Dripping Springs
INDEPENDENT SCHOOL DISTRICT

Pre-K Program Selection and Parent Agreement

Please read the program eligibility descriptions below.

	program serving children who are four years old on or before September 1st who:
 are limited-English speaking; or are military dependents; or the child emergency medical first responder; 	of a person eligible for the Star of Texas Award as a peace officer, firefighter, or
☐ are from families that qualify for free are homeless; or	
	hip of the Department of Family and Protective Services Eligible students attend .
Preschool Program for Children with Disabilities (PPCD) – PPCD is a program that serves children between the ages of 3 and 5 who have delays in the areas of speech, language, physical, social and/or emotional development. Eligible students attend this program at no cost to the family. Tuition-Supported Pre-Kindergarten – Children who are four years old on or before September 1 and who do not qualify for either PPCD or the above Pre-Kindergarten program provided for qualifying students are eligible to enroll in the Tuition-Supported Pre-Kindergarten Program at Dripping Springs, Walnut Springs, Rooster Springs, Sycamore Springs, and Cypress Springs Elementary Schools. Children living within the District must register for the program at the campus in whose attendance zone they reside.	
I agree to the following:	
I understand that I am respor day of school attendance.	nsible for ensuring that my child's immunization requirements are met by the first
school day (7:45 a.m. to 3:00 p.m.). The	ducational program, and that my child must remain at the school for the full e schedule of the Pre-Kindergarten program will follow the DSISD 177-day school ugh Community Services' Kids Club program is available on each campus from an additional cost.
	e no Pre-K classes and no Kids Club child care available on school holidays and sible for arranging for care for my child on these days.
	avior management with my child at school will be discussed with appropriate school behavior problems that interfere with the general welfare of others, my child may from the program.
I will provide a change of clot school.	thing (underwear, pants, shirt & socks) labeled with my child's name, to be kept at
I will notify DSISD one week	in advance if I plan to withdraw my child from the program.
	s will be pro-rated on a monthly basis only. If my child is withdrawn from the ay of class in a month, no refund will be given for that month.
I understand that DSISD may	charge a \$20 fee for any declined payments or returned checks.
Child's Name:	Parent/Guardian's Name:
Parent/Guardian Signature	Date: