



Enrollment Packet

Today's Date:

How did you hear about us?	
<input type="checkbox"/> Phone Book	<input type="checkbox"/> Internet <input type="checkbox"/> Other: _____
<input type="checkbox"/> Referral/Friend: _____	
Prospective parents may request references; may we give out your first name and telephone number to these prospective parents?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Child Information:

Child's First Date of Attendance:	List the times your child will be in care on each of the days below. Ex. 9-5 Mon: <input type="checkbox"/> Tues: <input type="checkbox"/> Wed: <input type="checkbox"/> Thurs: <input type="checkbox"/> Fri: <input type="checkbox"/>		
Child's Full Name:	Nick Name:	Date of Birth:	
Child's Home Address:	City:	Zip:	Subdivision:
Child Resides With: <input type="checkbox"/> Mom & Dad <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____			Home Phone:
Previous day care, preschool and/or Montessori schools			
1. _____		2. _____	

Authorized Pick-Up Personnel:

I authorize Just 4 Kids Learning Academy to release my child to the persons listed below. Valid photo identification such as Driver's License is required upon release.

1st Authorized Person:	Relationship to Child:	Phone:
2nd Authorized Person:	Relationship to Child:	Phone:
Does your child have permission to be released into the care of a sibling(s) under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Sibling(s) Name: _____		

Public School Information (For School Age Children Only):

What type of care will we be providing for your school age child? <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before & After School <input type="checkbox"/> Drop-In <input type="checkbox"/> Summer Camp		
Name of Attending Public School:	Grade:	Teacher:
Telephone:	My child's immunization and vision/hearing records are on file at this school. →Initial Here:	

Permissions - General:

Water Activities: I <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in the following water activities. <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> water table play
Sunscreen: I understand it is my responsibility to apply sunscreen to my child before leaving home. However, I <input type="checkbox"/> give <input type="checkbox"/> do not give consent for the application of sunscreen SPF 15 to be applied in the afternoon if needed.
Insect Repellent: I <input type="checkbox"/> give <input type="checkbox"/> do not give consent for the application of insect repellent that contains no more than 30% DEET to be applied to my child. *Note: Insect repellent will not be used on children under 2 months of age.
Media/Photo Release: Just 4 Kids Learning Academy currently uses internet websites (such as Facebook), local newspapers, marketing brochures, education journals and newsletters to publicize current research projects and center events. I <input type="checkbox"/> do <input type="checkbox"/> do not wish for my child to be included in a picture for above mentioned purposes.

X _____ X _____
 Mother's Signature/Or Other Guardian Date Father's Signature/Or Other Guardian Date

Parent Emergency Contact Information:

1st Parent/Guardian to contact for emergency: Name:	Email Address (Please provide an email address that you check daily)
--	--

<input type="checkbox"/> Mom <input type="checkbox"/> Dad			
Address: <input type="checkbox"/> check if same as child's	City:	Zip:	Subdivision:
Employer:	Occupation:	Social Security Number (security purposes) - -	
List telephone numbers below where parent/guardian can be reached while child is in care.			
Call this number first: () -	This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home		
Call this number second: () -	This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home		
May we send text message reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who is your cell phone provider:			
For non-emergency matters, how would you like to be contacted? <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Doesn't Matter			
2nd Parent/Guardian to contact for emergency:		Email Address (Please provide an email address that you check daily)	
Name: <input type="checkbox"/> Mom <input type="checkbox"/> Dad			
Address: <input type="checkbox"/> check if same as child's	City:	Zip:	Subdivision:
Employer:	Occupation:	Social Security Number (security purposes) - -	
List telephone numbers below where parent/guardian can be reached while child is in care.			
Call this number first: () -	This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home		
Call this number second: () -	This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home		
May we send text message reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who is your cell phone provider:			
For non-emergency matters, how would you like to be contacted? <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Doesn't Matter			

Secondary Emergency Contact Information:

If parent/guardian cannot be reached, please contact the following:

1st Contact Name:		Relationship to Child:	
Address:	City:	Zip:	Subdivision:
Call this number first: () -	This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home		
Call this number second: () -	This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home		

Permissions - Field Trips (Preschool-School Age Children):

Field Trips: I <input type="checkbox"/> give <input type="checkbox"/> do not give consent and give authorization for my child to attend field trip(s) with his or her age group, at any time during the current school year. I understand I will be notified in advance of any field trip(s).
--

Permissions - Transportation/Emergency Care:

Transportation: I give consent for my child to be transported and supervised by Just 4 Kids Learning Academy employees for the following: (Check all that apply) <input type="checkbox"/> field trips (where applicable) <input type="checkbox"/> to/from public school <input type="checkbox"/> Emergency Medical Transport* *Child Care Licensing mandates our facility to have written permission on file to transport children in the event of a medical emergency situation.
In the event I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child. I authorize a designated Just 4 Kids Learning Academy employee to take my child to:
Name of emergency care facility: Address/City: Phone:
Any Instructions:

X _____ X _____
 Mother's Signature/Or Other Guardian Date Father's Signature/Or Other Guardian Date

Child's Physician Information:

Child's Physician:	Practice Name:	Address:
		City/State:

		Phone:
--	--	--------

Medical Condition/Known Allergies:

List any medical conditions that your child is currently experiencing: (For example, eczema, seasonal allergies, etc.)

1. _____ 2. _____ 3. _____

***Note:** Please note any medical conditions such as seizures or special needs situations require a physician's statement of care including instructions on how to handle medical situations pertaining to your child's condition.

List any illness or injuries requiring hospitalization during the previous 12 months:

1. _____ 2. _____ 3. _____

List any prescription medications that your child is currently taking for long term continuous use.

1. _____ 2. _____ 3. _____

Does your child currently have any food allergies? Yes No

I understand that any **dietary restriction(s)**, regardless of circumstances or age of child, require a physician's note on file.

→Initial Here:

My child DOES NOT have any special needs, dietary restrictions or known medical conditions known at this time.

Meal Service Registration: (All Children)

What meals will Just 4 Kids Learning Academy be preparing for your child? (If your child's attendance will fluctuate, check all that apply)

Breakfast AM Snack Lunch PM Snack I will provide my own meals

Nutritional Value:

Just 4 Kids Learning Academy is a member of the *Child and Adult Care Food Program* mandated by the Texas Department of Agriculture. The Child and Adult Care Food Program is a voluntary program with strict requirements in regards to meals served, portion sizes, and administrative documentation. All meals served meet the nutritional guidelines of the USDA Child Nutrition Program.

I understand I am responsible for the nutritional value of the food(s) I provide for my child. For a list of approved "outside foods", additional information is available upon request and included in the Parent Policies & Procedures Handbook.

→Initial Here:

X _____ X _____
 Mother's Signature/Or Other Guardian Date Father's Signature/Or Other Guardian Date

Parents,

If you have not obtained a physician's statement or a current copy of your child's immunization records. Please complete the bottom portion of this form. You may take this form to your child's physician or for your convenience, we will fax this form to your child's doctor requesting the immunization records on your behalf.

Thank You!

Physician's Statement & Immunization Records Request

Dr. _____ ,

I am requesting the following records for my child

Name of Child: _____ Date of Birth: _____

Vision & Hearing Screening Records

Immunization Records

Please fax current immunization records for the above mentioned child.

Immunization record must provide:

1. Child's Name
2. Child's Birthday
3. The number of doses and vaccine type
4. Signature or stamp of the health care professional/clinic

Physician's Statement

I have examined the above named child within the last twelve (12) months and verify that he/she is physically able to participate in a child care program.

Physician's Signature

Date

X _____
Mother's Signature/Or Other Guardian Date

X _____
Father's Signature/Or Other Guardian Date

Health Admission Requirement:

(The following must be presented, along with this Enrollment Pack, when your child is admitted to Just 4 Kids Learning Academy)

<input type="checkbox"/> Child's Current Medical Insurance Card (if applicable)
<input type="checkbox"/> Current Immunization Record - Not applicable if school age child.
<input type="checkbox"/> Child's Vision & Hearing Screening Test (Preschool Children 4+) - Not applicable if school age child.
<input type="checkbox"/> Physician's Statement (See Physician's Health Statement included with this packet)
<input type="checkbox"/> Parent Health Statement: My child has been examined within the last 12 months by a licensed physician and is able to physically participate in the child care program. I agree to obtain and submit a physician's statement within the next 12 months.

Name of Healthcare professional who examined child within the last 12 months:

Physician's Address: _____ City: _____ State: _____ Zip: _____

Physician's Phone: () -

Not Applicable - My child is enrolled in public school. See Public School Information for name and address of school.

