



Admission Information

Purpose: Use this form to collect all required information about a child enrolling in a day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the day care facility.

GENERAL INFORMATION

Operation Name: <i>Lighthouse Learning Academy (Operation #1117086)</i>		Director's Name: <i>Jaime McEandless</i>	
Child's Full Name:	Child's Date of Birth:	Child Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal: (For Office Use Only)	
Name of Parent or Guardian Completing the Form:		Address of Parent or Guardian (if different than child's):	
List telephone numbers where parents/guardian may be reached while child is in care.			
Parent/Guardian 1 Name:	Parent/Guardian 2 Name:	Custody Documents on File? <input type="checkbox"/> Yes* <input type="checkbox"/> No *We require documents on file.	
Parent/Guardian 1 Contact #: _____ Home/Cell _____ Wk	Parent/Guardian 2 Contact #: _____ Home/Cell _____ Wk		
Social Security Number: (For security purposes) _____ - _____ - _____	Social Security Number: (For security purposes) _____ - _____ - _____		
Email (required):	Email (required):		
Emergency Contact(s): Give the name and address and phone number of individual(s) to call in case parent or guardian cannot be reached.		Relationship to Child	
Name: Address: Telephone #:		<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Family Friend <input type="checkbox"/> Other	
Name: Address: Telephone #:		<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Family Friend <input type="checkbox"/> Other	
Name: Address: Telephone #:		<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Family Friend <input type="checkbox"/> Other	
Authorized Release: I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and telephone number for each. Children may only be released to a parent or guardian or the person designated by the parent/guardian after verification of ID.			
Name:	Name:	Name:	
Phone Number:	Phone Number:	Phone Number:	
Signature – Parent or Legal Guardian	Date	Signature – Parent or Legal Guardian	Date

CONSENT INFORMATION

CHECK ALL THAT APPLY:

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees:

- for emergency care (required) to/from field trips to/from school to/from home

2. Field Trips (Preschool – School Age)

- I give consent for my child to participate in field trips (ages 3+).
 I do not give consent for my child to participate in field trips.

3. Water Activities

I give consent for my child to participate in the following water activities:

- water table play sprinkler play splash/wading pools swimming pools aquatic playgrounds

4. Receipt of Operational Written Policies

I acknowledge receipt of the center's operational policies, including those for: (Operational Policies emailed upon enrollment.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Discipline and guidance | <input checked="" type="checkbox"/> Procedures for release of children |
| <input checked="" type="checkbox"/> Suspension and expulsion | <input checked="" type="checkbox"/> Illness and exclusion criteria |
| <input checked="" type="checkbox"/> Emergency plans | <input checked="" type="checkbox"/> Procedures for dispensing medication |
| <input checked="" type="checkbox"/> Procedures for conducting health checks | <input checked="" type="checkbox"/> Immunization requirements for children |
| <input checked="" type="checkbox"/> Safe sleep | <input checked="" type="checkbox"/> Meals and food service practices |
| <input checked="" type="checkbox"/> Procedures for parents to discuss concerns with the Director | <input checked="" type="checkbox"/> Procedure for visiting the center without securing prior approval |

5. Meals

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

- None Breakfast (6a-8) AM Snack (9a-10a) Lunch (11a-12p) PM Snack (2:30p-4:30p)
 Supper (5p-6p) Evening Snack

Nutrition Statement: I understand I am responsible for the nutritional value of the food(s) I provide for my child. I understand a fruit, vegetable, and milk will be provided on days I provide food(s) for my child.

6. Days and Times in Care

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

7. General Photo Release

I hereby give Lighthouse Learning Academy the right to take photographs of myself and my family in connection with childcare experiences at the facility and field trips. I authorize Lighthouse Learning Academy and its designees to copyright, use and publish the same in print and/or electronically. I agree that Lighthouse Learning Academy may use such photographs with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. ***Note:** Photos of CPS/Foster children are not published outside of the facility for the protection of their identity.

