



Preston Hollow Church  
Child Development Center  
2026-2027 Student Application Form

\$500 nonrefundable holding fee/per child \_\_\_\_\_

Fee applies for prospective families and enrolled families adding an impending sibling.

ACH only.

Class Applying For: Infants Toddlers Two's Three's PreK

Student Start Date: \_\_\_\_\_ (School year starts 9/2/2026)

Child's Information:

Child's Last Name First Name Preferred Name Date of Birth Sex: M/F

\_\_\_\_\_

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

FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Occupation: \_\_\_\_\_ Business: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Occupation: \_\_\_\_\_ Business: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Admission to the PHC/CDC is based on understanding and agreeing to the following:

- I understand PHC/CDC follows private Christian school calendars regarding holidays, days off, etc.
- I am aware the \$350 Annual Student Registration Fee must be paid by February 2, 2026, along with the Student Application Form to secure a spot for the 2026-2027 school year.
- I understand if Student Application Form is not returned by due date, my child's last day of school will be August 21, 2026.
- I am aware all fees are non-refundable.
- I agree to the 2026 - 2027 Tuition Policy of PHC/CDC.
- I was given a copy of the 2026 - 2027 Family Handbook and agree to adhere to the school's policies.
- I understand PHC/CDC is a tree nut/nut free school.
- I am aware PHC/CDC is not, nor cannot be, free of food items and non-food items that may lead to an allergic reaction.

Tuition Policy

Monthly tuition payment is due whether your child is present or not. Your tuition allows us to purchase supplies, food, disinfectant/cleaning supplies and provide opportunities for your child. Therefore, payment is due on the 1st of each month.

Tuition is paid by ACH only.

A \$50 late fee will be imposed if payment is made after the 1st week. If payment for the month is not paid by the 15th, your child will be excluded from the program.

Parent/Guardian Signature

\_\_\_\_\_

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



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**2026-2027 Tuition**

With the exception of the Infant classrooms, Preston Hollow Church Child Development Center believes in moving children from one room to another **ONCE** a school calendar year. However, there are some occasions when we may need to move a child. This is at the discretion of the Administrators.

**TUITION RATES**

Class	Tuition	Non-Refundable Registration Fee
Infant Room (Starts at 3 months of age)	\$1,665 / Month	\$350
Toddler Room	\$1,505 / Month	\$350
Two Year Old Room	\$1,400 / Month	\$350
Three Year Old Room *(3 years old by September 1 <sup>st</sup> )	\$1,325 / Month	\$350
Four Year Old Room *(4 years old by September 1 <sup>st</sup> )	\$1,300 / Month	\$350

*\*Child must be able to take care of ALL restroom needs.*

*DISCLAIMER: If your child starts mid-school year, they will be assigned to the class/room based on their birthday/peer appropriate classroom.*

**Tuition Policy**

Your child is considered officially enrolled at Preston Hollow Child Development Center when the Annual Student Registration Fee is received along with all other required forms. The non-refundable Annual Student Registration Fee is for each child. The fee for each child is \$350.00.

Tuition is priced on a yearly average, month to month basis and must be paid in full on the 1<sup>st</sup> week of every month. There is **NO REDUCTION** for holidays, school closures due to inclement weather, pandemics, school maintenance issues, absences, or holiday breaks. We do not offer family vacation credit.

We only accept tuition payment in the form of auto bank draft (ACH). Payment in full is due the 1<sup>st</sup> week of every month and not to be split in half.

I agree to promptly pay \_\_\_\_\_ in monthly tuition on the first day of each month. I also understand my child’s monthly tuition will be automatically withdrawn on the 1<sup>st</sup> week of every month. It is my responsibility to notify the school office if I change banking information before tuition is billed out the 1<sup>st</sup> week of every month.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



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**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

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

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Emergency Medical Facility \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



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**MEDICAL INFORMATION**

Childs Name: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Please attach a copy of your child’s most recent official immunization record. The record must include the child’s name and birth date; the number of doses and vaccine type; the date the child received each vaccination; and the signature of the person who administered the vaccine. Student has the following known allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize the health care provider listed below to share information with the PHC CDC program if needed in an emergency.

\_\_\_\_\_

Primary Family Member Signature

\_\_\_\_\_

Date



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**HEALTH CARE PROFESSIONAL'S STATEMENT**

I have examined the above-named child within the past year and find that he/she is physically and mentally able to take part in the PHC-CDC Program.

Date of last examination (M/D/Y): \_\_\_\_\_

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name / Title (printed)



# Preston Hollow Church

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### PARENT ENROLLMENT AGREEMENT

#### Overview:

- It's my responsibility to read and understand all communications from the school, including signing up to receive texts, emails, written communication in my child's folder, the yearly school calendar, the Family Handbook and notices posted in the Front Office, classroom doors and sign-in desk.
- It is my responsibility to read and understand the 2026-2027 school calendar when the school is closed for holidays, events, teacher training days, etc.
- I understand Preston Hollow Church Child Development Center operates Monday thru Friday, 7:30 a.m. to 5:30 p.m.
- I understand if I pick up my child after 5:30 p.m., I will automatically be billed a late fee. (Please see the amount of late fee charge on page 9 of the Family Handbook)
- I understand If I must speak to my child's teacher for a length of time, I must schedule a conference for this.
- I understand biting occurs occasionally in centers for young children and each incident is handled on an individual basis and in accordance with procedures recommended by Licensing.
- I understand the school cannot be held responsible for personal belongings, including jewelry, money, toys and/or special items brought to school.
- I understand Preston Hollow Church Child Development Center is a nut/tree nut free school.
- Preston Hollow Church Child Development Center is unable to care for sick children. I agree to comply with the program's written policies concerning illness, which include compliance with the Communicable Disease Appendix of the Minimum Standard Rules for the State of Texas.
- If my child becomes ill or is injured, I authorize Preston Hollow Church Child Development Center to obtain emergency medical treatment and I hereby release said program and its agents from liability for action taken pursuant to this release. In case of a security emergency, I authorize Preston Hollow Church Child Development Center to transport my child to a secure location.
- According to Texas Family Code, the Preston Hollow Church Child Development Center staff is obligated to report any suspicion of child abuse.
- A child may be dismissed from the program if Preston Hollow Church Child Development Center is unable to meet the physical, mental, or emotional needs of the child, or the parents do not comply with Preston Hollow Church Development Center school policies.
- It's my responsibility to inform Preston Hollow Church Child Development Center concerning special health, physical, social, or emotional needs my child may have, including those present before enrollment. This includes medications, allergies, existing or pre-existing illnesses, injuries, hospitalizations or other conditions and information from diagnostic testing.
- Medication prescribed by a doctor and with a label on the medication will be administered only if a medication form is filled out at the front office. Front office personnel are the only ones to administer medication. Nonprescription medication will only be administered with a doctor's note.
- I understand I must have my 4 year old screened for vision & hearing mandated by Licensing.

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Parent Signature

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Date



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**EMERGENCY/AUTHORIZED PICK-UP INFORMATION**

Please list the names of at least two (2) persons to whom the child may be released in case the primary caregiver(s) CANNOT be contacted to pick-up their child. You must provide a photo copy of the picture i.d. along with the emergency/authorized pick-up information. You can take a picture with your cell phone and send it to the school email address: [cdc@presthollowumc.org](mailto:cdc@presthollowumc.org).

Name & Address	Driver's License #	Phone #	Relationship
1)			
2)			
3)			

**Yes** or  **No**; Are there person(s) who are explicitly not allowed to pick up the child. Specific reason(s) should be discussed with the PHC-CDC Director. If yes, the school must have copies of the legal documentation including divorce decree if person is a parent.