Messiah's Kids
2025-2026 Registration Checklist

Priority Registration: January 13-30, 2025

Community Registration: February 12, 2025 at 8:00 am in person

Registration Checklist:

- ☐ Application of Enrollment-completed and class circled
  - ☐ Please list any teacher requests or extended care needs in the section provided on the application. **Special requests cannot be guaranteed**.
- ☐ Non-refundable check for $160
- ☐ Admission Information
  - ☐ Every highlighted spot filled in completely
  - ☐ In case of emergency must be local to Boerne and must include a complete address and phone number
- ☐ Operational Discipline and Guidance Policy
- ☐ Media Release
- ☐ Biting Policy-18 months and Twos classes only
- ☐ Additional information requested:
  - ☐ Updated vaccination records
    - ☐ If vaccinations are not current, please provide a notarized exemption of vaccinations (**good for 2 years**)
  - ☐ Healthcare Statement signed by pediatrician (**completed yearly**)
  - ☐ Ages 4 and up-Vision and Hearing Results
- ☐ Any questions, email Gina at mkpdirector@messiahboerne.org

Messiah's Kids Preschool
2025-2026 Registration

★ **Priority Registration**-January 13-30
- Please complete paperwork and return to teacher between dates above
- Include a check for the $160 non-refundable registration fee. Please understand that this **registration fee is non-refundable**, for any reason.

★ **Community Registration**-February 12 at 8:00 am

Reminders-2025-2026 School Year
- 18 months class will be 3 days, Tuesday-Thursday
- Twos will be either 3 days (Tuesday-Thursday) or 4 days (Monday-Thursday)
- Preschool-fully potty trained, no pull-ups

Transitional Kindergarten	Kinder Bridge
4 1/2 by August 31	5 years old by September 1
Prepares for Kindergarten (mastery of preschool skills)	Teaches Kindergarten skills ("Gift of Time" year)
Curriculum: Handwriting Without Tears and Texas Pre-K Guidelines	Curriculum: Texas Essential Knowledge and Skills
Set up like a pre-k classroom with pre-k expectations	Set up like a Kindergarten classroom with Kindergarten expectations
Mastery of Texas Pre-K Guidelines	Introduce and practice Kindergarten TEKS
Monday – Thursday	Monday - Thursday

Messiah's Kids Preschool

TUITION SCHEDULE 2025-2026

Program	**Non-refundable Registration Fee**	**Supply Fee** (due with first tuition payment)	**Tuition (monthly)** September-May
3-day 18 month	$160.00	$145.00	$425.00
3-day Toddler	$160.00	$145.00	$412.00
4-day Toddler	$160.00	$190.00	$496.00
3-day Preschool	$160.00	$125.00	$386.00
4-day Preschool	$160.00	$160.00	$444.00
Transitional Kindergarten	$160.00	$170.00	$480.00
Kindergarten Bridge	$160.00	$170.00	$480.00

Extended Care Hours are 8:30am - 9:30am and 2:30 pm – 3:30 pm

All fees are based on the hourly rate of $15.00 per hour; added to the monthly tuition. Extended care is only charged for what is used. Extended care fees are paid with the following month's tuition (May's extended care is due by May 31st.)

No drop-in care is available.

Please see the Parent Handbook for specific information on Extended Care options.

Application for Enrollment

Messiah's Kids Preschool

9401 Dietz Elkhorn-Boerne, TX 78015
(830)755-2460 www.messiahkidstx.org

The non-refundable $160.00 registration fee and all paperwork must accompany your application to secure your space.

Circle your choice for the 2025-2026 school year:

The staff may use professional discretion regarding class placement.

3-day 18 month class T/W/Th—18 months old by Aug. 31

3-day Twos class Tues/Wed/Thursday —2 1/2 years old by Aug. 31

4-day Twos class Monday-Thursday — 2 1/2 years old by Aug. 31

3-day Preschool class T/W/Th — 3 1/2 years old by Aug. 31

4-day Preschool class Mon-Th — 3 1/2 years old by Aug. 31

4-day class Transitional Kindergarten Mon-Th — 4 1/2 by Aug. 31

4-day Kindergarten Bridge — 5 by Sept. 1 *Teacher Approval Required*

Child Information	
Child's Name:	Date of Birth: M F
Parent's Names:	Phone:
Address:	Email:
Updated Emergency Contact: Address:	Relationship: Phone:
Church Membership	
How did you hear about Messiah's Kids Preschool?	Baptized: Yes No
If you are not a member of a church, are you interested in attending a class on the teachings of the Lutheran Church (LCMS)? Attendance at these classes does NOT obligate you to become a member. Circle: Yes No	Tell us briefly about your child's preschool experience.
Church:	Member: Yes No

Please note any special requests, including the need for extended care: _____

_____

TEXAS
Health and Human Services

Form 1099
July 2019-E

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

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 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 include 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 out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

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 or open; and
9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures

(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) What behaviors would warrant the use of these measures; and
  - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date: 8/2025 Child's name: _____

Signed by: _____

Role: ◯ Parent ◯ Caregiver/Employee ◯ Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y
- Title 26, Chapter 747 Subchapter L: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y
- Title 26, Chapter 744 Subchapter G: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y

Messiah's Kids Preschool
Media Release

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Messiah Lutheran Church/Messiah's Kids Preschool to use the image of my child(ren), as marked by my selection(s) below.

