



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 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? Yes 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 give do not give
my consent for my child to participate in water activities.

Field Trips: I hereby give do not give
my consent for my child to participate in field trips.

Photography: I hereby give 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? Yes 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: _____

Name of Hospital: _____ Address: _____ Phone: _____

Parent's 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 child:

1) _____ 2) _____

3) _____ 4) _____

5) _____

Family History

Siblings (Name and Age) _____

With whom does the child reside with? Both Parents Mother Father Grandparents

Other adults living in the household: _____

Prior to The Alphabet Club, my child was cared for by (or) attended _____

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 home? _____ If not, how can we assist your child to use the potty? _____

Does your child nap? _____ If yes, at what time and for 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

Procure/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 [www.myprocare.com](http://www.myprocure.com) 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 Break 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).

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

Parent Signature _____ Date: _____

Child’s Name _____

Fee Schedule:

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

Signature of Parent/Guardian Date

Center Official Date

Signature of Parent/Guardian Date



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 bi-weekly 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 www.myprocare.com.

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 sample below) _____		Account Number (see sample below) _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature

