

COLONIAL HILLS UNITED METHODIST SCHOOL
5247 VANCE JACKSON
SAN ANTONIO, TX 78230
(210) 349-1092
www.colonialhills.info

January 2012

Dear Parents,

The **2012-2013** registration will begin **Wednesday, February 1st** for Colonial Hills United Methodist Church members, the families of currently enrolled CHUMS students, Alumni, *Little CHUMS*, and Child Development Center families. Registration will be open to the community on **Monday, February 6th**.

This packet includes a letter with registration information and the necessary enrollment forms. Medical forms are due in the school office by **July 1, 2012**. Returning students must present new medical records each year. Also, included is the Early Bird Registration (offered Monday - Friday from 8:00 a.m. – 8:45 a.m.) and the CHUMS Lunch Bunch Registration (an after-school program offered Monday – Friday from 12:15 p.m. – 2:30 p.m).

Registration will begin at 8:45 a.m. in the Hospitality Center. Please bring the **completed** enrollment application, together with your attached check or credit card and the registration check list. If you have a conflict with the registration schedule, another person may carry your completed registration materials and check through the registration line. The registration forms will be stamped with a consecutive numbering stamp on a first-come, first-served basis. You will be notified only if your child did not receive placement.

The following fees must be paid at registration: **(Payable to CHUMS)**

1. Registration fee of \$100.00 for the first child, \$75.00 for the second, \$50.00 for the third, and there is no registration fee for the fourth child.
2. The annual supply fee
3. Tuition for August and May.

For your convenience, these fees may be paid in two or three equal payments. These fees must be paid in full by **MAY 25, 2012** to guarantee your child's place at Colonial Hills United Methodist School. Please consult the fee sheet for proper calculation of charges. If you need other payment arrangements, do not hesitate to call our school office.

The registration fee is non-refundable. Tuition and supply fees will be refunded if you elect to withdraw your child from school by **June 1, 2012**. The May tuition will not be refunded if you withdraw your child from school after **June 1**, unless we are able to fill the opening in that class and the class is at capacity.

You and your child will receive an invitation to our *Get Acquainted Open House*. You will receive a parent packet with additional school information at that time. The first day of school is August 29. Please check our website at www.colonialhills.info for up to date information. The staff and I look forward to a fantastic school year with you and your family.

Sincerely,

Lisa Miele
Director

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SAN ANTONIO, TEXAS 78230
(210) 349-1092
www.colonialhills.info

REGISTRATION POLICY HIGHLIGHTS

Registration is on a **FIRST-COME, FIRST-SERVED** basis. When a class is filled, a waiting list will be established for the **2012/2013** school year. The list will remain in effect through the **2012/2013** school year only.

The registration fee is **NON - REFUNDABLE**. If you are withdrawing your child from school, tuition and supply fees will be refunded if the school is notified before June 1, 2012. After **June 1, 2012**, **May tuition** will not be refunded unless we are able to fill the place vacated by your child, and that the class is at capacity.

REMINDER: No diapering facilities are available in the school classrooms. Independent toileting is required and children are expected to be fully potty trained in order to attend our school. If you have concerns about this matter, or if your child has a medical problem, notify the Director. Please call the school office (349-1092) if your child is NOT potty trained by **July 1, 2012**.

REGARDING CLASS ASSIGNMENTS: Student class assignments are made after thoughtful consideration for each child individually and as a class member. **We are unable to guarantee individual teacher requests.** Please base your registration on the class desired.

All tuition is due the first week of the month, and is considered past due after the 10th of the month. A \$10.00 late charge is added to all late payments. Payments may be mailed; envelopes are provided at the beginning of school. There is a \$20.00 charge for returned checks.

Colonial Hills United Methodist School does not practice discrimination in regard to race, color, creed, sex, religion, national origin, or marital status.

Colonial Hills United Methodist School makes an effort to accommodate all children, but reserves the right not to accept a child whose special needs require individual attention that cannot be provided for by available staff.

Both NEISD and NSID calendars are considered before a Colonial Hills United Methodist School Calendar is determined. You will receive a copy of the CHUMS Calendar in your *Back to School* packet.