Child's Health Information: (HIPAA Privacy Rule)

List names of individuals authorized to have access to our child's health information:

1st Name:	Relationship to Child:
2nd Name:	Relationship to Child:
3rd Name:	Relationship to Child:

Enrollment Condition:

Research shows that children who are placed in consistent environments are better behaved, have better developed friendships and are able to make friends easier than their counterparts. Moving a child from center to center is detrimental to social-emotional growth. It is the goal of Just 4 Kids Learning Academy to provide a pleasant, stimulating environment to all children enrolled. Just 4 Kids Learning Academy holds the belief that it takes all of us to create a warm, happy environment. Please acknowledge that you stand behind this belief and agree to do your part in achieving this by:

- Notifying management of any questionable situation or condition
- Keeping open lines of communication between my family and Just 4 Kids Learning Academy
- Communicating my family's needs and desires

→Initial Here:

Parent Policies & Procedures Handbook:

I acknowledge receipt of the facility's operational policies including those for discipline and guidance and Gang Free Zones. Found in the Just 4 Kids Learning Academy Parent Policies & Procedures Handbook. I acknowledge orientation has been completed.

→Initial Here:

X _____ X _____
Mother's Signature/Or Other Guardian Date Father's Signature/Or Other Guardian Date

**Just 4 Kids Enrollment Contract
Center Policies & Procedures Agreement**

Child's Name: _____ Effective Date: _____

I understand the following fee policies (Please check the following as you read and understand them):

Deposit: A Registration fee of \$ _____ and a deposit fee of \$ _____ is required to reserve my child's spot. I understand fees related to my child's care starts on _____. The deposit amount above will be applied to my child's tuition beginning on the date above. The deposit is forfeited if I withdraw my child's enrollment prior to scheduled start date, as Just 4 Kids Learning Academy held my child's spot and, in turn, turned away prospective enrollees.

- Tuition Fees:** My child's tuition rate is \$_____ per Week Month. Tuition is due each Monday. If my child is attending on a "drop-in" basis, fees are due at the time of pick up per "drop-in" day. I further understand my payment must be made each consecutive Monday of each week, unless paying monthly, in which case my tuition payment is due the month in advance.
- Returned Check Fees:** I understand Just 4 Kids Learning Academy will re-deposit a returned check as a courtesy. There will be a **\$30.00 returned check charge** assessed each time the check is returned. If three (3) checks are returned within one (1) year, credit card or money order payments will be required for a six (6) month period.
- Late Pick Up Fees:** I understand my account will be charged **\$1.00 for each minute after closing**, beginning at 6:31 p.m. Late fees are assessed regardless of circumstances and are to be paid directly to the teacher on duty at the time of pick up (not Just 4 Kids Learning Academy). Late payments are paid to the teacher (not Just 4 Kids Learning Academy) for the teacher's inconvenience.
- Late Payment Fees:** I understand a **\$20.00** late fee will be assessed to tuition payments not received by noon on Tuesday regardless of my child's attendance. I also understand that my child may not be in attendance until weekly payment is made.
- Withdrawal of Enrollment:** I understand that if I decide to withdraw my child(ren) from enrollment from Just 4 Kids Learning Academy, I must give a **two (2) week written notice**. Furthermore, I understand that the terms of this Agreement are still in effect regardless of enrollment status.
- Additional Collection & Court Fees:** I understand that if I fail to follow this terms of this Agreement, my account will be turned over to the Harris County Courthouse (HCC) for legal proceedings. On the day the paperwork is filed with the HCC, my account will be charged an additional **collection fee of \$200.00, plus court costs and all postage fees** incurred during the entire collection process. In addition, I will be responsible for all applicable court costs.
- Observed Holidays:** New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Thanksgiving Day After, Christmas Eve, and Christmas Day.
- Illness:** I understand I may not bring my child to the facility if (s)he is ill. I have read and understand State Licensing requirements regarding illness and agree to be completely cooperative in the terms set forth. I will be notified if my child becomes ill while in attendance at Just 4 Kids Learning Academy. I understand I have one (1) hour from the time of notice to pick up my child.

****VERY IMPORTANT:**

- Absence/Vacation Policy:** So that we can maintain the highest quality of education and care for all children, your child's tuition fees will be due in full even if child only had partial attendance. Tuition is reduced by 50% if child doesn't attend at all for the week.
- Acknowledgement:** I have read and understand the terms set forth. I understand that this document is a signed Agreement between Just 4 Kids Learning Academy and myself. I will not dispute or negotiate these terms after my child's first day of attendance.

X _____
 Mother's Signature/Or Other Guardian Date

X _____
 Father's Signature/Or Other Guardian Date

Illness Criteria

Illness Criteria per Minimum Standards for Child Care Centers, Texas Child Care Licensing Division.

Unless you are licensed to provide get-well care, you must not admit an ill child for care if one or more of the following exists:

- (1) The illness prevents the child from participating comfortably in child-care center activities including outdoor play;
- (2) The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care;

