Enrollment and Registration Information

LENA POPE | Early Learning Center

Admission Date:_____

Withdrawal Date:_____ 1

Code Word:_____

For Office Use Only

Enrollment Registration Information

and 2 must be updated every September and February

Child Information **(Please Print Clearly)**

Child's Name_____Nickname _____

First Middle Last

Child's Home Address_____City_____Zip_____

Child's Age_____ Sex_____ Date of Birth_____ Ethnicity_____

Child's Primary Language_____ Parent/Guardian's Primary Language_____

Home Phone_____ Home E-mail_____

Parent/Guardian Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Child's Primary Residence: ☐ Mother ☐ Father ☐ Both ☐ Guardian/s

List all of the family members your child lives with, including names and ages of siblings_____

_____

The hours of the Early Learning Center will be 6:30am-6:00pm Monday-Friday. To ensure that we maintain our standards of teacher to child ratio, please indicate the *approximate* hours you anticipate dropping off and picking up your child each day:

Monday ____ to ____; **Tuesday** ____ to ____; **Wednesday____** to ____; **Thursday____** to ____; **Friday____** to ____

Primary Contact and Release Persons

Parent/Guardian #1_____ Relationship to Child_____

Home Phone_____ Cell Phone_____ Work Phone_____

Home Address_____

E-mail Address_____ Driver's License Number/ State_____

Employer_____ Work Hours_____

Employer Address_____

Court Ordered Restrictions?_____

Parent/Guardian #2_____ Relationship to Child_____

Home Phone_____ Cell Phone_____ Work Phone_____

Home Address_____

E-mail Address_____ Driver's License Number/ State_____

Employer_____ Work Hours_____

Employer Address_____

Court Ordered Restrictions?_____

Parent/Guardian Signature_____ Date_____

Emergency Contact and Release Persons

Please list the individuals you would like us to contact if we cannot reach you in case of illness and/or an emergency. By checking the box "Emergency Contact and Release" you are indicating that this person will be contacted and be able to transport your child in case of an emergency. Check the box "Release Only" to indicate that this person is only allowed to pick-up your child under normal circumstances. To ensure the safety of your child, all persons on this list will be required to provide a valid driver's license or other government issued picture ID at the time of pick-up.

Child's Name_____Date_____

Required

Name #1_____ Relationship to Child_____

Home Phone_____ Cell Phone_____ Work Phone_____

Home Address_____

E-mail Address_____ Driver's License Number/ State_____

Employer_____ Work Hours_____

Employer Address_____

☐ Emergency Contact and Release ☐ Release Only

Optional

Name #2_____ Relationship to Child_____

Home Phone_____ Cell Phone_____ Work Phone_____

Home Address_____

E-mail Address_____ Driver's License Number/ State_____

Employer_____ Work Hours_____

Employer Address_____

☐ Emergency Contact and Release ☐ Release Only

Optional

Name #3_____ Relationship to Child_____

Home Phone_____ Cell Phone_____ Work Phone_____

Home Address_____

E-mail Address_____ Driver's License Number/ State_____

Employer_____ Work Hours_____

Employer Address_____

☐ Emergency Contact and Release ☐ Release Only

If you need a person other than one identified above to pick up your child, you must notify the Center in writing, in advance. If you cannot submit authorization in writing, you can provide verbal permission for someone to pick up your child once your personal information has been verified. Any person other than a primary contact will be asked to provide a valid driver's license or other government issued picture ID before your child is released to them.

Parent/Guardian Signature_____ Date_____

Emergency/Medical Information

Please make certain all information is complete

Child's Name_____

Physician's Name_____ Phone Number_____

Address_____

Dentist's Name_____ Phone Number_____

Address_____

Preferred Hospital/Clinic Care/Emergency Care_____

Address_____

Health Insurance Provider_____ Policy Number_____

I hereby authorize a designated Lena Pope Home staff to transport my child, _____ in a medical emergency to the above named physician or facility.

Parent/Guardian Signature_____ Date_____

I consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment, and/or hospital care to be rendered to my child, _____ under the general supervision of any physician licensed to practice medicine.