Signature – Parent of Guardian

Date Signed:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
My Preferred Emergency Medical Facility: ____ UTMB Galveston 301 University Blvd, Galveston, TX 77555 409-772-1011	____ Clear Lake Regional Medical 500 Med. Center, Webster, TX 77598 281-332-2511	____ Mainland Medical Center 6801 Emmett F Lowry Texas City, TX 77591 409-938-5000

I give consent for the facility to secure any and all necessary emergency medical care for my child. (Required)	Signature – Parent or Legal Guardian
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CHILD'S ADDITIONAL INFORMATION SECTION

Food Allergies/Medical Conditions: List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations in 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 diagnosed food allergies* or medical conditions? Yes No

***Allergy plan from physician required by State.**

Allergy plan and physician note submitted on: _____

Explain: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at 800-514-0301 (voice) or 800-514-0383 (TTY)

ADMISSION REQUIREMENT

If your child does not attend public prekindergarten or school away from the child care operation, one of the following must be presented when your child is admitted into to the child care operation or within one week of admission.

Please check only one option:

1. **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's Signature:	Date Signed:
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2. A signed copy of a Health Care Professional's Statement is attached.

3. Medical diagnosis and treatment conflict with tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. **PARENT'S HEALTH STATEMENT:** My child has been examined by a health care professional within the past year 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 child care operation.

Name and Address of Health Care Professional:

Signature – Parent or Guardian:	Date Signed:
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REQUIREMENTS FOR EXCLUSION

I attached a signed and dated affidavit stating that I decline immunizations for reasons of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

I have attached a signed and dated affidavit stating the vision and hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

VACCINATION INFORMATION

I am attaching a copy of my child's most current immunization record.

Varicella (Chickenpox)

Varicella (Chickenpox) vaccine is not required if your child has had the chickenpox disease. If your child has had the chickenpox statement, please complete the statement. My child had the varicella disease (chickenpox) on or about:

Date: _____

Signature – Parent or Guardian

Date Signed:

ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm.

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 criminal activity are subject to harsher penalties.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policies online at <http://www.dfps.state.tx.us/policies/privacy.asp>

SCHOOL AGE CHILDREN

My child attends the following school: My child's immunization, vision, and hearing records are on file at the school listed below.

Clear Creek Independent School District

_____ Ferguson Elementary 281-284-5500

_____ Go Forth Elementary 281-284-6000

_____ Hyde Elementary 281-284-5800

_____ Mossman Elementary 281-284-4000

_____ Stewart Elementary 281-284-4700

Dickinson Independent School District

_____ KE Little Elementary 281-229-7000

_____ San Leon Elementary 281-229-7400

My child has permission to (check all that apply):

walk to/from school or home ride a bus be released to his/her sibling under 18 years old

Authorized pick up/drop off location other than child's address:

At this time, LLA only provides transportation in which children are transported to/from public school back to LLA and to/from field trips back to LLA. We do not provide transportation to/from private residences.

It is the parent/guardian's responsibility to notify the center in advance if the child will not be transported for the day of service. There will be a \$10 "no call" transportation fee applied to account if we are not notified of transportation absence.

SIGNATURES

Child's Parent or Legal Guardian Signature:

Date Signed:

Center Director or Designee:

Date Signed:



LIGHTHOUSE
LEARNING ACADEMY
"A Safe Harbor For Your Children"

Enrichment Opportunities:

(Check box if interested in receiving more information)

- Stretch N Grow FUNtastic Fitness (Currently included with your tuition):** with Coach Billy: \$40/month Unless Otherwise Stated - Age 2+
Coach Billy conducts weekly FUNtastic Fitness classes with the children that promote music and movement, exercise, and fine and gross motor skills. Once weekly, 20-30 minute sessions (depending on age).
- Stretch N Grow All-Star Sports :** \$40.00/month – Age 2.5 yrs+
Coach Tracy conducts weekly sports classes with children, 30 minutes in length. Each week children will focus on a different sport and skills. This program promotes large muscle development, team sportsmanship, coordination and exercise.

Release of Liability:

Please note that by enrolling your child (ren) in the enrichment activities offered at LLA, you are releasing the center of any and all liabilities associated with said enrichments. This includes injuries, account discrepancies, et cetera. Questions regarding liability and liability insurance should be directed to the company offering the activity. Also, note that LLA is not responsible for enrichment tuition payments lost or stolen. By enrolling your child (ren) in the enrichment activities offered, you are giving permission for LLA to release your child (ren) into the care of the Enrichment Personnel temporarily for the duration of the enrichment class.

