

The Adventure Preschool

10555 Spring Cypress Road,

Houston, TX 77070

281 378 4080 Email: taps@windwoodpc.org

Returning Student Form (from 24/25)

Enrollment Form 2025-2026

Ages 3 Months to Pre Kindergarten

Office Use Only

Reg. # _____ Date _____ Fees paid _____ Check# _____ Cash _____

Missing Paperwork: PS SR EMR

Child's Full Name Last: _____ First: _____ Middle: _____

Date of Birth _____ Child's Age on September 1, 2025: _____ Gender: M / F

Child Lives With: Both Parents _____ Mom _____ Dad _____ Guardian _____

Child's Home Address _____ City, State, Zip _____

Child's Main Contact Phone Number _____ Date of Admission _____

Mother's Full Name _____

Mother's Cell Phone Number _____

Mother's Work Phone Number _____

Mother's Address (If different) _____

Mother's City, State, Zip _____

Mother's Email Address _____

Place of Employment _____

Father's Full Name _____

Father's Cell Phone Number _____

Father's Work Phone Number _____

Father's Address (If Different) _____

Father's City, State, Zip _____

Father's Email Address _____

Place of Employment _____

Is there a custody order on file with the State of Texas? (circle) YES NO PENDING

**If YES, a current copy of your court order must be attached*

Attendance: My child will be in attendance.

_____ **Monday/Wednesday/Friday** (9:00am-2:30pm) All ages

_____ **Monday through Friday** (9:00am-2:30pm)+++ All ages

_____ **Tuesday/Thursday** (9:00am-2:30pm) Only available for Babies to Bridge Classes. (3 months to Bridge Class)

Before Care: (Circle Time)

7:00 am-9:00 am

8:00 am-9:00 am

Mon. _____ Tues. _____ Weds. _____ Thurs. _____ Fri. _____

Extended Care: (Circle Time)

2:30pm-4:30 pm

2:30pm-6:00 pm

Mon. _____ Tues. _____ Weds. _____ Thurs. _____ Fri. _____

+++ M-F class may be taught by more than one set of teachers.

Emergency Contact and Authorization to pick up Please list local individuals to contact in the event of an emergency, names must match the ID shown.

REL: Relationship to Child (Grandparent, Caregiver, Neighbor)

Legal Name _____ REL: _____ Phone _____

Legal Name _____ REL: _____ Phone _____

Legal Name _____ REL: _____ Phone _____

Legal Name _____ REL: _____ Phone _____

Legal Name _____ REL: _____ Phone _____

Signature of Parent or Legal Guardian Completing Forms

Date

Child's Name _____

I understand that a morning snack will be served. If attending extended care an afternoon snack will also be served.

Parent Initial: _____

Permissions *(please circle)*

I hereby **give / do not give** consent for my child to be transported and supervised by the operations employees for
(please circle all that apply) Emergency Care Field Trips (Using the School Bus)

I hereby **give / do not give** my consent for my child to participate in field trips (3 years old and up)

I hereby **give / do not give** my consent for my child to participate in water activities

(please circle all that apply) Sprinkler Play Splashing/Wading Pools Water Table Play

Photo and Social Media Release

From time to time our staff may take photographs/videos for classroom/school and social media (School websites, Facebook, You Tube, Instagram) purposes. Your child's name will not be used on Social Media.

I Give _____ Do Not Give _____ my consent for the staff to take photographs/videos of my child.

Please be aware that if the staff cannot take photographs of your child you will not receive a memory book at the end of the school year.

Outside Employment

I understand that the staff at this facility are prohibited in participating in outside employment with parents.

Parent Initial: _____

Social Networking with Staff

I understand that the staff at this facility are prohibited in participating in social networking activities *(Such as Facebook, Twitter, Instagram)*. with parents or children enrolled at the facility other than the official school App.

Parent Initial: _____

I acknowledge I have received and read **The Adventure Preschool Parent Handbook of Operational Policies and Procedures** including those for discipline and guidance.

Parent Initial _____ Date _____

Your child is not considered to be enrolled and does not have a slot until Registration Fees are paid in full.
All Child Care Licensing required paperwork including health forms must be on file prior to your child starting school.
Two weeks notice in writing is required if you withdraw your child.
There will be a \$25 charge for each class change made after April 1, 2025
New Students that require an Epipen for severe allergies please see handbook for the school policy.
Children in the 4 year old program must be fully potty trained.
Children in the 3 year old program must be potty trained by January 1, 2026

Registration Fees are NON-REFUNDABLE for any reason.

Parent or Legal Guardian Signature

Date

Emergency Medical Release Authorization 2025-2026

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child listed below to:

Child's Name _____ Date of Birth _____
Name of Physician _____ Emergency Care Facility _____
Address _____ Address _____
Phone _____ Phone _____

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

Medical Insurance Coverage: Please complete the following: **Company:** _____

ID# _____ **Group or Account #** _____

We do not have Medical Insurance coverage: ____ (initial)

Signature of Parent _____ **Date** _____

Special Needs

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long term continuous use, and any other information which caregiver's should be aware of: **If not applicable, initial here** _____

Does your child use an EpiPen for Allergic Reactions? Yes ____ No ____ (See handbook regarding Severe Allergies)

If your child is accepted into the program the F.A.R.E. form and Parent Request for Administering Medication Form must be completed by the doctor, prior to the child attending the program.

