



K1 Kindergarten is a multisensory class designed for students who have turned 5-years-old by September 1<sup>st</sup> and who are planning to enter Kindergarten or 1<sup>st</sup> grade the following school year. Our curriculum includes Reading, Writing, Math, Art, Science, Social Studies, Gross Motor, Spanish, Yoga, and Outside/Free play. Our hours for K1 Kindergarten are Monday through Friday from 9:00am-2:00pm.

### Prices and Scheduling:

Registration and Supply Fee	\$425
K1 Kindergarten	\$6300/school year or \$700/month

### Hours:

9am-2pm

### Curriculum Concepts:

#### Reading

- ✓ Recipe for Reading Curriculum
- ✓ Orton-Gillingham methods
- ✓ Multisensory structured language approach
  - Phonemic awareness
  - Vocabulary development
  - Phonics
  - Reading fluency
  - Reading comprehension

#### Writing

- ✓ Write from the Beginning writing program & Thinking Maps
- ✓ Focus on critical thinking

#### Assessments included in this program:

- ✓ DRA (Developmental Reading Assessment)
- ✓ IRI (Independent Reading Inventory)
- ✓ CTOPP2 (Comprehensive Test of Phonological Processing)

#### Saxon Math

- ✓ Computation
- ✓ Problem solving
- ✓ Geometry, measurement, algebraic reasoning, and more.

#### Science

- ✓ Scientific investigation & reasoning to explore:
  - Force, motion, energy, and matter
  - Weather
  - Earth & Space
  - Organisms & Environments

#### Social Studies

- ✓ Geography
- ✓ Economics
- ✓ Government & Citizenship
- ✓ Different cultures

### Summer Discovery Camps

Ages 2 through 1<sup>st</sup> grade

Tuesday, Wednesday, Thursday

\*Flier with dates available in the spring

Please call our office and we will be glad to set up a tour and answer any questions you might have regarding our K1 Kindergarten class.

Marsha Wesley  
Owner/Director  
817 562-5333



# 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(es)**

\_\_\_\_\_

\_\_\_\_\_

**Child's Name**

**Child's DOB**

**Child's Home Phone Number**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child's Home Address**

**Emergency Contact's Information (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 my child to leave with facility with the following person(s). Please list their name(s) and phone number(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	_____ Address	_____ Phone Number
_____ Name of Hospital	_____ Address	_____ Phone Number

### 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	_____ Date
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### 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
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### 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	_____	Fail _____
L	_____	

Vision	Date _____	Signature _____
R	20/ _____	L 20/ _____
		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 guidance 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:

\_\_\_\_\_ Parent      \_\_\_\_\_ 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.

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Date

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Parent/Guardian Signature

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Witness Signature

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Address

---

Child's Printed Name

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City, State, Zip Code

---

Phone Number



## General Release Form

I hereby certify that my son/daughter \_\_\_\_\_ has my permission to participate in the Preschool/Kindergarten program at Reading Friends of Keller.

I agree and so hereby waive and release all claim against Reading Friends of Keller and any teacher, employee, or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur to my son/daughter.

It is understood that this form must be signed by his/her parent or guardian and be returned to the school office to be kept on file.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Printed Name



## Parent Contract

I am enrolling my child \_\_\_\_\_ in Reading Friends of Keller. As the parent whose signature appears below, I agree to and understand the following:

- A. A non-refundable registration and supply fee plus the first month's tuition will be due upon enrollment of my child. Tuition is due on the first of each month. A late fee will be charged if payment is received in the office after the first of each month. No refund of tuition will be given for withdrawal of absence, including extended vacations. Absence of tuition will render the child unrolled from school and any registration fees must be paid again upon return.
- B. To meet the state of Texas guidelines, I must furnish current medical and immunization information to be kept on file at the school. If on an alternative vaccination schedule, a state affidavit must be completed and submitted to the office. I understand my child cannot attend school with a rash or fever. If my child becomes sick during the school day, I will be notified and agree to arrange prompt pick up from the school.
- C. For the safety of my child, permission must be given by phone, email, or in person to the Director in Charge when someone other than myself, or those named on my Admission Form, picks up my child. Identification will be required.
- D. I understand that I am welcome to observe or visit the school anytime that I wish; however, discussion of my child's progress or behavior must be in private by appointment. All conferences are oral and in person.
- E. I understand that if I pick up my child 10 minutes after dismissal, I will be charged \$20.00 and \$1.00 for each additional minute thereafter. Tuition is due on the first of each month. A \$20.00 late fee will be charged if payment is not received by the first of each month. Also, there is a \$35.00 returned check fee.
- F. Notice: Reading Friends of Keller reserves the right to decline or withdraw enrollment to any student, but will not discriminate based upon such individual's race, color, religion, sex, or national origin.

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

\_\_\_\_\_  
Date