

Admission Date: _____

Withdrawal Date: _____

(For Office Use Only)



2026 – 2027 CHUMS Application for Enrollment

Child's Name: _____ Age as of Sept. 1, 2026 _____ yr. _____ mo.

ALL CHILDREN ENTERING OUR TODDLER PROGRAM MUST BE INDEPENDENTLY WALKING AND EATING.

ALL CHILDREN ENTERING PRE-K 3 AND OLDER MUST BE POTTY-TRAINED.

Please select your class choice:

Class Hours: 8:45AM – 2:30PM

Toddler 18 -35 mo. <i>Must be 18 months old to enroll</i>	Monthly Tuition	Enrollment Fee*	Supply Fee <i>*Due June 10th</i>
___ Tuesday/Thursday	\$525	\$200	\$525
___ Monday/Wednesday/Friday	\$645	\$200	\$645
___ Monday - Friday	\$815	\$200	\$815

* **Sibling Enrollment Fee** A \$150 enrollment fee per child applies to each additional sibling enrolled.

***Sibling Tuition Discount** A 15% tuition discount applies to each additional sibling enrolled.

Pre-K3 & Pre-K4 <i>Must be 3 or 4 by Sept. 1, 2026</i>	Monthly Tuition	Enrollment Fee*	Supply Fee <i>*Due June 10th</i>
___ Monday/Wednesday/Friday	\$675	\$200	\$675
___ Monday - Friday	\$845	\$200	\$845

* **Sibling Enrollment Fee** A \$150 enrollment fee per child applies to each additional sibling enrolled.

***Sibling Tuition Discount** A 15% tuition discount applies to each additional sibling enrolled.

Before School Care 8:00 am–8:40 am	
___ Tuesday/Thursday	\$60
___ Monday/Wednesday/Friday	\$75
___ Monday - Friday	\$105

After School Care 2:35 pm–3:30 pm	
___ Tuesday/Thursday	\$80
___ Monday/Wednesday/Friday	\$95
___ Monday - Friday	\$125

Tuition is paid over 10 months, (August – May) and due by the 4th of each month.

Enrollment fee (annual fee to cover registration) paid in full at the time of enrollment.

Supply Fee Invoices will be sent out on June 1st, with payment due no later than June 10th.

- Annual fees are non-refundable and non-transferable.
- All accounts **MUST** be current in order to re-enroll.
- Payments are made by check, ACH, Zelle, or credit card through ProCare
- Debit cards are **NOT** accepted.

Payment Received \$ _____

Colonial Hills United Methodist School

5247 Vance Jackson • San Antonio, Texas 78230 • 210.349.1092 • www.chums-sa.com

General Information

Please Print

Child's Full Name: _____ Male / Female _____

Prefers to be called: _____

Date of Birth: ____/____/____ Phone (____) _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Name of Parent / Guardian Completing Form: _____

Child Lives with: ____ Both Parents ____ Mother ____ Father ____ Guardian

Are parents separated or divorced? **YES/NO** If yes, who has legal custody? _____

Are there any active court orders (custody or other) pertaining to your child? **YES/NO**

If yes, please provide a copy of the courts orders to the school office.

Parent #1 Name: _____ Cell # _____ Work # _____

Occupation: _____ Employer: _____

Address (if different from child's) _____

Email: _____ *(please print clearly)*

Parent #2 Name: _____ Cell # _____ Work _____

Occupation: _____ Employer: _____

Address (if different from child's) _____

Email: _____ *(please print clearly)*

How did you hear about CHUMS? _____

Names & ages of other children in applicant's family: _____

What is the primary language spoken at home? _____

Has your child had previous school experience other than CHUMS? **YES/NO**

If yes, please list the name of school: _____

Has your child received, or are they currently receiving, any early intervention services? **YES/NO**

If yes, please explain _____

Does your child have any physical limitations that we should be aware of? **YES/NO**

If yes, please explain _____

Do you have any concerns about your child's behavior? **YES/NO**

If yes, please explain _____

Is your child currently taking any prescription medication? **YES/NO**

If yes, please list medications _____

Does your child have existing illness, previous serious illness/injury, hospitalizations during the last 12 months, or any **medical condition** that we should be aware of? **YES/NO**

If yes, please explain _____

Does your child have seasonal allergies **YES/NO**

If yes, please explain symptoms _____

Does your child have a food or other severe allergy that has been diagnosed by their doctor? YES/NO

If **yes**, a Food Allergy & Anaphylaxis Emergency Care Plan **MUST** be completed by the child's doctor and be on file in the office along with any prescribed medication **before** the first day of care.

