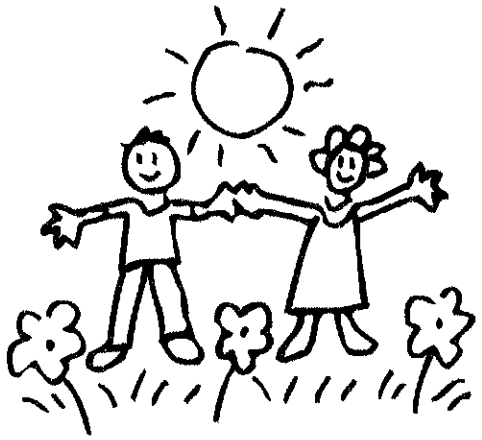

LITTLE WONDERS SCHOOL

"I will praise Thee, for I am … wonderfully made."
Psalm 139:14

Enrollment Packet

A Ministry of:
Baybrook Baptist Church
15775 Hope Village Rd.
Friendswood, TX 77546
Church Office: (281) 996-1316
Church Website: www.BaybrookBaptist.org
Email: sandie@baybrookbaptist.org
School Website: https://baybrookbaptistchurch.org/little-wonders-preschool

Pastor: Joe Schwenk
Little Wonders Director: Sandie Pustejovsky

TEXAS
Health and Human Services

Form 2935
June 2026

Admission Information

Use this form to collect all required information about a child enrolling in day care. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

Section 1 – General Information

Operation's Name	Director's Name
Little Wonders Preschool	Sandie Pustejovsky

Child's Full Name	Child's Date of Birth

Child lives with: ◯Both parents ◯Mom ◯Dad ◯Guardian

Child's Home Street Address, City, State and ZIP Code

Date of Admission	Date of Withdrawal

Name of Parent or Guardian 1

Address of Parent or Guardian 1, if different from the child's

Name of Parent or Guardian 2

Address of Parent or Guardian 2, if different from the child's

List phone numbers below where parents or guardian may be reached while child is in care.

Parent 1 Area Code and Phone No.	Parent 2 Area Code and Phone No.	Guardian's Area Code and Phone No.

Custody documents on file? ◯ Yes ◯ No

In case of an emergency, when the parent or guardian cannot be reached, call:

Name of Emergency Contact	Relationship	Area Code and Phone No.

Street Address, City, State and ZIP Code

I authorize the child care operation **to release** my child to leave the child care operation **only** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name	Area Code and Phone No.
Name	Area Code and Phone No.
Name	Area Code and Phone No.

Section 2 – Consent Information

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐For emergency care ☐~~On field trips~~ ☐~~To and from home~~ ☐~~To and from school~~

2. Field Trips

☐~~I give consent for my child to participate in field trips.~~

☐~~I do not give consent for my child to participate in field trips.~~

Comments

3. Water Activities

I give consent for my child to participate in the following water activities. Check all that apply.

☐Water table play ☐Sprinkler play ☐Wading pools ☐~~Swimming pools~~ ☐~~Aquatic playgrounds~~

1. Is your child a competent swimmer? ○Yes ○No If no, your child is required to wear a life jacket while in or near a swimming pool.

2. Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ○Yes ○No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Note: A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐Discipline and guidance
☐Suspension and expulsion
☐Emergency plans
☐Procedures for conducting health checks
☐~~Safe sleep~~
☐Procedures for parents to discuss concerns with the director
☐Procedures for parents to participate in activities
☐Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐Procedures for release of children
☐Illness and exclusion criteria
☐Procedures for dispensing medications
☐Immunization requirements for children
☐Meals and food service practices
☐Procedures to visit the center without securing prior approval
☐Procedures for supporting inclusive services
☐Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website

5. Meals

I understand the following meals will be served to my child while in care. Check all that apply.

☒None ☐Breakfast ☐Morning snack ☐Lunch ☐Afternoon snack ☐Supper ☐Evening snack

6. Days and Times in Care

My child is normally in care on the following days and times.

Day of Week	A.M.	P.M.	Day of Week	A.M.	P.M.
Monday	9:00	1:30	Friday	9:00	1:30
Tuesday	9:00	1:30	Saturday	N/A	N/A
Wednesday	9:00	1:30	Sunday	N/A	N/A
Thursday	9:00	1:30			

7. Receipt of Parent'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.

Date Signed

8. Child's Special Care Needs

Check all that apply.

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment, include instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above.

Does your child have diagnosed food allergies? ○ Yes ○ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at 800 514-0301 (voice) or 800 514-0383 (TTY).

Date Signed

9. School-Age Children N/A

My child attends the following school

School Area Code and Phone No.

