

2022 - 2023



PARENT HANDBOOK  
&  
ENROLLMENT FORM

[WWW.SPROUTS-PRESCHOOL.COM](http://WWW.SPROUTS-PRESCHOOL.COM)

# SPROUTS PRESCHOOL

## Parent Handbook

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Dear Parents,

Welcome to Sprouts Preschool at FBC Hurst. We are so excited to have your child learning and growing with us! Sprouts teachers and I will strive to help your child develop: mentally, physically, spiritually, socially, and emotionally. Your child will grow in these areas by using age-appropriate hands-on activities and learning centers. Our “little” Sprouts will attend a weekly school wide chapel and daily music. We also offer Spanish for our 2’s, 3’s and 4 year old classes on Mondays.

This handbook was prepared to help you know and understand our policies and goals for this year. It will help us work together as a team to help your child have a successful year. Please feel free to contact us if you have any questions or if I can assist you in any way.

Blessed to serve you,

Stacy Roach - Director  
Laura Okruch- Director

Sprouts Preschool Staff  
817.409.1106

[www.sprouts-preschool.com](http://www.sprouts-preschool.com)

\*\*\*\*\*Please see Attached Covid-19 Addendum\*\*\*\*\*

## School Calendar

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Opening Date: September 7, 2022

Closing Date: May 17, 2023

We will use the HEB ISD School Calendar for holidays and closings with a few exceptions that are noted in our Sprouts Calendar.

## Our Philosophy

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At Sprouts Preschool, we believe in providing our students with many different enrichment activities such as learning centers, circle time, story time, music, bible stories, bible verses and nature. We use the Wee Learn curriculum to promote the development of the whole child, as well as the Zoo Phonics curriculum to help our students become familiar with letters and sounds. In addition, the 3 and 4 year old classes will implement parts of the Core Knowledge Curriculum and will have Spanish. We strive to provide children with a greater awareness and understanding of the way God created them by incorporating Bible stories into our daily activities along with tangible learning opportunities.

\*Sprouts Preschool is a partner with the Hurst-Euless-Bedford ISD and our teachers attend trainings provided for preschool education.

## Policies

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### Age of child

Sprouts Preschool enrolls children 9 months to 5 years as of September 1.

### What to bring

Each day your child will need to bring a **lunch** and a **blanket** for nap time. A nap mat will be provided. It is helpful to pack an **extra set of clothes and shoes** in case of an accident.

### Health and Safety

Children who have a contagious illness or exhibit signs of illness (fever, diarrhea, vomiting, or a rash) **must be symptom free for 24 hours** before returning to school. If your child becomes ill during the course of the day you will be called to pick up your child. We want to provide a healthy environment for all students and staff.

Our staff may only give your child prescription medications in the original prescription bottle and with your written consent.

If your child is allergic to something be sure to include that on the registration form and let your child's teacher know.

### **Arrival and Departure**

Parents will check their child in through their Brightwheel App upon arrivals and departure.

### **Authorized Pick-up**

Your child will only be released to persons listed on the enrollment form. If someone other than who is listed on the sign in sheet comes for pick up, they will be asked to show ID and the enrollment form will be checked.

### **Food**

Please pack your child a lunch and a drink. Lunches need to be finger foods that do not need to be warmed. Snacks will be provided by the preschool or a parent volunteer. If your child is allergic to something be sure to include that on the enrollment form and inform your child's teacher.

### **Clothes**

Please pack diapers and wipes if your child needs them. It is a good idea for all children to keep a change of clothes in their bag in case of an accident.

### **Discipline**

The staff will use redirection, time-out, and Conscious Discipline.

### **Toys**

Please do not bring toys from home; however, something to nap with is acceptable.

### **Outdoor play**

Weather permitting all classes will have recess every day, *please dress your child appropriately.*

### **Dismissal of a Child**

The program reserves the right to dismiss any child if, he/she is unable to participate in group experiences or if fees have not been paid and arrangements have not been made.

### **Fees**

Monthly tuition is **\$250.00** for 2 days a week. This is due at the first of each month.

**\*Please note: The 3's are required to be potty trained by their first day of Sprouts. No diapers will be allowed in the 3's class. Parents will need to let the director or assistant director know if they are not potty trained so they can keep their child in the lower class until they start the potty-training process.**

**\$25.00** off for siblings (first child is \$250.00 and each additional sibling is \$225.00 per month.)

A late charge of **\$10.00** will be added if fees are paid after the 10<sup>th</sup> of each month.

Sprouts Preschool does not prorate for holidays, professional development, and inclement weather in which school is cancelled or any missed days from your child.

Picking up a child after **2:05 p.m.** will result in a late fee of **\$1.00** per minute.