Parent/Guardian Signature_____ Date_____

Please Check All the Following Boxes that Apply:

☐ Food or Medication Allergies (please list) _____

☐ My child is on medication for long-term continuous use (please list)_____

☐ My child has NO known allergies

☐ My child has other health issues/special needs (please list)_____

_____

Is your child up-to-date on all immunizations? ☐ **YES** ☐ **NO**

Your child's immunizations must be current as required by the Texas Department of State Health Services. A copy of your child's current immunization records is required for admission.

Admission Requirement: One of the following must be presented when your child is admitted to the Center or within one week of admission.

Please check only one option:

1. ___Health care Professional's Statement: I have examined _____ within the past year and find that he/she is able to take part in a day care program.

Physician's Signature_____ Date_____

2. ___A signed and dated copy of my child's physician's statement is attached.
3. ___Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. A signed and dated affidavit stating this is attached.

Parent/Guardian Signature_____ Date_____

Authorizations

Transportation

I hereby ☐ **give** ☐ **do not give** my permission for my child to be transported and supervised by facility staff

Water Activities

I hereby ☐ **give** ☐ **do not give** my consent for my child to participate in water activities

☐ splash pools ☐ wading pools

Photo Release

I grant Lena Pope Home, Inc. permission to use photographs of my child, _____ as well as my family and grant permission for any and all publishing, distributing, editing, altering, copying, or exhibiting of this photo in any and all of its publications including website entries without payment or other consideration. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

Parent/Guardian Signature_____ Date_____

Parent Enrollment Agreement

In order to record my understanding of my rights and responsibilities as a parent/guardian of _____, who is enrolled in the Lena Pope Early Learning Center, I agree to abide by the requirements written below and all policies set forth in the Parent Handbook.

Please initial each statement and sign and date where required.

Tuition and Fees

____**Registration Fee:** I understand that a non-refundable registration fee of $100 shall be paid to secure enrollment of my child.

____**Supply Fee**: I understand that an annual supply fee of $75 will be due by September 1st of each year.

____**Tuition Payment:** I understand that my weekly tuition in the amount of $_____ is due and payable by 6:00pm the Monday of the week of care. I understand that care may not be provided without this advanced payment and that any payments received after this time will be subject to late fees.

____**Late or Unpaid Tuition:** If payment is not received when due, I agree to pay a $20 per week late fee. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child from care until my fees are paid in full and provided there is still space available for my child.

____**Late Pick-Up:** The Center will be open from 6:30am to 6:00pm Monday through Friday with the exception of holidays and 2 teacher training days. I understand that if I fail to pick-up my child by closing time, I will be charged a late fee of $15 per every 15 minutes or portion of fifteen minute period until my child is picked up. Late fees will be added on to the next week's bill.

____**Fee Reductions**: Each family continuously enrolled in the Center for a minimum of 3 months will receive 5 consecutive days (Monday-Friday) a year, based on date of admission, during which their child can be absent from the Center and not be charged tuition. I understand that in order to receive this benefit, my child cannot be in care at the Center during this 5 day period. I will not be reimbursed if I do not choose to use the 5 days. I further understand that there will be no automatic reduction of fees when my child is absent from the Center for any other reason or period of time.

____**Returned Checks:** I understand that there is a fee of $20 for all returned checks. After having two returned checks, I understand that future payments will be received on a cash only basis.

Daily Procedures

____ **Meals:** I understand that the following meals will be served to my child while in care: Breakfast; Morning Snack; Lunch; and Afternoon Snack.

____**Sign In/Sign Out:** I agree to sign my child in and out every day using the Center's attendance and sign in/out procedure. I understand that my child is not permitted to be signed out by anyone who is not authorized, in writing, to do so.

____**Illness:** I understand that I will be notified should my child become ill while in care and that I will pick my child up promptly or make arrangements for an authorized emergency contact person to pick up upon notification of illness. If my child contracts a contagious disease, I agree to notify the Center and I understand that my child will only be re-admitted according to the criteria stated in the Family Handbook.

____**Interviewing Children and Inspecting Records:** I understand that the Texas State Department of Family and Protective Services (TDFPS) 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 Center, to make provisions for the independent medical examination by a licensed physician or any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by the Center.

____**Withdrawal from Program:** I understand that I must provide a two week written notice of intent to withdraw my child from the Center's services. If this notification is not provided, I agree to pay full tuition for two weeks, whether or not my child attends.

Holidays, Absences and Closures

_____**Holidays:** I understand that the Center will be closed on major holidays as well as two additional teacher planning days (fall and spring). The holiday schedule and teacher planning days will be announced by September 1st of each year for the following calendar year. If a holiday falls on a Saturday, it will be observed the Friday before. If a holiday falls on a Sunday, it will be observed the Monday following.

_____**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 any absences including illness.

_____**Emergency Closing/Inclement Weather:** I understand that it is Lena Pope Home's intention to be open and provide child care services every weekday of the year, excluding holidays and teacher training days, but that inclement weather, natural or national disaster or a major building issue may disrupt services from time to time. I understand that it is my responsibility to contact the Center to ensure that it is open during inclement weather/natural disaster. I realize that in the event the Center is closed for one of the above mentioned reasons, I am still responsible for my child's tuition.

Policies and Regulations

____**Policies and State Regulations:** I understand that the policies contained in this document are not all-inclusive and that my child, my family members, authorized agents and I are bound by TDFPS state child care standards, the Family Handbook, and all other Lena Pope Home policies which may be modified any time without notice.

____**Family Visits/Conferences:** I understand that it is Lena Pope Home's intention to provide the best care possible for my child. This includes the active participation of the family in the child's learning. With this knowledge, I agree to allow Lena Pope Early Learning Center staff to make a minimum of one home visit a year by appointment to get to know my family and learn more about my child. Furthermore, I agree to participate in parent conferences which will be of benefit to my child and our family.

____**Family Handbook:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by the same.

We do not discriminate based on disability in the admission/enrollment or implementation of our services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided hereunder, is available from the Center Director.

Parent/Guardian Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

Mail or Submit Completed Enrollment and Registration Information Packet To:

Lena Pope Early Learning Center

3131 Sanguinet St.

Fort Worth, TX 76107

Attn: Center Director

Lena Pope Early Learning Center

"A Little About Me!" Form

Name of Child_____

First **Middle** **Last**

Nickname_____ **Birth date**_____

You know your child better than anyone else in the world! We want to get to know them too! You live with them every day and are uniquely qualified to share your child's interests, strengths, and development with us. Please take time to complete this profile in order to help us get to know your child. What you share will help us to meet his/her individual needs and to provide them the best possible care.

1. What would you like most for your child to experience with us?_____

_____

2. What does your child enjoy doing the most?_____

_____

3. What are your child's favorite toys?_____

4. With whom does your child live? Please list the names, ages, and relationship to your child.

Adults:
Name_____ Relationship_____
Name_____ Relationship_____
Name_____ Relationship_____
Name_____ Relationship_____

Children:
Name_____ Age_____
Name_____ Age_____
Name_____ Age_____
Name_____ Age_____
Name_____ Age_____

5. Other than yourself or another parent/guardian, who is your child closest to?_____

_____

6. What is the primary language spoken in your home?_____

7. Does your child have a pet? If so, what is his/her name?_____

8. What foods does your child like best?_____

9. Describe your child's appetite_____

_____

10. Does your child sleep through the night?_____

11: What time does your child typically go to bed?_____ Wake up?_____

12. Does your child nap?_____ Typically, how long do they nap?_____

13. Does your child have allergies? If so, please list all allergies including food, insects, etc.

_____
_____
_____

14. Has there been any diagnostic testing for a behavior or learning difficulty or developmental delay? If so, please provide details_____

_____

_____

15. When did your child begin to use language?_____

16. How does your child express anger or frustration?_____

_____

17. Does your child have any particular fears?_____

18. How does your child comfort themselves?_____

19. Does your child have a special item that comforts them?_____

20. Does your child have any behaviors that concern you?_____

_____

_____

21. What guidance (discipline) methods do you use with your child?_____

_____

22. How would you describe your child's personality?_____

_____

_____

23. What do you most enjoy about your child?_____

_____

24. What else would you like us to know about your child?_____

_____

_____

_____

25. What qualities do you expect for your child's teachers and from Center administration?_____

_____

_____

26. Do you or does anyone in your family have special talents or hobbies you would like to share with the children?_____

Parent/Guardian Signature_____ Date_____