



Dear Families,

Welcome to Colonial Hills United Methodist School, an independent, private school with an established history since 1970.

At CHUMS, we understand that your child's educational journey extends beyond the traditional classroom setting. We focus on providing a holistic learning experience that fosters essential social-emotional skills, preparing your child for long-term success both academically and personally. Our educational approach combines decades of experience with a commitment to embracing new and innovative programs over the years to come.

We believe that each child's success depends upon strong partnerships between parents and teachers. Together we will work with you to prepare and guide your child, both academically and socially, to transition smoothly and excel into his or her next level of learning. I am fortunate to have the opportunity to lead a remarkable group of caring, creative, and gifted teachers and staff. We are all here because we are passionate about having a positive impact in the lives of young children.

We look forward to being a part of your child's growth and development. Welcome to Colonial Hills United Methodist School.

Sincerely,

A handwritten signature in blue ink, appearing to read "CHAMBLIN", is positioned below the word "Sincerely,".

Cynthia Hamblin
School Director



Admission Date: _____
 Withdrawal Date: _____
 (For Office Use Only)

2025 – 2026 CHUMS Application for Enrollment

Child's Name: _____ Age as of Sept. 1, 2025 _____ 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 mo. by Sept. 1, 2025</i>	Monthly Tuition*	Enrollment Fee**
___ Tuesday/Thursday	\$400	\$565
___ Monday/Wednesday/Friday	\$495	\$660
___ Monday - Friday	\$695	\$860

Pre-K 3 <i>Must be 3 by Sept. 1, 2025</i>	Monthly Tuition*	Enrollment Fee**
___ Monday/Wednesday/Friday	\$565	\$730
___ Monday - Friday	\$725	\$890

Pre-K 4 <i>Must be 4 by Sept. 1, 2025</i>	Monthly Tuition*	Enrollment Fee**
___ Monday/Wednesday/Friday	\$565	\$730
___ Monday - Friday	\$725	\$890

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 which includes registration and supplies) may be paid in full at the time of enrollment or in two equal payments. The first payment due upon registration, and the second payment payable by the 4th of the following month.

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

Payment Received \$ _____

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 any early intervention services? **YES / NO** Explain _____

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

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

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

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** Explain _____

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

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

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: _____

Is there anyone that your child **MAY NOT** be released to? **YES/NO** If yes, please name _____

Child's Name (please print)

Parent's Name (please print)

Signature of Parent or Legal Guardian

Date

Consent Information & Operational Policies

Field Trips: I give consent for my child to participate in field trips (**Pre-K 4 ONLY**). 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**

Comments: _____

Water Activities: I give consent for my child to participate in

Water table play **YES/NO** Sprinkler Play **YES/NO**

Parent Handbook: I acknowledge that I have received a copy and /or have access to the CHUMS Parent Handbook on line 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"/> Health & Safety | <input type="checkbox"/> Field trips |
| <input type="checkbox"/> Parent Code of Conduct | <input type="checkbox"/> Release of children | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Arrival & Departure | <input type="checkbox"/> Water activities |
| <input type="checkbox"/> Conscious Discipline | <input type="checkbox"/> Illness Policy | <input type="checkbox"/> Contacting the Director |
| <input type="checkbox"/> Child Safety | <input type="checkbox"/> Health/Immunization Requirements | <input type="checkbox"/> Minimum Standards and State Licensing |
| <input type="checkbox"/> Discipline & Program Management Strategies | <input type="checkbox"/> Withdrawal Policy | <input type="checkbox"/> Contacting the Director |
| <input type="checkbox"/> Parent Involvement Communication | <input type="checkbox"/> Medication | |
| | <input type="checkbox"/> Cell phone use | |
| | <input type="checkbox"/> Emergencies | |
| | <input type="checkbox"/> Security | |
| | <input type="checkbox"/> Photography | |

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 hereby give consent to any of the CHUMS Staff and/or volunteer staff to seek emergency medical treatment for my child named above. While understanding that all reasonable safety precautions will be observed, I understand the possibility of unforeseen hazards and the inherent possibility of risk. I voluntarily agree not to hold legally liable CHUMS or any of its employees, volunteers, or other representatives associated with providing or arranging for emergency medical treatment for my child.

Child's Name (please print)

Parent's Name (please print)

Signature of Parent or Legal Guardian

Date

2025 – 2026 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, 2025.

VISION Screening

R 20/ _____

L 20/ _____

☐ Pass ☐ Fail

HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Right				
Left				

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

Child's Name (please print)

Parent's Name (please print)

Signature of Parent or Legal Guardian

Date

Colonial Hills United Methodist School

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

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>