Registration fee is **\$50.00** per year. (Non-refundable)

Supply/Activity fee is **\$150.00** per year. (Non-refundable) This fee includes classroom supplies, special activities, and Shutterfly Photo album.

### **Withdrawal**

Two week notice in writing is required for withdrawal.



# Parent Agreement

I, \_\_\_\_\_, whose child \_\_\_\_\_ is enrolled in the 2022 - 2023 school year of the Sprouts Preschool, have received a copy of the Parent's Handbook. I have read and understand the policies and guidelines as described in the handbook, and I agree to abide by them.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

I, \_\_\_\_\_ permit my child, \_\_\_\_\_ to cross the church parking lot with Sprouts teachers and play at Mayfair Park or go on nature walks.

I do not hold Sprouts/FBC Hurst responsible for any accidents that may happen to my child(ren).

\_\_\_\_\_  
**Signature of Parent/Guardian**



# Enrollment

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Parents' Relationship to Each Other  Married  Divorced  Separated  Single

Child Lives with (please check all that apply):

Mother and Father  Mother  Father  Other \_\_\_\_\_

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

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

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

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Are you a member of First Baptist Church Hurst? Yes  No

Family Religious Preference \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

Please list at least one person who will be available to assume responsibility for your child in an emergency in which parents cannot be reached.

Name \_\_\_\_\_ Driver's License \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_



## Release of Child

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I authorize that my child, \_\_\_\_\_, be released by **Sprouts Preschool** to the following persons, in addition to those already listed on this form.

Name \_\_\_\_\_ Driver's License \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Driver's License \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Driver's License \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

## Child's Health Information

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Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Physicians Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
Office Address \_\_\_\_\_

### Health Information

Please mark only those conditions that are applicable to your child. Attach a sheet to this form to provide additional health information if necessary.

Asthma _____	Heart Condition _____	Seizures _____
Diabetes _____	Hemophilia _____	Urinary _____
Ear Tubes _____	Orthopedic _____	Vision Defect _____
Hearing Loss _____	Respiratory _____	Speech Delay _____

Known Allergies (i.e. food, drugs, plants, etc.)

\_\_\_\_\_

\_\_\_\_\_

Behavioral Issues

\_\_\_\_\_

\_\_\_\_\_

Hospitalizations/Operations

\_\_\_\_\_

\_\_\_\_\_

Other Serious Illnesses

\_\_\_\_\_

Immunizations are current: Yes \_\_\_\_\_ No \_\_\_\_\_

Any Medications/Drugs taken regularly by this child

\_\_\_\_\_

**\*Please attach a photocopy of your child's most recent immunization record.\***

# Notarization Required

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

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In order to meet all legal requirements, I hereby authorize a representative of the Sprouts Preschool at FBC Hurst to give consent for any and all necessary medical care for my child, \_\_\_\_\_, while said child is in said individual's custody.

\_\_\_\_\_  
Signature of Parent or Guardian

I, the parent of the above-named child, hereby give my approval for our child's participation in activities at Sprouts Preschool at FBC Hurst. I assume all risks and hazards incidental to such participation. I do hereby waive, release, absolve, indemnify and agree to hold harmless Sprouts Preschool at FBC Hurst, the teacher, organizers and sponsors for any claim arising out of an injury to my child.

\_\_\_\_\_  
Signature of Parent or Guardian

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

NOTARY \_\_\_\_\_  
\_\_\_\_\_

COMMISSION EXPIRES \_\_\_\_\_  
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

## Publications, Video and Internet Consent Release Agreement

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Students who attend Sprouts Preschool are occasionally asked to be a part of school publicity for our website or brochures. In order to guarantee student privacy and ensure your agreement for your student to participate, we ask that you sign and return this form to Sprouts each school year for your children.

The form referenced below indicates approval for the student's name, picture, written work, voice and verbal statements or portraits (video or still) to appear in school publicity, videos, or on the Sprouts website. For example, pictures and articles about school activities may or may not personally identify the student. The pictures and/or videos may be used by the school in subsequent years.

### Agreement

*Parent/Guardian release to Sprouts Preschool the Student's Name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to use by Sprouts Preschool.*

Sprouts Preschool agrees that the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, publicity, and instruction.

Parent/ Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photo, video or student statements may be used in subsequent years.

If the Parent/Guardian wish to rescind this agreement they may do so at any time with a written notice.

Effective Date of Agreement: \_\_\_\_\_  
Student's Name: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_

*"I will pour my Spirit into your descendants and my blessing on your children.  
They shall SPROUT like grass on the prairie, like willows alongside creeks."  
Isaiah 44:3-4*