Food Allergy Emergency Plan submitted to the CHUMs office on: _____ Received by: _____

Child's Name (please print)

Parent's Name (please print)

Signature of Parent or Legal Guardian

Date

Dismissal Information

In accordance with state Child Care Regulation Minimum Standards, we must have on file the names, addresses, and telephone numbers of individuals permitted to drop off and pick up your child from our school. If someone arrives to collect your child and we do not have their name on file, we **CANNOT** allow your child to leave with them.

___ I designate this individual as the responsible individual for CHUMS **to call** in an emergency if parents or guardian cannot be reached.

___ I authorize CHUMS **to release** my child to leave with this individual after verification of ID

Name: _____ Phone (____) _____

Relationship to Child: _____

Address, City, State & Zip code: _____

___ I designate this individual as the responsible individual for CHUMS **to call** in an emergency if parents or guardian cannot be reached.

___ I authorize CHUMS **to release** my child to leave with this individual after verification of ID

Name: _____ Phone (____) _____

Relationship to Child: _____

Address, City, State & Zip code: _____

___ I designate this individual as the responsible individual for CHUMS **to call** in an emergency if parents or guardian cannot be reached.

___ I authorize CHUMS **to release** my child to leave with this individual after verification of ID

Name: _____ Phone (____) _____

Relationship to Child: _____

Address, City, State & Zip code: _____

Child's Name (please print)

Parent's Name (please print)

Signature of Parent or Legal Guardian

Date

Media Release

YES/NO I give CHUMS permission to use my child's photo/video for classroom projects or school events, with the understanding that these materials will **not** be used for publication.

YES/NO I give CHUMS permission to use my child's photo/video for social media, newsletters, brochures, and the CHUMS website. Children's names are never used.

_____	_____
Child's Name (please print)	Parent's Name (please print)
_____	_____
Signature of Parent or Legal Guardian	Date

Procare Agreement

Colonial Hills United Methodist School utilizes Procare, a secure online software designed to provide parents with real time communication. With Procare, our teachers can share activities, photos, and videos that can be viewed via the Procare app.

The information associated with your child's Procare account is private. Procare does not advertise, share, or sell your child's personal content or information. You can read more about their privacy here: <https://www.procaresoftware.com/privacy-policy/>.

I understand that Procare is a secure online environment, and I will not post any photos or videos that include other children online in any form including but not limited to email, websites, message boards, blogs, or social networking.

I acknowledge that I have read and understand the above information and that my signature below signifies my agreement to comply with the above terms.

_____	_____
Child's Name (please print)	Parent's Name (please print)
_____	_____
Signature of Parent or Legal Guardian	Date

Consent Information

Water Activities: I give consent for my child to participate in water table & sprinkler play **YES/NO**

Field Trips (Pre-K4 ONLY): I give consent for my child to participate in field trips. I understand it is required for my child to be secured in a safety/booster seat. I will provide such seat and install in the vehicle my child is riding in. **YES/NO**

Child's Name (please print)	Parent's Name (please print)
Signature of Parent or Legal Guardian	Date

Operational Policies

Parent Handbook: I acknowledge that I have received a copy and /or have access to the CHUMS Parent Handbook online at www.chums-sa.com. After reading it carefully, I understand the policies, procedures, and regulations of the program including but not limited to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Enrollment and Financial Agreement
<input type="checkbox"/> Parent Code of Conduct
<input type="checkbox"/> Curriculum
<input type="checkbox"/> Conscious Discipline
<input type="checkbox"/> Child Safety
<input type="checkbox"/> Discipline & Program Management
<input type="checkbox"/> Parent Involvement & Communication | <input type="checkbox"/> Health & Safety
<input type="checkbox"/> Arrival, Departure & Release of Children
<input type="checkbox"/> Illness Policy
<input type="checkbox"/> Health & Immunization
<input type="checkbox"/> Withdrawal
<input type="checkbox"/> Medication
<input type="checkbox"/> Cell Phone Use
<input type="checkbox"/> Emergencies
<input type="checkbox"/> Security | <input type="checkbox"/> Photography
<input type="checkbox"/> Field Trips
<input type="checkbox"/> Special Events
<input type="checkbox"/> Water Activities
<input type="checkbox"/> Contacting the Director
<input type="checkbox"/> Minimum Standards and State Licensing |
|--|--|--|