_____ **Deny** permission to use my child's image at all.

_____ **Grant** permission to use my child's image with limited usage, for example Playground School Management, class/individual photos.

Child's Name: _____

Parent's Signature: _____

Date: _____

18 months & Twos Only

Messiah's Kids Preschool

Biting Policy

One of the joys of working with toddlers is that we get to see them learn to cope and communicate with the world around them. One of the difficulties is that biting often becomes one of their means of dealing with the world. Toddlers are learning to socialize with others, and they often don't have the verbal skills to communicate with a friend or the ability to observe personal space. Biting can be a way some toddlers communicate. Our goal is to help identify what is causing the biting, resolve these issues, and provide a safe environment for all students.

When Biting Occurs (Isolated occurrence):

For the child that was bitten:

1. First aid is given to the bite, and the site is cleaned with soap and water. If the skin is broken, the bite is covered with a bandage.

2. Parents are notified.

3. An "Accident Report" is filled out documenting the incident and will be signed by the parent.

For the child that bit:

1. The teacher will firmly tell the child that there is no biting and speak to the child about the incident.

2. The parents are notified in the daily folder or by phone call. This will be documented.

If the Biting Continues:

1. The child will be observed by the classroom staff to determine what is causing the child to bite (teething, communication, frustration, etc.). The administrative staff may also observe the child if the classroom staff is unable to determine the cause.

2. Positive behavioral alternatives will be encouraged, and the child will be given attention and approval for positive behavior.

If Biting Becomes Excessive:

1. If a child inflicts 2 bites during one school week, a conference will be held with the parents to discuss the child's behavior and how the behavior may be modified.

2. For any biting that occurs after the parent conference, the parents will be called and asked to pick their child up each time the child bites another student, up to 3 more times.

3. If the biting continues after the above intervention and 3 parent pick-ups, Messiah's Kids Preschool reserves the right to withdraw the child from the class.

Child's Name _____

_____ _____

Parent Signature Date

Requirements for Exclusion from Compliance

- ○ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ○ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ○Pass ○Fail

Age 4 & ↑

Signature Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				○ Pass ○ Fail
Left				○ Pass ○ Fail

Signature Date Signed

Age 4 & ↑

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. *(Select **only one** option.)*

- ○ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.
- ○ A signed and dated copy of a health care professional's statement is attached.
- ○ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ○ 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 submit it to the child care operation.

Name of Health Care Professional, if selected Address of Health Care Professional, if selected

Signature — Health Care Professional Date Signed

Signature — Parent or Legal Guardian Date Signed

Child's name _____

Complete Yearly

TEXAS
Health and Human Services

Form 2935
April 2023

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name: Messiah's Kids		Director's Name: Gina Huskey	
Child's Full Name:	Child's Date of Birth:	Child Lives With? ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian	
Child's Home Address:	Date of Admission: 8/2024	Date of Withdrawal: 5/2025	
Name of Parent or Guardian Completing Form:	Address of Parent or Guardian *(if different from the child's)*:		

List phone numbers below where parents or guardian may be reached while child is in care.

Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? ◯ Yes ◯ No

In case of an emergency, call: Must be local *

Name of Emergency Contact:	Relationship:	Area Code and Phone No.:

Address: street city state zip code

I authorize the child care operation to release my child to leave the child care operation **ONLY** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees (Check all that apply).

☑ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

N/A N/A N/A

2. Field Trips: N/A

◯ I give consent for my child to participate in field trips. N/A ◯ I do not give consent for my child to participate in field trips.

Comments:

N/A

3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

☑ water table play ☑ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance? ○ Yes ○ No N/A | If no, what type of assistance is needed: _____

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- ☑ Discipline and guidance
- ☑ Suspension and expulsion
- ☑ Emergency plans
- ☑ Procedures for conducting health checks
- ☑ Safe sleep
- ☑ Procedures for parents to discuss concerns with the director
- ☑ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
- ☑ Procedures for parents to participate in operation activities
- ☑ Procedures for release of children
- ☑ Illness and exclusion criteria
- ☑ Procedures for dispensing medications
- ☑ Immunization requirements for children
- ☑ Meals and food service practices
- ☑ Procedures to visit the center without securing prior approval
- ☑ Procedures for supporting inclusive services
- ☑ Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

☐ None ☐ Breakfast ☑ Morning snack ☐ Lunch ☑ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday	9:20	2:20
Tuesday	↓	↓
Wednesday		
Thursday	↓	↓
Friday	—	—
Saturday	—	—
Sunday	—	—

Child's Special Care Needs (check all that apply)

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations *(past 12 months)*
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment *(include instructions below)*
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies? ◯Yes ◯No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit https://www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

_____ _____

Signature — Parent or Legal Guardian **Date Signed**

School Age Children N/A

My child attends the following school:

School Area Code and Phone No.:

My child has permission to *(check all that apply)*:

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his or her sibling under 18 years old

Authorized pick up or drop off locations other than the child's address:

N/A

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

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

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

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

_____ _____

Signature — Parent or Legal Guardian **Date Signed**

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Age 4 & ↑

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Age 4 & ↑

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- ○ 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 submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional Date Signed

Signature — Parent or Legal Guardian Date Signed

★Please Attach★

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Varicella (Chickenpox)

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.

Signature _____ Date Signed _____

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test (If required)

◯Positive ◯Negative Date: _____ N/A

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security

Signatures

Child's Parent or Legal Guardian _____ Date Signed _____

Center Designee Ann Huskey Date Signed _____

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature _____ Date Signed _____