



# ENROLLMENT INFORMATION

## ENROLLEMENT CHECKLIST

- Completed *Enrollment Information Packet*
- Immunization Records (If Applicable)
- \$50 Enrollment Fee

*I acknowledge receipt of the facility's operational policies , including those for:*

- |   |   |
|---|---|
| <input type="checkbox"/> Discipline and Guidance Policy                                 | <input type="checkbox"/> Procedure for release of children  |
| <input type="checkbox"/> Suspension and Expulsion                                       | <input type="checkbox"/> Illness and exclusion criteria   |
| <input type="checkbox"/> Emergency Plans  | <input type="checkbox"/> Procedures for dispensing medication   |
| <input type="checkbox"/> Procedures for conducting health checks                        | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe Sleep   | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with director       | <input type="checkbox"/> Procedures to visit the center without prior approval.   |
| <input type="checkbox"/> Procedures for Parents to participate in operation activities. | <input type="checkbox"/> Procedure for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website. |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of LearnRGV Educational Child Care policies.

**Name of Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Director:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

# GENERAL INFORMATION

Pages 1 and 2 must be updated every January and July.

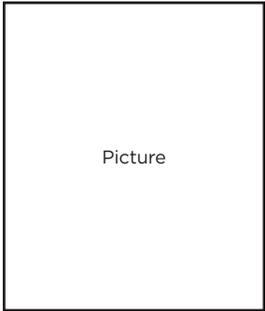
<b>Parent Updates</b>	_____	_____
	(Signature)	(Date)
<b>Parent Updates</b>	_____	_____
	(Signature)	(Date)
<b>Parent Updates</b>	_____	_____
	(Signature)	(Date)

Date of Admission: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Operation's Name: LearnRGV Educational Childcare

Director's Name: Apearl Gonzalez



# CHILD INFORMATION

Name of Child (First Middle Last): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed Primary Residence:  Mother  Father  Both  Guardian

Is there a custody order on file with the state of Texas? Yes No Pending

If yes is checked, a current copy must be attached.

Check Days to Attend: MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

# SCHOOL-AGE INFORMATION

Does your child attend school?  Yes  No Elementary School Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

School Transportation Provided By:  Elementary School  Parent/Guardian  LearnRGV Educational Child Care  Other

# PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

Date: \_\_\_\_\_

# EMERGENCY CONTACTS AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up.

**Mandatory:**

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact and Release     Release Only

**Optional:**

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact and Release     Release Only

**Optional:**

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact and Release     Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

# ENROLLMENT AGREEMENT

Name of Child (First Middle last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

## SECTION 1: TUITION AND FEES

\_\_\_\_\_ **BASIC SERVICES:** I understand that LearnRGV, LLC. provides child care and development services for families with children 6 weeks to 12 years of age.

\_\_\_\_\_ **REGISTRATION FEE:** I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

\_\_\_\_\_ **TUITION AND MODIFICATIONS CONDITIONS:** \$ \_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): \_\_\_\_\_

Days (Check all that apply)    **M**    **T**    **W**    **TH**    **F**    **FROM** \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on Monday of each week by 6 p.m.

\_\_\_\_\_ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, my child may not attend daycare and I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_ **AGENCY REIMBURSEMENT:** In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. Unless my state prohibits disclosure of such information I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

\_\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from 6:30 a.m. to 6:00 p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of 15-minute period, per child, until the child is picked up.

\_\_\_\_\_ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending full-time from my immediate family, a \$5 discount from the usual weekly tuition fee is offered to me for each child. I understand that current active Military or First Responders receive \$20 discount per month, per family. Discounts cannot be combined.

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checking account payments which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any checking account payment returned due to non-sufficient funds, will automatically be resubmitted electronically up to three times. I further understand that once a check is processed electronically, the check is no longer negotiable and will not be returned. If more than two checking account payments are returned within a six-month period, I may be required to pay by an alternate method of payment for the next six-month period.

## SECTION 2: DAILY PROCEDURES

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that I am required to enter the school to drop off and pick up my child.

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the *Family Handbook*.

\_\_\_\_\_ **MODEL RELEASE:** The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

\_\_\_\_\_ **PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new *Enrollment Agreement* at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

### SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

\_\_\_\_\_ **HOLIDAYS:** I understand the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Black Friday, Christmas Eve, and Christmas Day. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness). A reservation fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the director, if possible. I agree to pay the reservation fee of \$\_\_\_\_\_ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

\_\_\_\_\_ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

### SECTION 4: STATE LICENSING AND OUR POLICIES

\_\_\_\_\_ **ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the *Parent Handbook*, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgment of, and agreement to abide by, all policies and state regulations.