Child's Name (please print)	Parent's Name (please print)
Signature of Parent or Legal Guardian	Date

Financial Policies

Financial Policy: I acknowledge that I have received a copy of and/or have access to the CHUMS Parent Handbook and the financial policies available online at www.chums-sa.com. After reviewing them carefully, I understand and agree to abide by the financial policies, procedures, and regulations outlined below and within the CHUMS Parent Handbook.

- ☐ Tuition billed through **ProCare** on the **1st**, due by the **4th**.
- ☐ A **\$35 late fee** will be charged for any tuition paid after the 4th.
- ☐ Accounts past due after the **10th** may result in suspension or withdrawal (re-enrollment dependent on space and all fees being paid).
- ☐ Payments accepted via **ProCare (credit card or ACH)**, cash, or Zelle.
- ☐ **3% fee** applies to ProCare credit card payments; **debit cards not accepted**.
- ☐ **\$40 fee** for any returned or declined payment

Child's Name (please print)

Parent's Name (please print)

Signature of Parent or Legal Guardian

Date

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child.

Name of Physician: _____ Phone Number: _____

Address City, State & Zip code: _____

Name of Emergency Medical Care Facility: _____ Phone Number: _____

Address, State & Zip Code: _____

Transportation: I give consent for my child to be transported by emergency services and supervised by CHUMS employee's for emergency care. **YES/NO**

I authorize CHUMS staff or volunteers to seek emergency medical treatment for my child. I understand that while reasonable safety precautions will be taken, unforeseen risks may occur, and I agree not to hold CHUMS, its employees, or volunteers legally liable for any such action.

Child's Name (please print)

Parent's Name (please print)

Signature of Parent or Legal Guardian

Date

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

1. Enter and examine the child care facility during the facility's hours of operation without advanced notice;
2. Review the child care facility's publicly accessible records;
3. Receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
4. Obtain a copy of the child care facility's policies and procedures;
5. Review, at the request of the parent or guardian, the facility's:
 - a. staff training records and
 - b. any in-house staff training curriculum used by the facility;
6. Review the child care facility's written records concerning the parent's or guardian's child;
7. Inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - a. video recordings of the alleged incident are available;
 - b. the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - c. the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
8. Have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
9. Be provided the contact information for the child care facility's local Child Care Regulation office;
10. File a complaint against the child care facility by contacting the local Child Care Regulation office, and
11. Be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Child's Name (please print)

Parent's Name (please print)

Signature of Parent or Legal Guardian

Date

Resources:

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>

2026 – 2027 Medical Form **REQUIRED FOR ADMISSION**

Child's Name: _____ Birth Date: _____

Please check only one option:

1. ☐ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that they are free from communicable diseases and is able to take part in school.

Health Care Professional's Signature/Stamp: _____ Date: _____

Address _____ Phone _____

2. ☐ A signed and dated copy of a health care professional's statement is attached

3. ☐ A 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.

4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the preschool program. **I will provide a health care professional's signed statement and submit it to the CHUMS office on or before the first day that my child is in attendance.**

Immunization Record

☐ I have provided the school with a copy of my child's most current immunization record.
For additional information contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

A vision and hearing screening, completed by your physician, is required to be provided if your child will be 4 or older by September 1, 2026.

VISION Screening	R 20/ _____	L 20/ _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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HEARING	1000 Hz	2000 Hz	4000 Hz	Pass Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Health Care Professional's Signature/Stamp: _____ Date: _____

Child's Name (please print)	Parent's Name (please print)
Signature of Parent or Legal Guardian	Date