I am declining enrichment activities at this time.

X _____
Mother's Signature/Other Guardian Date

X _____
Father's Signature/Other Guardian Date

Discipline and Guidance Policy for *Lighthouse Learning Academy*, Operation #1117086

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

Parent Employee/Caregiver Household Member of Child-Care Home

Drafted from TDPRS-CCL 06/02/03

X _____
Mother's Signature/Other Guardian Date

X _____
Father's Signature/Other Guardian Date

Illness Criteria Information



The following criteria must be followed with regards to illness or suspected illness. If your child meets any of the following, you will be notified immediately.

Illness and Injury (M.S.C.C.C Chapter 746, Subchapter R, Division 3)

Symptoms of Illness which Prohibit a Child from being Admitted into Care:

- 1) The illness prevents child from participating comfortably in planned activities including outdoor play,
- 2) The illness results in greater need for care than care givers can provide without compromising the health and safety of other children in care,
- 3) Oral temp. of 101 or greater, accompanied by change in behavior and/or other signs or symptoms of illness,
- 4) Rectal temp. of 102 or greater, accompanied by change in behavior and/or other signs or symptoms of illness,
- 5) Armpit temp. of 100 or greater, accompanied by change in behavior and/or other signs or symptoms of illness. **DO NOT ADD A DEGREE**
- 6) Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrollable diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that would indicate the child may be severely ill, or
- 7) A Physician has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate he/she is no longer contagious and may safely return to the child-care center.

****A child shall not be admitted into care with any of the signs/symptoms listed above unless accompanied with a Physician's Note. Without a Physician's Note, child must be free of signs/symptoms for at least 24 hours.**

X _____
Mother's Signature/Other Guardian Date

X _____
Father's Signature/Other Guardian Date

Lighthouse Learning Academy
Enrollment Contract - Pg. 1 of 2

Child's Full Name: _____ Child's Date of Birth: _____

The current tuition for the program I have chosen is \$_____ per week/\$_____ per month/\$_____ CCS Parent Fee. I understand that the rates are subject to change. I will receive as much advance notice as possible.

Payment of Tuition

Tuition is due on the Monday of the week you are to receive service no later than 6:30p.m. All accounts that are not at a zero balance by Tuesday at 6:30 pm of that same week will receive a \$25.00 late payment charge. A Late Payment Fee applies for tuition payments made late or made in the amount less than the balance in full. **Tuition is due regardless of attendance. No credits will be given for absences.**

CCS Parent Fees are due on the 5th of each month. Non-payment of parent fees will result in termination of enrollment services and reporting account to Workforce Solutions.

Registration Fee

A non-refundable fee of **\$100.00** is due each August at Fall Registration. (Does not apply to CCS parents.)

Charges For Late Pick-Up

Our center closes at 6:30p.m. There will be a \$1.00 per minute late fee, per child, for every minute a child is not picked up after 6:30p.m. Our staff is not paid after 6:30 p.m., therefore, this payment should be made to the staff left caring for your child. ***Note:** Our center is licensed for operation from 6:00 a.m.-6:30 p.m. We reserve the right to contact the League City Police Department in these circumstances. Furthermore, we reserve the right to terminate enrollment services for continuous late pick up instances.

Returned Payment Fee (NSF)

There will be a \$35.00 returned check fee for any check or declined debit/credit card payment that is returned to the center not paid by the check holder's financial institution. If there are two or more returned checks, only money orders will be accepted for payment on that account.

Holidays

Our center will be closed for the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the Friday after Thanksgiving Day, Christmas Eve, Christmas Day, and Good Friday. Parents are to pay for a full week of tuition on the weeks containing these holidays. There will be no credits, refunds, make-up days or any other allowances for holidays. If your child comes part time and a holiday falls on one of their scheduled days to come and the center is closed you still must pay for the full week (like the full time parents) and you may not switch your child's days for that week.

*If a holiday falls on a regularly scheduled day off, LLA will be closed either Friday or Monday, with respect to the holiday. For example, if a holiday falls on a Saturday, LLA will be closed the Friday before.

School Age Holiday Fee:

If your school age child does not attend during the holidays, your regular tuition is due. If your child is in attendance during the holidays, the **holiday fee charged is \$125.00**. This rate is already reduced. No additional discounts apply.

