

Child Enrollment Form Revised 01/22

General Information:			
(Print clearly)			
Child's Name:		Nickname:	
Address:			
Street	City	State Zip Code	
Birthdate:		Sex:	
Father's Name:		Email:	
Home Phone:		Cell Phone:	
Employer:		Work Phone:	
Mother's Name:		Email:	
Home Phone:		Cell Phone:	
Employer:		Work Phone:	
Parent's Address (if different from child	.Please specify w	which parent):	
		······	
Attendance Data:			
Enrollment Date:		Days Attending: M T W TH F	
Class in which child will be enrolled:		Hours Attending:	

Custody Information:

Initial: ______ Is there a court order affecting the custody of this child? $\Box~$ Yes $\Box~$ No If yes, you must provide a file stamped copy of the court order signed by the presiding Judge. If no, please understand that both legal guardians/parents have equal access to the child and information.

Emergency/Pick Up Authorization:			
I authorize The Alphabet Club staff to release my child with the following persons. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID:			
Name:	Phone:		
Name:	Phone:		



Consent Information:

Child's Name:	
Transportation:	I hereby ☐ give ☐ do not give my consent for my child to be transported and supervised by facility's staff. ☐ on field trips ☐ to school ☐ from school ☐ for emergency care
Water Activities:	I hereby \Box give \Box do not give my consent for my child to participate in water activities.
Field Trips:	I hereby \Box give \Box do not give my consent for my child to participate in field trips.
Photography:	I hereby \Box give \Box do not give my consent for my child to be photographed/videotaped for classroom activities etc.

Student Photo/Video Release:

As the parent of a child at The Alphabet Club Child Development Center, I agree to the following:

• I understand that my child may be photographed at school during normal school hours, field trips or activities.

- I give permission for my child's photographs to be posted on the school website, school Facebook page, Instagram, newsletters, or any other publication.
- I understand that I may request in writing to have a photo removed from such publications within 10 business days

Receipt of Written Operational Policies (Check All that Apply):

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

- □ Discipline and guidance
- □ Procedures for release of children
- □ Suspension and expulsion
- □ Illness and exclusion criteria
- □ Emergency plans
- □ Procedures for dispensing medications
- □ Procedures for conducting health checks
- □ Immunization requirements for children
- □ Safe sleep
- □ Meals and food service practices
- □ Procedures for parents to discuss concerns with the director
- □ Procedures to visit the center without securing prior approval
- □ Procedures for parents to participate in operation activities
- □ Procedures for parents to contact Child Care Licensing (CCL),
- DFPS, Child Abuse Hotline, and CCL website

Parent's Signature

Date



Meals:

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

- □ None
- □ Breakfast
- □ Morning snack
- □ Lunch
- □ Afternoon snack

Parent's Signature

Date

Child's Additional Health Information:

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 any diagnosed allergies to medication?

Yes
No

Does your child have diagnosed food allergies?
Ves
No
Plan Submitted on ______

Parent's Signature

Date

Authorization for Emergency Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical care (administer first aid, CPR, obtain emergency medical care and/or transport my child. I authorize the person in charge to take my child to:

Name of Physician: _	Address:	Phone:	
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Address:

Phone:

Name of Hospital: _____

Parent's Signature

Date



Health Statement:

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

Check **only one** option:

□ Health Care Professional's Statement: I have examined the above-named child within the past year and find that he or she is able to take part in the day care program.

Health Care Professional Signature

A signed and dated copy of a health care professional's statement is attached. П

Date

- A form or written statement from a health care provider or clinic.
- My child has an appointment for a physical examination on: Date I will submit the physician's statement to the day care facility following the examination.
- 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 childcare operation.

Signature-Parent or Legal Guardian Date

Immunization Record:

Name of Child:	Date of Birth:				
	Date / dose 1	Date / dose 2	te Xose 3	Date / Booster	Date / booster
Immunizations					
DTP / DTaP / DT		hu			
POLIO, IPV or OPV		142G	COL		
MMR	- 2		600		
Hep A, HEB B, HIB	~6 0 *				
Prevnar, Varicella, Flu	nlea				
· · · · ·					

It is sonnel verifying immunization information above: Signature or stamp of physician or public

Health Care Professional Signature Date

Varicella (chicken pox) vaccine is not required if your child has had chicken pox disease. If your child has had chicken pox, please complete the statement:

My child had varicella disease (chicken pox) on or about (date)____ _____ and does not need the varicella vaccine.

Parent Signature

Date

Pass/Fail

Vision Exam: (Mandatory for Children that are 4 years old by September 1):

Right Eye 20/

Left Eye 20/

Hearing Exam: (Mandatory for Children that are 4 years old by September 1):

Left Ear	1000HZ	2000HZ	4000HZ	Pass/Fail
Right Ear	1000HZ	2000HZ	4000HZ	Pass/Fail

Health Care Professional Signature

Pass/Fail



School Age Children Statement:

My child attends the following school and his/her immunization record, and vision & hearing screening record is on file at the school and all immunizations are current.

Name of School

Address

Phone Number

My child has permission to be a bus rider, car rider, or walker to or from school with proper notification of both the school and child-care center. My child has permission to be released to a sibling younger than 18 years old______ (Name of Sibling)

Parent's Signature

Date

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.

The Alphabet Club Parent Orientation:

- The opportunity to tour the facility
- Introduction to staff
- Parent visit with the classroom teacher
- Overview of the parent handbook
- Policy for arrival and late arrival
- Opportunity to visit the classroom by parent & child to allow both to be comfortable
- An explanation of Texas Rising Star Quality Certification provided
- Encourage parents to inform center/provider of any elements related to their CCS enrollment that the prov ay be of assistance
- An overview of family support resources and activities in the community
- Child development and developmental milestones
- Expectations of the family
- Parents are informed of the significance of consistent arrival time:
 - ✓ Before educational portion of school readiness program begins
 - ✓ Impact of disrupting learning of other children
 - ✓ Importance of consistent routines in preparing children for the transition to kindergarten
- Statement about limiting technology use on site to improve communication between staff, children, and families (e.g., refrain from cell phone use) to facilitate better communication between the parent(s) and tea and the parent and child, it is best if parents are not distracted by use of electronic devices while at the center/home
- Statement reflecting the role and influence of families

Parent Signature_____

Date_____



Child Background Information

Welcome to The Alphabet Club. Please take a few minutes and help us learn more about your child.

Child's Name:	Birthdate:
Mother's Name:	Father's Name:
By what name do you usually call your child (Nickname)?	
Please List FIVE words or phrases that best describe your chi	ild:
1)	2)
3)	4)
5)	
Family History	
Siblings (Name and Age)	
With whom does the child reside with?Both Parents	MotherFatherGrandparents
Other adults living in the household:	
Prior to The Alphabet Club, my child was cared for by (or) at	ttended
Was their experience enjoyable?	
Have there been any significant changes in his/her life in the	last six months that you would like us to be aware of?
What is the first language spoken in your home?	
What additional languages are spoken in your home?	
Daily Routines	
Does your child use the potty completely on his/her own at her	ome?If not, how can we assist your child to
use the potty?	
Does your child nap? If yes, at what time and fo	r how long?



What time does your child normally go to bed at night?
What time does your child normally get up in the morning?

Activities

What activities do you do as a family?

What are some of your child's favorite activities to do alone or with friends? _____

What would you like your child to gain from The Alphabet Club?

Social Emotional/Communication

How does your child communicate his/her needs? (For example: potty words, not feeling well, etc.)

If your child has unusual fears, what are they?

Is there any area which you anticipate difficulty for your child (i.e., crafts, sharing, following directions, etc.)?

What is a good way to distract your child and calm him/her down when he/she gets upset?



Alphabet Club Financial Policies

Tuition

- Weekly and Bi-Weekly Tuition is due and payable in advance **on Friday** for the following week and is late after 6:30pm on Monday.
- Monthly tuition is due on the 1st of the month and considered late after.
- A \$20 late fee will be assessed each week the balance on the account is outstanding.
- Child care will be denied if tuition is past due.
- There is a \$30 charge for returned or declined payments.
- Tuition, fees, and terms are subject to change with a two-week notice.

Absences

- There are NO DEDUCTIONS or pro-ration of tuition for absences, holidays, illness, or weather emergencies.
- Late fees will be charged regardless of holidays, school closures, absences, vacation.
- School budget is calculated on enrolled spots not attendance

Procare/Tuition Express

- We offer safe, simple, and quick options for you to make your tuition payment (see below options)
- You may opt to set up your own parent account on <u>www.myprocare.com</u> to pay by credit card
- You may complete and return to us the included Tuition Express form. Select Section A Auto Draft by Credit Card (2% Service Fees Apply) or Section B ACH Checking/Savings (no service fees)

Family Discount

Families enrolling more than one child will receive a 10% discount on the oldest child's tuition fees (no discount on Infant and Young Toddler Programs.)

Registration Fee

The Registration Fee is a non-refundable fee due prior to or at the time of enrollment. This fee is \$75 per child or \$100 per family.

Supply Fee

There is an Annual Supply Fee of (\$75-\$100 varies by class) due Aug 15th every year for Toddlers through School-Aged and a Summer Activity Fee of \$30 per child due June 1st – For Toddlers through Pre-K.

Deposit

A \$100 deposit is required to enroll an Infant or Young Toddler to secure a spot. The deposit is refundable only with a 30-day written notice of withdrawal, which will be mailed or applied to the last week's tuition, upon the completion of a 30-day notice period.

School Age In-Service, Early Dismissal and Holiday Fees

A \$5 Early Dismissal Fee and \$10 In-Service/Holiday Fee will be assessed for Public School Closures. Tuition for Winter Break, Spring Beak and Summer Camp will vary based on the school calendar but will be assessed at a full day/week rate.

Vacation Policy

Families have two weeks, Monday-Friday, where they may pay one-half (1/2) of their regular tuition. Vacations may be taken for two weeks in a twelve-month period beginning at the date of enrollment. Vacation tuition must be paid



prior to the absence to hold the child's place and to avoid late fees. Vacation credit must be requested in writing by email etc. preferably one-week prior to the vacation date.

Weather Closures

The center is open whenever possible, but should it be necessary to close because of severe weather conditions, we follow the Katy ISD severe weather policy. If Katy ISD schools are closed, The Alphabet Club will be closed. A message/updates will be sent via Brightwheel. In the event of a school closure there are no prorations or refunds given.

Late Pickup

Late pick-up is assessed at \$1 minute per child after 6:30pm, payable at pickup

Withdrawal

A written notice is required at least **two-weeks prior to withdrawal**. One-week tuition will be charged if no notice is given. The Infant deposit will only be refunded upon receiving a written notice, 30 days before the withdrawal date.

Refunds There will be no refund of registration, tuition, supply fee, or other fees due to absence, illness, school closure, withdrawal, or other unusual circumstance

Club Employees

The Alphabet Club spends considerable time, effort, and expenses in recruiting and training employees to provide high quality services to parents. Parents should recognize this and further acknowledge that if a parent were to hire an employee of The Alphabet Club, The Alphabet Club would be forced to spend additional time, effort, and expense in recruiting and training of new employees. This cost cannot be explicitly determined. Should a parent during the time of their child's enrollment or twelve (12) months thereafter, employ an employee of The Alphabet Club, the parent shall pay to The Alphabet Club, as procurement fee, not as a penalty, the sum of two thousand dollars (\$2,000).

Parent Signature	Date:		
Child's Name			
Fee Schedule: 1) Registration: 2) Infant/Young Toddler Deposit: 3) Weekly Tuition:	\$75 for one child and \$100 for family (Non-Refundable) \$100		
 4) Annual Supply Fee: 5) Watch Me Grow: 4) Late Payment Fee: 5) Hours: 6) Late Pick-up Fees: 7) Returned Check Fee: 	 \$40/month \$20 after Monday at 6:30pm 6:30 am to 6:30 pm (for full-time students only) \$1 per minute after 2:30pm (PT) and 6:30pm (FT) \$30 		
Signature of Parent/Guardian Date	Center Official Date		
Signature of Parent/Guardian Date			

I have read and agree with the terms and conditions listed above.



ProCare/Tuition Express Payment Process

At The Alphabet Club, we are constantly looking at ways to improve on the service we provide you and your children. With this in mind, we are excited to offer the convenience of automated tuition and fee payments.

Tuition Express is just one of the several new features of Procare Software Management we will be rolling out after the first of the year. Tuition Express, allows us to process tuition and fee payments safely, quickly, and efficiently leaving us more time to spend with your children.

Once enrolled in Tuition Express, your tuition and fee payments will be auto-drafted on Monday for weekly and biweekly payments and on the first of the month for monthly payments. You can receive a receipt or instant email notification once you have signed up at <u>www.myprocare.com</u>.

You may use the auto draft payment as a backup in case you choose to make your payment at www.myprocare.com before Monday. In that case, the auto draft feature will see a zero balance and will not pull funds against your account.

Your personal information is safe with Tuition Express – safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft.

Please look over the Frequently Asked Questions. There you will find answers to questions you may have about Tuition Express or automated payments in general. If you have further questions, don't hesitate to ask.

Please note: There will be a 2% charge on all Credit/Debit Card transactions (Section A). However, there will not be any additional charge for auto draft from/Bank Account, cash, or check payments (Section B on the form).

Tuition Express is convenient for you, efficient for us but best for your children. Welcome Aboard!

Select Draft Payment Option (Circle One):

Weekly (Due Friday before the service week) **Bi-Weekly** (Due Friday before the two-week service period) **Monthly** (Due on the 1st of the month)

Sincerely, The Alphabet Club





Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _________to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)				
Cardholder Name		Phone #		
Cardholder Address		City	State	Zip
Account Number		Expiration Date		
Cardholder Signature			Date	
SECTION B (Bank Account)				
Your Name		Phone #		
Address		City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see samp	ie below)	Account Number (see sample below)	Checki	ing Savings
Authorized Signature			Date	
For Official Use Only	John Skringle Mary Sample 123 Nice Brite:	848-00 146 HEST 535-555-5555	00226	A service of
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