\_\_\_\_\_ **WAIVER OF JURY TRIAL:** IF A DISPUTE ARISES OUT OF OR RELATES IN ANY WAY TO OUR SERVICES OR THIS AGREEMENT, WE ENCOURAGE YOU TO ATTEMPT TO RESOLVE SUCH MATTER IN GOOD FAITH DIRECTLY WITH MANAGEMENT. HOWEVER, IF THE DISPUTE CANNOT BE RESOLVED AMICABLY, YOU AGREE TO IRREVOCABLY AND UNCONDITIONALLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY RIGHT YOU MAY HAVE TO A TRIAL BY JURY IN ANY LEGAL ACTION, PROCEEDING, CAUSE OF ACTION OR COUNTERCLAIM ARISING OUT OF OR RELATING TO OUR SERVICES OR THIS AGREEMENT, INCLUDING ANY EXHIBITS, SCHEDULES, AND APPENDICES THAT ARE PART OF THIS AGREEMENT, OR THE TRANSACTIONS CONTEMPLATED HEREBY. YOU ACKNOWLEDGE THAT YOU HAVE CONSIDERED THE IMPLICATIONS OF THIS WAIVER AND MAKE THIS WAIVER KNOWINGLY AND VOLUNTARILY.

\_\_\_\_\_ **INDIVIDUALIZED CARE PLANS:** I understand that should my child have an IEP or IFSP, it should be shared with the director so the school can support my child's needs.

\_\_\_\_\_ **PARENT HANDBOOK:** I have received a copy of the *Parent Handbook*. I have read and understand its contents and policies and agree to be bound by same.

\_\_\_\_\_ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the director.**

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement* and *Parent Handbook*. The policies in this contract will supersede all other previous documents.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

# AUTHORIZATIONS FOR EMERGENCY MEDICAL ATTENTION

In the event that I can not be reached to make arrangements for emergency medical care I authorize the person in charge to take my child to:

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Emergency Medical Care Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have diagnosed food allergies?      Yes      No      Plan Submitted on:

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONSENT INFORMATION

### 1. Transportation

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

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

### 3. Water Activities

I give consent for my child to participate in the following water activities:

water table play

### 4. Meals

I understand that the following meals will be served to my child while in care:

Breakfast      Lunch      PM Snack      Dinner

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Child' s Name _____	Date of Birth _____
<b>SCHOOL AGE CHILDREN:</b>	
<input type="checkbox"/> My child attends the following school: _____	
Name of School and Address	School Ph.# _____
<b>CHECK ALL THAT APPLY:</b>	
<input type="checkbox"/> My child's immunization and tuberculosis records and hearing and vision screenings are on file at the school and are current.	
<input type="checkbox"/> My child has permission to ride a bus to and/or from LearnRGV Educational Child Care Center and his/ her school.	
<b>IMMUNIZATION RECORD:</b>	
Please check only one option:	
<input type="checkbox"/> I have provided LearnRGV Educational Child Care with a copy of my child' s most current immunization record. I will also keep my child's immunization record current and provide LearnRGV Educational Child Care with a copy as needed.	
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.	
<b>VARICELLA VACCINE:</b> Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child has had Varicella disease (chickenpox) on or about (date)_____ and does not need the Varicella vaccine.	
_____ Signature – Parent or Legal Guardian	_____ Date

<b>STATEMENT OF HEALTH (Please check only one)</b>	
<input type="checkbox"/> HEALTH – CARE PROFESSIONAL' S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.	
_____ Health Care Professional's Signature	_____ Date
<input type="checkbox"/> A signed and dated copy of a health care professional' s statement is attached.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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 will submit it to the child – care operation.	
Name of Health – Care Professional    Address _____ _____	
_____ Signature – Parent or Legal Guardian	_____ Date

Vision & Hearing Screening- Only for children who will be 4 years old by September 1st.

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____		DATE _____	

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date



# Enrollment Agreement and Discipline and Guidance Policy

## Enrollment Agreement

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

Date of Birth \_\_\_\_\_

My signature verifies that I have seen, read, and understood the policies contained in the Parent Handbook that I have in my possession to be reviewed by me at any time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I hereby release LearnRGV Educational Child Care and its employees from any liability for any injury to my child that may occur during the care. I hereby give my permission to the teacher in charge, employed by LearnRGV Educational Child Care, to care for my child in case of any emergency and when possible and/or necessary to transport him or her in the event I am unable to assume responsibility at that time. I understand if a child's behavior contributes to cause of injury to himself or others, I may be asked to remove the child from care as stated in the discipline and guidance policy and withdrawal policy of the parent handbook.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Discipline and Guidance Policy

- ✓ Discipline must be:
  - Individualized and consistent for each child;
  - Appropriate to the child's level of understanding; and
  - 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:
  - Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - Reminding a child of behavior expectations daily by using clear, positive statements;
  - Redirecting behavior using positive statements; and
  - 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:
  - Corporal punishment or threats of corporal punishment;
  - Punishment associated with food, naps, or toilet training;
  - Pinching, shaking, or biting a child;
  - Hitting a child with a hand or instrument;
  - Putting anything in or on a child's mouth;
  - Humiliating, ridiculing, rejecting, or yelling at a child;
  - Subjecting a child to harsh, abusive, or profane language;
  - Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  - Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

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

**My signature verifies I have read and received a copy of this discipline and guidance policy.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date