

Allergies:

Does your child have any allergies? YES or NO

Please list: (Any allergies will require an emergency plan signed by a doctor)

- Nuts Dairy Eggs Wheat Gluten Grass Pollen Pet Hair Insect Bites/Stings
- Other: _____

Please explain the reaction your child has if he/she comes in contact with or ingests any of the item(s) above.


Do you have any special diets/preferences for your child?

Special Needs

Please list any special needs that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past twelve months, and medication prescribed for long-term continuous use, and any other information that caregivers should be aware of. Please provide an up-to-date IEP if applicable.

Emergency Medical Authorization

I give permission for My Little Hearts Learning Center to seek medical attention, including transport by EMS if necessary, for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release My Little Hearts Learning Center and its employees from liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

 _____
Parent Sign and Date

Physician's Information

Name:	_____			
Address:	_____	City: _____	State: _____	Zip: _____
Phone#:	_____	Fax #: _____		


Medical Records

I understand that My Little Hearts Learning Center is required to have a copy of my child's updated shot records. A copy must be turned in with this enrollment package. I must also provide a written pre-school health statement from my health care professional. If my child is four (4) years old by September 1st, I must also provide the center with **vision and hearing screening results** completed by a healthcare professional.

-or-

My child, _____, attends public/private school and has a current immunization and vision/hearing screening record on file at school.

School:	_____	Address:	_____	City:	_____
	State: _____	Zip: _____	Phone#: _____	Grade _____	Teacher: _____

 _____
Parent Sign and Date



PRESCHOOL HEALTH STATEMENT

Child's Name: _____

Gender: Male Female

Date of Birth: _____

Enrollment/Start Date: _____

My child has been examined within the past year by a health professional and is able to participate in the childcare program. Prior to admission, I will obtain a health care professional's signed statement and will submit it to My Little Hearts Learning Center.

I have examined the above named within the past year and find that he/she is able to take part in the child care program.

Physician's Name:

Street:

City: _____ Zip: _____

Phone Number: _____


Physician's Signature: _____

Status Of:

Vision: _____

Hearing: _____

Date: _____




Parent Sign and Date

To be completed by a healthcare professional prior to enrollment:

OR

A signed affidavit from the parents or legal guardian stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization of which the parent is an adherent or member.



Parent Sign and Date



Hearing and Vision Screening

The Vision and Hearing Screening Program, Texas Health and Safety Code requires that all children enrolled in any public/private parochial, or denominational school or licensed child-care center must be screened or have a professional examination for possible hearing and vision problems. The requirements for vision and hearing screening apply to children who are 4 years old by September 1st.

Vision	R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Screener's Signature:			Date:	
Hearing	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
R				
L				
Screener's Signature:			Date:	



TRANSPORTATION AGREEMENT

I allow My Little Hearts Learning Center to transport my child, _____, for the following reasons:

Medical Emergency- Child would be transported by EMS team in an emergency vehicle.

To School Name of School: _____ Begins at: _____

From School Name of School: _____ Ends at: _____

Field Trips (ages 5 and older) individual permission forms will also be filled out for each trip.

I do not allow My Little Hearts Learning Center to transport my child, _____, for any reason without my written permission.

- It is vital that My Little Hearts Learning Center be notified of any changes in the above scheduled transportation. We will assume that the above schedule will be followed unless we receive different instructions from the parent/guardian. Notify us as quickly as possible if your child does not need afternoon transportation. Failure to notify us of changes in the afternoon pickup causes confusion and delays in our schedule. Failure to adhere to this policy will result in a \$25 charge to your account.
- In the event that the designated location is unable to receive children, they will be returned to My Little Hearts Learning Center.
- Children will not be left unattended in any vehicle used for transportation.
- Children will have to wear seat belt on at all times, Any behavior towards harming other children or distracting the driver is unacceptable, with one warning behavior plan must be signed by parent.
- Your child must be at the center no later than 7 am to be transported to school in the mornings. If your child needs breakfast, he/she needs to be here by 6:45 am.

Parent Sign and Date



Field Trip Permission Form

I/We _____ the parents/guardians of _____, give permission for the student named to participate in and for My Little Hearts Learning Center to transport my child to and from the scheduled field trip.

We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situation and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonable within the control of supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless My Little Hearts, their agents, (including attorneys' fees and costs) arising from such activities, including an accident or injury to the student and the costs of medical services. In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located. In the event that a student must return to the center independently for reasons of health, accident, failure to conform to the rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Name of Student

Home Phone

Work Phone

Mobile Phone

Does your child have any sensitivity to any of the following?

Bee Sting Nuts Dairy Latex Other _____

Required Medications: _____ Does your child have any of the following?

Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other _____

Required Medications: _____

Other Medications: _____

If the student requires prescribed medication, I understand that I am obligated to ensure that the medication and the medication authorization form are on record in the office. (If ordered by the student's physician, an EpiPen must be provided for all field trips.)



ENROLLMENT POLICIES AGREEMENT

Child's Name: _____ Gender: Male Female
Date of Birth: _____ Enrollment/Start Date: _____

Please read and initial each statement:

RELEASE OF INFORMATION: I understand my children's records are accessible to me during a parent conference with the caregiver or childcare center director, children's records are accessible to caregivers during hours of operation for use in emergency, and to state licensing during hours of operation upon request. All additional record requests must be submitted in writing to My Little Hearts and parents must complete the Authorization to Release Confidential Information form obtained from our center.

_____ please do bring them before 10am until you have a doctor's note. We will deny any kids if they come later than 10am.

_____ WATER ACTIVITIES: My child may participate in the following water activities:

Water Table Sprinkler None Pools (Closed-toe shoes are required)

_____ LOTIONS AND CREAMS: I give my permission for any lotions or creams (sunscreen, diaper rash cream), that I provide labeled with my child's name to be applied as directed.

_____ MODEL RELEASE: My Little Hearts, its agents, affiliates and licensees MAY or MAY NOT use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose. MAY or MAY NOT use these photos on the company website.

_____ PHOTOGRAPHS FOR PERSONAL USE: I understand that I am allowed to photograph or videotape my child on My Little Hearts property for my own lawful and private use, and will not publish, publicly display or sell such recordings.

_____ CUSTODY: My Little Hearts Learning Center does not have the right to withhold my child from any parent having custody or joint custody. If there is a current court order stating that one parent may not have access to a child, the school must have a copy in the child's file. My Little Hearts Learning Center cannot deny any parent access to their child without such an order. The center cannot become involved in custody disputes. My child will be dis-enrolled if such disputes occur.

_____ CHILD/PARENT CONDUCT: We reserve the right to dis-enroll at any time or any reason.

_____ SIGNING IN AND OUT: I understand that it is my responsibility to escort my child in and out of the school as well as sign my child in and out of the center. I understand that staff members will escort my child into the center when being transported from school by district or My Little Hearts Learning Center transportation.

_____ FOOD: I understand I am totally responsible for any food not on the menu required by my child. This is a peanut free school. No peanut products or traces of peanut products will be in the school, and none may be brought in. Gum, candy, sodas and other non-nutritional foods are not allowed. No outside foods are allowed without permission from My Little Hearts Learning Center. If my child's diet consists of formula taken from a bottle, I understand I will provide the appropriate number of prepared bottles containing the formula necessary for my child each day. Each bottle will be clearly labeled with my child's first and last name.

_____ PARENT CONTACT: My Little Hearts Learning Center will contact me via text or e-mail for school weather alerts, special events, or other updates.

_____ ILLNESS AND EXCLUSION: I understand that if my child is ill, including but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature (see parent handbook for details), severe headaches, upset stomach, pink eye or diarrhea, he/she cannot be accepted into the center until well. Children must be fever free for 24 hours (without fever reducing medications) before returning to the school. In the event my child has a communicable disease, a release from a medical source may be required before my child re-enters the school. My Little Hearts Learning Center will notify me if a reportable disease has been introduced into the school.

_____ MEDICATION: I understand that the center has a specific policy regarding the administration of medicine. I agree to provide the center with all required information in accordance with this policy. The school will NOT administer over-the-counter medications. We require written authorization from my child's physician for Prescription medication. Center must need to have the child's NAME and DIRECTINS for administrating the Prescription Medication.

_____ FAMILY HANDBOOK: I acknowledge that I have received a copy of the My Little Hearts Learning Center Family Handbook. I have read and understand its contents and policies and agree to abide by them. I also understand that the Family Handbook is not an all-inclusive list of childcare regulations and that I may view the state and local licensing standards at any time.

I have read and understand the above statements. I understand that any policy changes will be notified to me in writing.



Parent Sign and Date

Permission to post Picture on our website and Media

I _____ give permission to My Little Hearts Learning Center to use pictures of my child _____ to be posted on their website.

I _____ give permission to My Little Hearts Learning Center to use pictures of my child _____ to posted on their Facebook page.

Parent Sign and Date



FINANCIAL AGREEMENT

Child's Name: _____

Gender: Male Female

Date of Birth: _____

Enrollment/Start Date: _____

Please read and initial each statement:

_____ TUITION: The Standard tuition rate is \$_____ per week for the _____ classroom. My tuition is \$_____ per week. I understand that rates are subject to change with reasonable notice as conditions require. If I choose to change my enrolled program, I will be required to complete a new Enrollment Agreement. SCHOOL AGE PROGRAMS: My tuition is \$20 per day my child attends when the local public does not hold classes. I understand that my winter/spring/summer break tuition is \$160/week plus any cost of field trips. I understand when my child is enrolled fulltime and is 18 months – 5 years of age, I am responsible for a \$20 a month supply fee due the 1st Monday of every month. _____ CCMS copay is due on 1st of the month. And late fee of \$30 will be charged after 3rd of the month.

_____ PAYMENT OF TUITION: I understand tuition is due by close of business on Monday each week. If payment is not received after 6:30pm Monday I will lose any discounts that may apply and a late payment fee of \$30 will be applied. If tuition is delinquent past Wednesday, I will be asked to withdraw my child until my account is made current. The center cannot guarantee my child's spot will be held if this occurs. Any unpaid tuition fees may be sent to a third-party collection agency. Payment Options include Automatic Bank Draft, Cash or Check OR for a convenience fee of \$7.00 per transaction, Credit or Debit Cards.

_____ PARTIAL WEEK ATTENDANCE: I understand there are no deductions for holidays or partial week attendance.

_____ WITHDRAWAL: A two-week written notice is required when withdrawing. A charge of up to two weeks will be incurred for improper notification.

_____ RETURNED CHECKS: I understand I will be charged a fee of \$35 if my check is returned for non-sufficient funds and my check will be resubmitted electronically up to three times. If more than two checks are returned within a calendar year, I will be required to make future payments by money order or credit card.

_____ CHARGES FOR LATE PICK UP: My center is open from 6:00 am to 6:30 pm, Monday through Friday all year, except holidays listed in the Family Handbook. I understand that I will be charged a late pick up fee of \$20 per child every 15 minutes, per child, until the child is picked up. This fee must be paid at the time of pick up.

_____ VACATION CREDIT: My Little Hearts encourages families to take advantage of their Vacation Credit if your child is going to be out for an entire week. The Vacation Credit reduces your weekly tuition payment by 100%. Each family receives one Vacation Credit each calendar year. The Vacation Credit must be taken in a full week increment. There is no credit given for single days. Regular tuition must be paid when your child attends any part of the week. Vacation Credit requests must be submitted in writing to the Center Director two weeks prior to use and cannot be used within the first 90 days of enrollment.



Parent Sign and Date



Child Profile

Childs Name: _____

Date of Birth: _____

Gender: Male Female

Enrollment/Start Date: _____

1. Has your child had previous preschool experience? YES NO Please explain.

2. Does your child have any particular fears? YES NO Please Explain.

3. Does your child play well with other children? YES NO

4. Does your child have any particular allergies?

Nuts Dairy Eggs Wheat Gluten Grass Pollen Pet Hair Insect Bites/Stings

Other: _____

5. Does your child take a nap? YES NO How long? _____

At My Little Hearts Learning Center, there is a daily quiet time when children are expected to nap. If they are unable to nap, they will read or work on a quiet activity during that time.

6. Does your child have a special doll, blanket or toy he/she needs in order to go to sleep? YES NO

7. Is your child potty trained? YES NO

8. What words does/will your child use for the use of the bathroom? _____

9. What is the primary language that is spoken in your home? _____ 10. Do you have a problem with your child celebrating any holidays? YES NO If yes, Please explain.

11. List the names and ages of other children in your family.

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



4-digit code:

Child's Name: _____

Enrollment Date: ____/____/____

Home Address: _____
 _____ Street City State Zip Home Phone: (____) - _____ - _____

Work Address: _____ Street Zip
 _____ City State _____

Work Phone: (____) - _____ - _____

Home Address: _____ Street City State Zip

Home Phone: (____) - _____

Work Address: _____ Street City State Zip

Work Phone: (____) - _____

Other Requirements:

CI Authorized Personnel

A photo of all authorized persons who comes to pick up the child/children, including parents, grandparents, aunts, uncles, siblings, friends, etc. These persons must be 18 years of age or older.

A PHOTO ID COPY MUST BE ATTACHED FOR EACH NAME LISTED

- 1) _____
- 2) _____
- 3) _____

C] Hours of Care

Desired Drop of Time: AM / PM _____

Desired Pick-up Time: AM / PM _____

Total hours of desired childcare hr _____

Water Activities (please check one)

My child MAY

MAY NOT

participate in water activities such as water table and sprinklers.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the even that I cannot be reached to make arrangements for emergency medical attention, I authorize My Little Hearts Learning Center to take my child, _____, to:

Name of Licensed Physician _____

OR Name of Hospital/Clinic _____

Address _____

Telephone (_____) - _____ - _____

I give consent for any and all necessary treatment when my child is in the care of this physician and/or hospital/clinic.

Signature — Parent of Legal Guardian*

_____ Date

Subscribed and sworn to this the _____ day of _____ A.D. _____

Notary for the state of Texas

County of: _____ My commission expires: _____

** Before signing, a notary must be present

_____ Date: _____