

Reading Friends is a proprietary academic preschool and Kindergarten. We offer a 9-month program, from September to May, and summer camps in June and July. The annual tuition, excluding summer camps, is listed below.

Prices and Scheduling:	Annual Rate	Monthly Rate/Days
Developmental (2's)	\$4950 \$5850	\$550 T/Thu \$650 M/T/W/Th
Primary (3's) Primary 5-day	\$5400 \$6300	\$600 M/W/F \$700 M-F
Pre-K (4's)	\$6300	\$700 M-F

Enrichment Classes (Developmental, Primary and Pre-K) \$55/month

Classes offered Monday-Friday. Please see attached flier. 1pm-2pm

Registration and Supply Fees:

Developmental	\$400
Primary	\$400
Pre-K	\$425

Please call our office and we will be glad to set up a tour and answer any questions you might have regarding our classes.

Marsha Wesley Mackensie Chaffin Owner/Director Director

Curriculum Concepts

"Multisensory learning involves the use of visual, auditory, and kinesthetic-tactile pathways simultaneously to enhance memory and learning of written language. Links are consistently made between the visual (language we see), auditory (language we hear), and kinesthetic-tactile (language symbols we feel) pathways in learning to read and spell." (Shelton)

"When taught by a multisensory approach, students have the advantage of learning alphabetic patterns and words with engagement of all learning styles." (Shelton)

All children enrolled in the Reading Friends program will have classes in:

- Spatial Awareness-Laterality and Directionality
- Balance
- Locomotion
- Visual-Motor Coordination
- Rhythm
- Gross Motor Coordination
- Fine Motor Coordination
- Body Image

Developmental (2 years)

Our Programs for Children Age 2 Focus on the Following Skills:

- Receptive Language Development
- Verbal Expression
- Vocabulary Development
- Perceptual Motor Training
- Listening Skills
- Number Recognition
- Color Recognition
- Shape Recognition
- Creative Art
- Singing (Music)
- Indoor and Outdoor Play

Primary (3 years)

Our Programs for Children Age 3 Focus on the Following Skills:

- Pre-Reading Skills
- Letter Recognition
- Receptive Language Development
- Verbal Expression
- Vocabulary Development
- Perceptual Motor Training
- Listening Skills
- Number Recognition
- Color Recognition
- Shape Recognition
- Creative Art
- Singing (Music)
- Indoor and Outdoor Play

Pre-K (4 years)

Our Programs for Children Ages 4-5 Focus on the Following Skills:

- Basic Phonetic Concepts
- Sound-Symbol Association
- Coding and Blending
- Decoding-Spelling
- Handwriting
- Basic Math Concepts (Addition, Subtraction, Fractions, Time)
- Vocabulary Development
- Verbal Expression
- Creative Art
- Singing (Music)
- Social Studies
- Science
- Life Skills
- Indoor and Outdoor Play



Reading Friends of Keller Admission Form

Facility Name	Director's Name	Days/Hours in Our Care	Date of Admission
Reading Friends	Marsha Wesley		
Parents' Names		Parent(s) Email Address(e	s)
Child's Name	Child's DOB	Child's Home	e Phone Number
Child's Home Addr	ess	Emergency Contact's Info	rmation (Non-Parent)
Street Address		First & Last Name	Phone Number
City, State, Zip Code		Street Address	City, State, Zip Code
Parent's Name & Address If Different from Above			
Mom's Cell	Mom's Office	Dad's Cell	Dad's Office
I give consent for meand phone number			Please list their name(s)

ALLERGIES & SENSITIVITIES

Please list all allergies, existing illnesses, previous serious illnesses, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information for which we should be aware:

If your child's allergy requires an Epi Pen or other medication, your doctor will need to fill out a F.A.R.E. form.



Emergency Medical Authorization

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to the following doctor or hospital: Name of Physician Phone Number Address Phone Number Name of Hospital Address **Emergency Medical Release** I authorize Reading Friends of Keller to arrange any and all necessary emergency medical treatment in the event I cannot be reached. Child's Name Parent/Guardian Signature Wellness Statement (This section to be completed by a health care provider.) I have examined the above child named within the past year and find that he/she is physically able to take part in school activities. Health Care Provider's Signature Date Please include a copy of your child's vaccination records or affidavit. Hearing & Vision Screening (This section to be completed for children ages 4-years-old and up.) Hearing Date _____ Signature _____ Hz 1000 2000 4000 Pass _____ R L Vision Date __ Signature _____

Pass _____ Fail ____



Discipline and Guidance Policy for Reading Friends

Discipline must be:

- 1. Individualized and consistent for each child.
- 2. Appropriate to the child's level of understanding.
- 3. Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1. Using praise and encouragement of good behavior, instead of focusing only upon unacceptable behavior.
- 2. Reminding a child of behavior expectations daily by using clear, positive statements.
- 3. Redirecting behavior using positive statements.
- 4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and quidance are prohibited:

- 1. Corporal punishment or threats of corporal punishment.
- 2. Punishment associated with food, naps, or toilet training.
- 3. Pinching, shaking, or biting a child.
- 4. Hitting a child with a hand or instrument.
- 5. Putting anything in or on a child's mouth.
- 6. Humiliating, ridiculing, rejecting, or yelling at a child.
- 7. Subjecting a child to harsh, abusive, or profane language.
- 8. Placing a child in a locked or dark room, bathroom, or closet with the door closed.
- 9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Source: Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L. Discipline and Guidance.

My signature verifies that I read and received a copy of this discipline and guidance policy.		
Signature		Date
Please Check One:	Employee/Caregiver	Household Member of Child-Care Home



Photo Release Form

For valuable consideration acknowledged and received, the undersigned, as the parent or legal guardian of the person whose name appears at the bottom of this release ("Child"), hereby grants to [Reading Friends ©], [the "Company"] and the Company's successors, assigns, affiliates and licensees, the absolute, irrevocable, unrestricted, right to use, reproduce, publish, display, digitize, enhance, distort, alter, partition, or otherwise transform, in whole or in part, any and all likenesses of Child, including, without limitation, images, photos, pictures, and video recordings of Child, regardless of format, in which Child may be included with others [the "Likeness"], in any and all media now existing or hereafter created, including without limitation, multimedia. Further, the Company shall retain all right and title in and to the Likeness, including without limitation, any copyrights therein; provided, however, that the Company agrees that it shall not, at any time, without the prior written consent of the undersigned, use the name of Child in connection with the Likeness. In addition, the undersigned hereby transfers or waives or release any and all rights of restraint associated with the Likeness to the Company on a world-wide and unrestricted basis.

The undersigned releases and discharges the Company, its affiliates, and their licensees from any and all claims and demands arising out of or in connection with the use of the Likeness, including without limitation any and all claims for libel or invasion of privacy and agrees not to sue or assert any claim against the Company, its affiliates, or any licensee of any nature whatsoever arising by reason of the Company's use of the Likeness as described in this release.

The undersigned is of full age and has the right to contract in Child's own name as parent or legal guardian of Child. The undersigned has read the foregoing and fully understands the contents thereof. This release shall be binding upon the Child, the undersigned, including heirs, legal representatives, and assigns thereof.

Date	Parent/Guardian Signature
Witness Signature	Address
Child's Printed Name	City, State, Zip Code
	 Phone Number



General Release Form

I hereby certify that my son/daughter participate in the Preschool/Kindergarten pro	has my permission to pgram at Reading Friends of Keller.
teacher, employee, or other person engaged	aim against Reading Friends of Keller and any in the activity in question and agree to hold them my son/daughter for any personal injury or illness that may occur to my son/daughter.
It is understood that this form must be signed the school office to be kept on file.	d by his/her parent or guardian and be returned to
Parent or Guardian Signature	 Date
Child's Printed Name	



Parent Contract

	nrolling my child t whose signature appears below, I agre	in Reading Friends of Keller. As the eto and understand the following:
YOU I	MUST INITIAL EACH SECTION BELOW	
A.	be due upon enrollment of my child. T will be charged if payment is received in of tuition will be given for withdrawal of of tuition will render the child unrolled	and supply fee plus the first month's tuition will uition is due on the first of each month. A late fee the office after the first of each month. No refund absence, including extended vacations. Absence from school and any registration fees must be
B.		a separate enrollment from the academic school e registration and supply fee as well as a non-
C.	To meet the state of Texas immunization information to be kept or schedule, a state affidavit must be cormy child cannot attend school with a r	guidelines, I must furnish current medical and a file at the school. If on an alternative vaccination appleted and submitted to the office. I understand ash or fever. If my child becomes sick during the
D.	For the safety of my child, permi	to arrange prompt pick up from the school. ssion must be given by phone, email, or in person eone other than myself, or those named on my outfication will be required.
E.	I understand that I am welcome	to observe or visit the school anytime that I wish; progress or behavior must be in private by
F.	I understand that if I pick up my \$20.00 and \$1.00 for each additional	child 10 minutes after dismissal, I will be charged I minute thereafter. Tuition is due on the first of charged if payment is not received by the first of
studer	nt, but will not discriminate based upo	e right to decline or withdraw enrollment to any on such individual's race, color, religion, sex, or pelow, you agree to the terms of this contract.
Parent	t/Guardian Signature	Date

Enrichment Classes

These classes are held after school from 1-2 pm for ages 2-Pre-K. Sign-up is available by the month but space is limited.

Monday: La Clase de Español



Spanish class is a fun and energetic way to introduce language through conversational words. Students will learn days of the week, months of the year, colors, family, foods, manners, greetings, weather words, animals and more.

Monthly Cost: \$55/child Teachers: Ms. Yayi/Ms. Mallory Ms. Adriana/Ms. Lisa

Tuesday: Brushes & Brooks



Brushes and Books is a literature-based children's art class that will capture your child's imagination, while tapping into his or her creative side. Each week we will share a book, then roll up our sleeves and get artsy.

Monthly Cost: \$55/child Teachers: Ms. Yayi/Ms. Melissa Ms. Carrie/Ms. Natalie

Wednesday: Yoga



Yoga can be a great benefit to children of any age. They will learn techniques for self-health, relaxation, and learn to navigate life's challenges with a little more ease. Physically, it helps to enhance their flexibility, strength, coordination, and body awareness. It is a physical activity that encourages self-esteem in a noncompetitive atmosphere.

Monthly Cost: \$55/child Teachers: Ms. Mallory/Ms. Yayi Ms. Adriana/Ms. Lisa

Thursday: Let's Cook!



This class will introduce cooking and food preparation while teaching fine motor skills, nutrition, measurement, shapes, fractions, following directions, telling time, sensory exploration, science concepts, and cooperation.

Monthly Cost: \$55/child Teachers: Ms. Kim/Ms. Melissa Ms. Carrie/Ms. Natalie

Friday: Young Explorers



Young Explorers allows children the chance to learn through hands on science experiments, discoveries, and sensory exploration. Some of these discoveries include animals, machines, magnets, music, and more.

> Monthly Cost: \$55/child Teachers: Ms. Melissa/Ms. Kim Ms. Lisa/Ms. Adriana