Your child will receive an invitation to a "Get Acquainted Party" just prior to the start of school from his or her teacher. This will be a good opportunity for your child to meet the teacher, to see the classroom and to make new friends.

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ENROLLMENT APPLICATION – INFORMATION AGREEMENT

Please Print Clearly:

Child's Full Name _____ Prefers to be called _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Sex _____ Age as of Sept. 1, 2012 _____ yr. _____ mo.

Has your child had previous school experience? _____

If here at CHUMS, who was your child's teacher? _____

If elsewhere, name of school/location _____

Any known allergies: (Please list) _____

Are there any foods your child cannot eat? _____

Please Print:

Father's Name _____	Mother's Name _____
Home Address _____	Home Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Church Affiliation _____	Church Affiliation _____
Occupation _____	Occupation _____
Name of Firm _____	Name of Firm _____
Business Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Business Phone _____	Business Phone _____
Email address _____	Email address _____

Are parent's separated or divorced? _____ If so, who has legal custody? _____

Other custodial information: _____

Person responsible for tuition payments: _____

(Continued on Reverse Side)

If parents have remarried please provide spousal information.

Please Print:

Stepfather's Name _____	Stepmother's Name _____
Home Address _____	Home Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Church Affiliation _____	Church Affiliation _____
Occupation _____	Occupation _____
Name of Firm _____	Name of Firm _____
Business Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Business Phone _____	Business Phone _____
Email address _____	Email address _____

Names and ages of other children in applicant's family: (If attended CHUMS, please list previous teachers)

Does your child have any health problems? Yes No
(I.e. heart problems, breathing problems, medical physical problems)

If yes, please describe: _____

Any vision, hearing or speech problems? _____

Does your child wear glasses? Yes No

Are there any medications given regularly? _____

Injuries or accidents? _____

Doctor _____

Address _____

Phone _____

IN EMERGENCIES REQUIRING MEDICAL ATTENTION, YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM. YOUR SIGNATURE AUTHORIZES CHUMS STAFF TO SECURE MEDICAL ATTENTION AND CALL EMS.

Parent Signature

Date

I understand that prior to admitting my child, the Director must be presented with the following:

1. The Medical Information Form indicating that the child is free from communicable diseases and that he/she has been tested and had appropriate follow-up for TB. (If applicable).
2. An up to date record of Immunizations

NOTE: The medical form must be signed by the Physician and parent and is due in the school office by July 1 of the current school year.

I am aware that the Director and staff are available for individual conferences during my child's enrollment at Colonial Hills, and that any problems or occurrences affecting him/her will be brought to my attention, including any serious communicable diseases found in the facility.

PARENT ACKNOWLEDGEMENT FORM

The CHUMS Registration Fee is non-refundable. Tuition and supply fees paid in advance will be refunded only if all of the following criteria are met:

1. The program is notified in writing before **June 1, 2012**, that you are withdrawing your child.
2. The class is at capacity and,
3. We are able to fill the space vacated by your child.

May tuition will not be refunded after **June 1, 2012**, unless the class is at capacity and we are able to fill the opening.

I HAVE READ, UNDERSTAND, AND AGREE WITH ALL THE INFORMATION REPRESENTED IN THIS APPLICATION AND INFORMATION AGREEMENT.

Parent Name (please print) _____ Date _____

Student Name _____

Director's Signature _____ Parent Signature: _____

School Hours: 8:45a.m. - 12:10 p.m.

Kindergarten: 8:45 a.m. – 12:10 p.m. (except on Mondays and Thursdays until 2:30 p.m.)

Little CHUMS: 8:45 a.m. – 2:30 p.m.

Lunch Bunch: 12:15 p.m. – 2:30 p.m.

Early Bird: 8:00 a.m. – 8:40 a.m.

Registration #: _____

**COLONIAL HILLS UNITED METHODIST SCHOOL
REGISTRATION CHECKLIST**

Child's Name: _____ Birthdate: _____ Sex: _____

ALL CHILDREN ENTERING THE CHUMS SCHOOL PROGRAM MUST BE POTTY TRAINED

Three Year Old Program		School hours 8:45 a.m. – 12:10 p.m.				
Tuesday/Thursday	_____	Three years old by December 31, 2012				
Tuesday/Thursday	_____	Three years old by September 1, 2012				
Monday/Wednesday/Friday	_____	Three years old by September 1, 2012				
Monday through Friday	_____	Three years old by September 1, 2012 (Please note, your child may have two teachers; a M/W/F teacher and a T/Th teacher)				
*Spanish Infusion Monday/Wednesday/Friday	_____	Three years old by September 1, 2012 (If this class does not fill to capacity, your child will be placed in a regular MWF class).				
Four Year Old Program						
Monday/Wednesday/Friday	_____	Four years old by September 1, 2012				
Monday through Friday	_____	Four years old by September 1, 2012				
*Spanish Infusion (Monday/Wednesday/Friday)	_____	Four years old by September 1, 2012 (if this class does not fill to capacity, your child will be placed in a regular MWF class).				
*Kindergarten						
Monday through Friday	_____	Five years old by September 1, 2012				
*Kindergarten students stay until 2:30 p.m. on Monday and Thursday						
Additional Programs:		Please circle desired days				
Early Bird: (8:00 a.m. – 8:45 a.m.)		M	T	W	Th	F
Lunch Bunch: (12:15 p.m. – 2:30 p.m.)		M	T	W	Th	F

Regarding class assignments: Student class assignments are made after thoughtful consideration for each child individually and as a class member. We are unable to guarantee individual teacher requests. Please base your registration on the days desired. If you have any special concerns regarding your child, please notify the director in writing.

Signed _____

Parent Signature

Date _____

Amount Paid: _____

Health Form Received: _____

Registration Number _____

Colonial Hills United Methodist School

Little CHUMS Program

5247 Vance Jackson
San Antonio, TX 78230
(210) 349-1092

www.colonialhills.info

REGISTRATION CHECKLIST

Please Print Clearly:

Child's Name _____ Birth Date _____

Father's Name _____ Mother's Name _____

Phone Number _____ Date _____

Program hours are 8:45 a.m. – 2:30 p.m.

Your child's birthday must be between September 2, 2009 – February 2011

Circle Days: M T W Th F

____ **Two Days**

____ **Three Days**

____ **Four Days**

____ **Five Days**

Optional Program:

Early Bird: (8:00 a.m. – 8:45 a.m.) M T W T F

(The Early Bird September tuition will be due September 1)

Signed _____ Date _____

Parent Signature

COLONIAL HILLS UNITED METHODIST SCHOOL
5247 VANCE JACKSON
SAN ANTONIO, TX 78230
Lunch Bunch Program
(210) 349-1092
www.colonialhills.info

January 2012

Dear Lunch Bunch Parents:

I would like to welcome you to the Colonial Hills United Methodist School Lunch Bunch program. Lunch Bunch is an “after school program” offered Monday through Friday from 12:15 p.m. – 2:30 p.m. for those students enrolled in CHUMS. Lunch Bunch gives these students the opportunity to eat with their school friends, and spend the afternoon learning in a less structured atmosphere.

I am looking forward to an exciting enrichment program for the **2012/2013** school year. The schedule includes lunch time (provided by the student), playground, thematic creative art, games, stories, special events, science experiences and much more.

Please send a clearly labeled lunch box with your child. It is required by our licensing agency that a milk product be included in the lunch. If your child has a milk allergy, please notify the Director. A well-balanced nutritious lunch is also a licensing requirement.

The following fees must be paid at registration:

1. The annual Supply Fee
2. August and May tuition

For your convenience, these fees may be paid in three equal payments. These fees must be paid in full by **May 25, 2012** to guarantee your child’s place in Lunch Bunch. Please make checks payable to “**CHUMS**”.

If you choose to drop your child from the Lunch Bunch program at any time during the year, the May tuition will not be refunded, unless the spot is filled and the class is at capacity.

Drop-in students will be accepted on a space available basis at a charge of \$20.00 per session. Please fill out a form and pay in the school office on the day that your child stays.

Sincerely,

Elizabeth Lagos
Lunch Bunch Director

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INDIVIDUALS PERMITTED TO PICK UP CHILDREN

Dear Parents:

In accordance with the state laws we must have on file the names, addresses and telephone numbers of the individuals permitted to drop off and collect your child(ren) from our school. If someone arrives to collect your child(ren) and we have not been introduced and their name is not in our file we **CANNOT** allow your child to leave with them.

Please list below any person's name, address and telephone number who might arrive to collect your child.

Thank you for your cooperation.

Name/Relation _____ Phone _____

Address _____ Cell _____

Name/Relation _____ Phone _____

Address _____ Cell _____

Name/Relation _____ Phone _____

Address _____ Cell _____

I understand that if the name does not appear on this list, my child will **not** be released from school.

Parent Name (Please Print)

Parent Signature

Date

Home # _____

Cell# _____

Work # _____

COLONIAL HILLS UNITED METHODIST SCHOOL
PARENT/GUARDIAN PERMISSION AND AGREEMENT FORM

Please initial each item to grant permission and sign full signature at the bottom.

Please Print

Child's Name: _____

_____ I grant permission to participate in all field trips and on-campus events. I understand it is required for my child to be secured in a car safety/booster seat. I will provide such seat and install it in the vehicle my child is riding in. I understand that if I am a parent driving on any field trips, I will provide to the school a copy of my driver's license and liability insurance.

_____ Directory Information: The school may release the following information (circle each that you are giving permission for).

Name	Address	Telephone #	Email address
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_____ I grant permission for CHUMS to photograph or videotape my child.
(These may be used for class project, or school displays).

_____ I grant permission for a photograph of my child to possibly be placed on our website, newsletters, CHUMS Facebook page or brochures.

_____ CHUMS has my permission for my child to participate in the following activities:
(Circle each to give permission)

Wading Pools	Sprinklers	On-campus via bus ride
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_____ CHUMS has my permission to administer first -aid **(required for admittance)**

_____ CHUMS has my permission to seek emergency medical treatment **(required for admittance)**

_____ CHUMS has my permission to obtain emergency medical transportation **(required for admittance)**

_____ I hereby give permission for my child to be cared for by CHUMS and for my child to participate in all activities of the school and use all play equipment.

_____ Parent Handbooks are available for download at: www.colonialhills.info

TUITION AGREEMENT:

Payments are due on the first of the month and late after the tenth.

There is no credit given for holidays or days absent.

Please make arrangements ahead of time if payment will be late. Otherwise, payments after the tenth will be considered late and will be charged a late fee.

Returned checks are subject to bank fees.

Parent Name (Printed) _____ Date: _____

Parent Signature _____ Social Security #: _____

Drivers License # _____ State/Expiration _____

SPECIAL HEALTH NEEDS, OR ALLERGIES

Please Print Clearly

NAME OF CHILD: _____

Child Attends: _____ CHUMS _____ Little CHUMS

If your child has a special health need or allergy, please indicate below how we may meet your child's needs.

RE: Food allergies. Please communicate the extent of the problem and what happens if your child eats or touches the allergen.

Statement of problem or need: _____

_____ Allergic reaction is mild.

Reaction that may occur: _____

_____ Allergic reaction is severe.

Reaction that may occur: _____

____ Yes ____ No I need to keep medication at school office for CHUMS staff to administer to my child. A permission form must be signed for this. All medications must be in a prescription bottle. **FYI: ANY DRUGS, INCLUDING OVER THE COUNTER MEDICINES MAY NOT BE LEFT IN THE CHILD'S TOTE OR GIVEN TO HIS/HER TEACHER TO ADMINISTER**

Signature _____ Date _____

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CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize Colonial Hills United Methodist School to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting tuition related payments. I (we) understand that the charges to the below referenced credit card account will be based charges that are due and payable at the time of the credit card transaction.

I (we) understand that this agreement is between myself (us) and Colonial Hills United Methodist School. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give Colonial Hills United Methodist School written notice of revocation. I understand a 2% processing fee is charged per transaction. A minimum of 5 business days is required to affect revocation.

Cardholder Name

Phone #

Cardholder Billing Address

Account #

City State Zip

Expiration Date Code

Cardholder Signature

Date

Record Retention Notice: Colonial Hills United Methodist School shall retain all parent (client) authorization forms in a secure location for the duration of the school year.

For Official Use Only:
Date Received: _____
Employee Signature: _____