment Fee:

Monthly tuition payments are due the first of each month and become past due after 2pm 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:

A \$30 fee will be assessed for any insufficient fund checks.

Financial Aid:

Stonebriar Preschool Pals has been blessed with the opportunity to offer “need-based” aid through our budget. Families interested in applying should obtain the application and details from the Preschool Pals office. Financial Aid forms are to be filled out and reviewed each year you are requesting aid.

Withdrawal:

If you withdraw your child/children during the course of the year, there is a 30-day 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 for more information.

The Preschool Pals Staff

2019-2020 Preschool Pals Registration Checklist

- Please have \$100 check for registration fee made out to SPP
- New Enrollment Accounting Form (pink form)
- Tuition Express Form
- Enrollment Form - *signature required*
- Photo Release Form
- 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** or Notarized State Exemption Form
 - **If on delayed immunization schedule, we must have the delayed schedule written and signed and dated by child's doctor.
 - ⇒ Health Care Professional Statement
 - ⇒ Vision/Hearing Screening Results (Required for four-year-olds only)
- Discipline and Guidance Policy 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 (we) are required to give a 10 day 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
SECTION A (Bank Account)

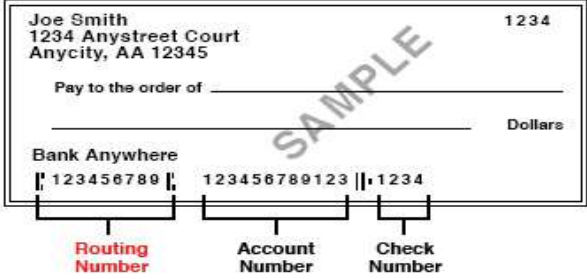
Student's name _____

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



**2019-2020
Preschool Pals Program
Enrollment Accounting Form**

Student Information:

Name	Date of Birth

Please choose one of the following payment options:

- New or Updated Paperwork for Tuition Express is attached.*
- I am currently set up for Tuition Express and I would like to use the same account for next year.

*I understand that I must submit paperwork for Tuition Express even if I plan to pay by cash, check, or credit card in person each month. Payments are due on the 1st of each month and if I do not pay by the 5th at 2:00pm, my tuition will be taken from the billing information on file.

Accounting information:

Parents in Household	Home Address
Father (First name/Last name)	
Mother (First name/Last name)	
Bill to (if other than father)	Billing Address (if other than above)

For office use only:

2 day 3 day 4 day

<p>PRESCHOOL PALS OFFICE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Payment attached includes \$100 registration fee cash / check # _____ <input type="checkbox"/> Payment attached includes \$ _____ for the month of _____ <input type="checkbox"/> Apply Sibling Discount of \$20 per month <input type="checkbox"/> This is an SPP teacher's child. <input type="checkbox"/> This is a full time / part time SCC employee's child. <input type="checkbox"/> NOTE: The attached check does not show the name of child's parent.

<p>ACCOUNTING OFFICE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enter profile code for PC <input type="checkbox"/> Enter ACH information in Tuition Express <input type="checkbox"/> Invoice \$100 registration fee <input type="checkbox"/> Invoice partial month tuition if checked above <input type="checkbox"/> Create recurring monthly invoice in billing box

Stonebriar Preschool Pals 2019-2020 Enrollment Form

<u>Image Release</u>	<u>FOR OFFICE USE ONLY</u>	<u>Epi Pen</u>
Days enrolled: T/T	W/F	T/W/T (3s & 4s) T/W/T/F (4/5s)
Room No.: _____	Check #: _____	Amount \$ _____
Date of Admission: _____	Date of Withdrawal: _____	

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

Please write the days you prefer: 1st Choice _____ 2nd Choice _____

CHILD'S INFORMATION

Child's Name (Last, First, Middle): _____ Goes By: _____
 Address: _____ City: _____ Zip Code: _____
 Best contact phone: _____ Birth Date: _____
 Child's Age as of September 1, 2019: _____ Gender: _____

PARENT INFORMATION

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: _____

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

EMERGENCY CONTACTS (*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.

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.

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 2019-2020

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 members of your child's class;
- (7) Photos and DVD recordings of the Christmas and End of Year musicals will be available for purchase, these will only be able to be purchased by the families of the students performing in each musical;
- (8) Class photos are taken in the spring by a professional photographer and will be available for purchase only by the families in 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.

**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
2019-2020**

Other Children in Family

1. Name _____ Age _____

Name of School _____

2. Name _____ Age _____

Name of School _____

Others Living in the Home (include age & relationship to child)

Those Caring for Child (who has cared 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 _____

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
2019-2020**

Name _____ Room _____

1. Has your child ever had or now has:

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

Do you 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 operations? 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
2019-2020**

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: _____

If 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.

<input type="checkbox"/>	Hydrogen Peroxide (<i>abrasions</i>)
<input type="checkbox"/>	Band aids
<input type="checkbox"/>	Anti-itch crème (hydrocortisone)
<input type="checkbox"/>	Triple Antibiotic Ointment (<i>Bacitracin, Neomycin Sulfate, Polymyxin B Sulfate for abrasions</i>)
<input type="checkbox"/>	Sterile Eye Wash

No other medication will be given at SPP by the SPP staff. Examples of this include but are not limited to: breathing treatments, sunscreen, motrin / 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 2019-2020

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 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

Emergency Contact Information

Name of Physician	Phone Number
Address	

Name of Hospital	Phone Number
Address	

HEALTH REQUIREMENTS FORM 2019-2020

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 signed/dated note from the doctor stating the dates of the delayed schedule.

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

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 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 Acknowledgement
2019-2020**

Child's Name

I acknowledge that I have access to a copy and understand the policies and procedures in the Stonebriar Preschool Pals Parent Handbook.

Please view the SPP Parent Handbook located online on the Stonebriar Community Church website/ Stonebriar Preschool Pals. www.stonebriar.org/preschoolpals

Parent or Guardian Name (please print)

Parent or Guardian Signature

Date