My child ha[s] permission to: ☐ walk t[o] [f]rom school or home ☐ ride a bus ☐ be rele[ased] to the care of th[e] [p]erson younger than 18 [y]ears old

Authorized pick[-up] drop off l[o]cations other than the child's add[ress]

☐ ~~Child's required immunizations, vision and hearing screening are current and on file at their school.~~

Section 3 – Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:	
Name of Physician	Area Code and Phone No.
Street Address, City, State and ZIP Code	
Name of Emergency Care Facility	Area Code and Phone No.
Street Address, City, State and ZIP Code	

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Date Signed

Section 4 – Requirements for Exclusion from Compliance

☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Health and Safety Code Section 161.0041 submitted no later than the 90th day after the affidavit is notarized.

☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Section 5 – Vision Exam Results

Right Eye 20/ Left Eye 20/ ○Pass ○Fail

Date Signed

Section 6 – Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right:				☐Pass ☐Fail
Left:				☐Pass ☐Fail

Date Signed

Section 7 – Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ 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.
- ~~☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.~~

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

_____
Date Signed

_____
Date Signed

Section 8 – Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1 – 2 months (second dose)	
	6 – 18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15 – 18 months (fourth dose)	
	4 – 6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12 – 15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12 – 15 months (fourth dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6 –18 months (third dose)	
	4 – 6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12 – 15 months (first dose)	
	4 – 6 years (second dose)	
Varicella	12 – 15 months (first dose)	
	4 – 6 years (second dose)	
Hepatitis A	12 – 23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

Section 9 – Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above.

_____
Date Signed

Section 10 – Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about _____ and does not need varicella vaccine.

_____
Date Signed

Section 11 – Additional Information About Immunizations

For more information about immunizations, visit the Texas Department of State Health Services website at https://www.dshs.texas.gov/immunizations/public.

Section 12 – Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Section 13 – Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

Signatures

_____
Date Signed

_____
Date Signed

TEXAS Health and Human Services

Form 1099
November 2025

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

Directions: Parents will review this policy when enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Section 1 – Discipline and Guidance Policy

Discipline must be:

1) individualized and consistent for each child;
2) appropriate to the child's level of understanding; and
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 on unacceptable behavior;
2) reminding a child of behavior expectations daily by using clear, positive statements;
3) redirecting behavior using positive statements; and
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) grabbing or pulling a child;
4) putting anything in or on a child's mouth;
5) humiliating, ridiculing, rejecting or yelling at a child;
6) subjecting a child to harsh, abusive or profane language;
7) placing a child in a locked or dark room, bathroom or closet;
8) placing a child in a restrictive device for time out;
9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Section 2 – Additional Discipline and Guidance Measures

Only applies to Before or After School Program (BAP) or School Age Program (SAP) that operates under 26 TAC Chapter 744.

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:

- make sure the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  (B) what behaviors would warrant the use of these measures; and
  (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for more information; and
- make sure that the disciplinary measures used are not considered abuse, neglect or exploitation as specified in Texas Family Code Section 261.001.

Section 3 – Effective Date, Signature and Role

This policy is effective on the following date	

Role: ○Parent ○Caregiver or Employee ○Household Member, Chapter 747 only

Section 4 – Minimum Standards Related to Discipline

- Title 26, Chapter 744 Subchapter G
- Title 26, Chapter 746 Subchapter L
- Title 26, Chapter 747 Subchapter L

TEXAS
Health and Human Services

Form 2987
October 2023

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271. Parents will review these rights upon enrolling their child.

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.

_____ _____

Signature of Parent or Guardian **Date**

Resources

Facility Information and Online Compliance History: childcare.hhs.texas.gov/Public/childcaresearch

Child Care Regulation Contact Information: www.hhs.texas.gov/providers/child-care-regulation

Little Wonders @ Baybrook Baptist Church
Mother's Day Out/Preschool

The following are the tuition rates for the 2026-2027 school year and affect children that are the age stated by September 1, 2026.

I, _____ agree to pay the following fee as indicated below.

AGE	MONTHLY TUITION			PLEASE CIRCLE DAYS
2 YR	3 Days - $310			Tues.–Thurs.
3 YR	3 Days - $310	4 Days - $340	5 Days - $370	Tues.–Thurs. / Mon.–Thurs. / Mon.-Fri.
4 YR	3 Days - $310	4 Days - $340	5 Days - $370	Tues.–Thurs. / Mon.–Thurs. / Mon.-Fri.

PAYMENT OPTIONS: (Check One)
Payments are made by check, cash, money order or bank check.

Make checks payable to "Little Wonders".

_____I will pay MONTHLY on the first day of each month. The first one is due at **OPEN HOUSE**.

_____I will pay by SEMESTER, the first payment is due at **OPEN HOUSE** and the last one due in January.

*Tuition is due the first day of each month.
*A late fee of $15 will be charged for payments made after the **5th of the month.**
*There is a $15 discount for the second child's tuition.

REGISTRATION and SUPPLY FEE
This is a one-time fee of **$210** and is due upon enrollment. Early registration during the month of February is **$189**.
*There is a $25 discount for the second child's Registration and Supply Fee.

These fees are nonrefundable and nontransferable.

PARENT'S SIGNATURE_____Date_____

CHILD'S NAME (Please Print)_____

2026 – 2027 Little Wonders Square Payment Fees

Registration – 1 Child	$216.00
Registration – 2 Children	406.00
Tuition – 3 Days – 1 Child	$319.00
Tuition - 3 Days – 2 Children	621.50
Tuition – 4 Days – 1 Child	$349.50
Tuition – 4 Days – 2 Children	683.00
Tuition – 5 Days – 1 Child	$380.50
Tuition – 5 Days – 2 Children	744.75

LITTLE WONDERS SCHOOL
AUTHORIZATION FOR USE OF PHOTOGRAPH or LIKENESS

At Little Wonders School, it is our desire to put together materials which will display the school and its activities. Federal law states that we must have parental permission in order to use pictures of children in advertising.

I, (Parent's name printed) _____, do hereby permit and authorize Little Wonders School, employees, and other personnel who are acting on behalf of the school to use my child(ren), (Child(ren)'s name printed) _____ _____'s photograph or likeness (during the duration that my child is enrolled at Little Wonders School) for purposes related to publicity, marketing and promotion of the school and its components. I understand my child's photograph may be copied and distributed by means of various media, including displays, video presentation, or websites (Baybrook Baptist Church website and Facebook).

I understand that, although Little Wonders School and its components will endeavor to use my child's photograph in accordance with standards of good judgment, Little Wonders School cannot guarantee that any further dissemination of my child's photograph or likeness. Accordingly, I release Little Wonders from any and all liability related to the dissemination of my child's photograph or likeness.

_____ **YES**, I have read this document and understand its contents.

Parent/Guardian Signature _____ Date _____

Relationship to Child (circle) Father Mother Other _____

Child's Full Name _____

_____ **ONLY FOR SCHOOL SLIDESHOW**

_____ **NO, I DO NOT WISH TO SHARE MY CHILD(REN)'S PHOTOGRAPH.**

LITTLE WONDERS
BITING/OVERT AGGRESSION POLICY
"We should love one another." I John 3:11

Policy for 2- and 3-year olds:

Any child who bites or is overtly aggressive to another child or teacher while in our care will be suspended for three class days on the third incident. (OVERT is defined as an unprovoked, deliberate action that is harmful to another student or teacher.)

- **Fourth incident, child will be suspended for 2-weeks***
- **Fifth incident, parent will be given the option to choose a 2-month suspension* or withdrawal from school for the remainder of the school year.**
- **Upon returning to class from the 2-month suspension, if the child bites or shows overt aggression again, he/she will be withdrawn from the school for the remainder of the school year.**

Policy for 4-year olds:

Any child who bites or shows overt aggression one time will be sent home for the day.

- **Second incident, child is suspended for three days.**
- **Third incident, child is suspended for two weeks.**
- **Fourth incident, child is suspended for two months***
- **Next incident, child is withdrawn from school for the remainder of the year.**

***DURING THE 2-WEEK AND/OR 2-MONTH SUSPENSION PERIODS, THE ACCOUNT MUST CONTINUE TO BE PAID IN ORDER TO HOLD THE CHILD'S PLACEMENT IN THE SCHOOL.**

****SUSPENSION FOR SOME ACTS OF OVERT AGGRESSION WIL BE LEFT TO THE DIRECTOR.****

NOTE: THESE INCIDENTS ARE CONSIDERED OVER A CALENDAR YEAR BEGINNING WITH THE CHILD'S 1ST DAY OF CLASS.

I have read the biting/overt aggression policy above, and I agree to the content.

Parent Signature_____**Date**_____

Child's Name (Please Print)_____

LITTLE WONDERS CHILD'S SECURITY FORM
(FOR SCHOOL FILES)

_____ may not leave the Little Wonders School unless the person is listed on this form and knows the child's security number. I realize Little Wonders staff will request a driver's license or valid I.D. from the person picking up my child.

Your child's security # is _____. (# will be issued by the Director.)

Listed below are the persons (including the parents) that are allowed to pick up my child from Little Wonders.

Mother: _____ **Phone #** _____
Father: _____ **Phone #** _____
Name: _____ **Phone #** _____
Name: _____ **Phone #** _____

I have been issued 5 security cards and I understand the reason for it and how to use it.

_____
(Parent or Guardian) (Date)

Sandie Pustejovsky _____
(Director) (Date)

LITTLE WONDERS CHILD'S SECURITY FORM
(FOR TEACHER FILES)

_____ may not leave the Little Wonders School unless the person is listed on this form and knows the child's security number. I realize Little Wonders staff will request a driver's license or valid I.D. from the person picking up my child.

Your child's security # is _____. (# will be issued by the Director.)

Listed below are the persons (including the parents) that are allowed to pick up my child from Little Wonders.

Mother: _____ **Phone #** _____
Father: _____ **Phone #** _____
Name: _____ **Phone #** _____
Name: _____ **Phone #** _____

I have been issued 5 security cards and I understand the reason for it and how to use it.

_____
(Parent or Guardian) (Date)

Sandie Pustejovsky _____
(Director) (Date)