Signature of Parent _____ **Date** _____

Please attach a current photo of your child.

All Returning Students will require a new Statement of Health signed by the child's physician and an updated shot record for the current year. Children that turn 4 by September 1st 2025 are also required to have Vision and Hearing Screening completed and on file.

I have attached my child's new statement of health _____

updated shot record if applicable _____

Vision and Hearing Screening if applicable _____

Parent or Guardian Signature _____

The Adventure Preschool

10555 Spring Cypress Rd, Houston, TX 77070

281 378 4080 Email: taps@windwoodpc.org

Vision and Hearing Screening 2025-2026

Children ages 4 and older (by Sept 1st) must be screened for Vision and Hearing as required by the State of Texas. Vision and Hearing Test Results must be on file (not just pass/fail).

Child's Name: _____ Date of Birth: _____

Vision Exam Results

Right Eye	20/	Left Eye	20/	O Pass	O Fail
-----------	-----	----------	-----	--------	--------

Signature _____

Date: _____

Hearing Exam Results

EAR	1000 HZ	2000 HZ	4000 HZ	Pass or Fail
Right Ear				O Pass O Fail
Left Ear				O Pass O Fail

Signature: _____

Date: _____

The Adventure Preschool

10555 Spring Cypress Road, Houston Texas 77070 281-378-4080 Email: taps@windwoodpc.org

Waiver of Liability for Information Release 2025/2026

*This form is for use by parents to enable the teachers to give information to the person (other than the parents), picking up the child on a regular basis.
e.g. babysitter, nanny, grandparent, carpool etc.*

I, _____, parent/guardian of _____

hereby request The Adventure Preschool to release information/records as listed below to:

Name: _____

Caregiver (if different from parent's) Email Address is required for Newsletter, Email Reminders.

Information to be disclosed:

- | | |
|--|--|
| <input type="checkbox"/> Any and all information normally reserved for parent/legal guardian | |
| <input type="checkbox"/> Accident Report | <input type="checkbox"/> Incident Report |
| <input type="checkbox"/> Biting Reports | <input type="checkbox"/> Academic Progress |
| <input type="checkbox"/> Newsletter (email) | <input type="checkbox"/> Reminder Emails |

Per this directive, I hereby release and forever hold harmless The Adventure Preschool from any and all claims relating to or arising from the release of such information/records.

Signature

(This must be signed in front of the Notary)

Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____

State of: Texas
County of: Harris

Seal:



10555 Spring Cypress Road, Houston, TX 77070

Phone: 281 378 4080

Family Information Form 2025-2026

Student Name: _____

Would you like your contact information listed in the Student Directory? Yes____ No____

Phone Number _____ Email _____

Address: _____

Parent Signature for Directory Information: _____

Are you a member of Windwood Presbyterian Church? Yes____ No____

If not, what church do you attend? _____

Are there siblings that attend the Adventure Preschool or Kardia Academy? Yes____ No____

If Yes what are their names: _____ Age: _____

_____ Age: _____

Do you have a talent or skill you would be willing to share with the students?

Mother's Profession: _____

Father's Profession: _____

Are there any pets in the family? Yes____ No____

Type (dog, cat), Names

Would you be willing to volunteer for:

Picture Days: _____

Die Cutting: _____

Field Days: _____

Color Run: _____

Book Fair: _____

Christmas Activities Prep: _____

All Around Easter: _____

Other Special Events: _____

Toilet Training Form for 3-year-old students

Many of you are or will be in the process of toilet training your child. We will help you with this training in every way we can. **The Adventure Preschool policy for children and potty training can be found in the student handbook.**

The Adventure Preschool's definition of "Potty Trained": The child is able to inform the teacher of their need to use the potty, the child can independently take clothing on and off, should not be wearing "Pull Ups." The child can get on and off the toilet by themselves and wipe her/herself and wash their own hands. Teachers in our preschool program will help coach a child who is having difficulty with the process.

- **Children enrolling in our 4-year-old program** must be fully potty trained before the first day of school. If a 4-year-old student has three potty accidents, they will be suspended for one month.
- **Children enrolling in our 3-year-old program** must fill out a potty-training form and **return it to the school between July 12th and August 2nd, 2025.** This form will let the registrar know if the child is fully potty trained.
- We must insist that children who are having frequent potty accidents wear Pull Ups type disposable training pants during the training period. We cannot accommodate potty chairs in the classroom.
- **Children enrolled in our 3-year-old program who are not fully potty trained, at our discretion** may be placed in a classroom that is set up for non-potty-trained students.
- **All children enrolled in our 3-year-old program must be fully potty trained by January 1st, 2026. If your child is suspended due to potty accidents after January 1st the monthly tuition will not be refunded. Please read the handbook for our potty-training policy.**

Please complete the form below and return to the preschool.

Between July 14th and August 5th 2025.

Child's Name: _____ **Date of Birth:** _____

My 3 yr. old Child is potty trained as described above: Yes ____ No ____

My 3 yr. old Child will need to be placed in a classroom equipped for non-potty-trained children. Yes ____

I understand that my child needs to be fully potty trained by January 1st, 2026.

Parent Signature: _____ **Date:** _____