Absences

There will be **no allowances** made to tuition rates for children's absences, regardless of circumstances, weather closings less than 1 week in length, or holidays. Tuition is due on Monday of each week. An unexplained absence of two weeks with no payment may mean that your child will be dis-enrolled and that place given to another child on our waiting list. To re-enroll, delinquent balance and full registration will be due immediately.

Operational Policies

I have received a copy of the Lighthouse Learning Academy Operation Policies. I have read it and understand the contents and agree to abide by it. I acknowledge the Operational Policies are emailed to the email address I have provided in this enrollment packet.

I have read, understand and agree to comply with the above policies on Page 1 of 2 of the Enrollment Agreement.

Parent/Guardian Signature: _____

Date: _____

Lighthouse Learning Academy

Enrollment Contract - Pg. 2 of 2

Child's Full Name: _____ Child's Date of Birth: _____

In Case of Injury

If your child is injured at the center, you may want to consult with your family physician to determine whether the nature of the injury requires medical attention, vaccinations, or other care.

If Your Child is Bitten

Child development research indicates that approximately fifty percent of all children enrolled in childcare centers will be bitten. Toddlers especially will often use biting as a form of communication. Lighthouse Learning Academy will strive to minimize biting accidents. However, it is very likely that your child will be bitten at some time. If this should occur, we will do our best to comfort your child and care for his/her needs immediately. We will also inform the parents of the biter and work with them and their child to discourage and redirect the behavior.

If Your Child Bites Another Child

Biting is very serious and is unacceptable. If your child bites, Lighthouse Learning Academy will work with you to develop a plan to correct the behavior. However, if the biting is aggressive and breaks the skin or diverts an inordinate amount of staff time away from the other children and program implementations, we reserve the right to terminate enrollment services.

Behavior Issues

If you or your child exhibits behavior that may hurt themselves, other children, or staff members or diverts an inordinate amount of staff time away from other children and program implementation, we will work with you to develop a plan to correct the behavior. However, if the behavior does not improve, we reserve the right to terminate enrollment services.

Immunization of Children

All parents should make certain that their child is immunized pursuant to the schedule recommended by the American Academy of Pediatrics and Texas Department of State Health Services. **The immunization record must be either an original record validated by a physician or other healthcare professional or a photocopy of aforementioned original record.** If your child's immunizations are not completed following the recommended schedule, Lighthouse Learning Academy may exclude your child for the protection of the other children until such immunizations are current. It is the parent/guardian responsibility to provide our center with a copy of any immunizations your child may receive. Our center reserves the right to require all children enrolled be immunized for the safety of all children enrolled.

***Note:** At this time, our center will accept a notarized Affidavit Request for Exemption from Immunizations for Reasons of Conscience from the Texas Department of State Health Services.

Confidentiality

Lighthouse Learning Academy respects the right of each family to privacy and confidentiality regarding all health, behavioral, and developmental records and information concerning their child. These rights to privacy and confidentiality are protected by various Federal and State statutes, local ordinances and regulatory rules. If your child is involved in an altercation or biting incident with another child, we will not reveal your child's identity to the parents of the other child without your prior written consent, except as required by law.

Public School Age Children

We pick up children from several different local elementary schools including: Ferguson, Go Forth, Hyde, Stewart, Mossman, San Leon, and K.E. Little. Parents of children who attend public school are responsible for notifying Lighthouse Learning Academy if we will not pick their child/children up from school as usual. If we have a child that normally rides to our center after school lets out and they are not there for the bus we are not allowed to leave until we contact LLA to verify the child/children's location. When we have to wait, it pushes our entire bus run behind schedule making us late to the other schools, which is an inconvenience for both the schools and the parents who are waiting at our center to pick their children up. Should you forget to contact us, your account will be charged \$10.00 and it will read "No Call" in the item line. If a parent continuously fails to notify this center of alternative transportation arrangements, we reserve the right to terminate enrollment services.

I have read, understand, and agree to comply with the above policies and procedures of Lighthouse Learning Academy.

Parent/Guardian Signature: _____

Date: _____

Child Assessment Form

Child Name (last, first, middle)	Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	City	County	Zip
Mailing Address (if different) -- Street or P.O. Box	City	County	Zip
Telephone No. (include A/C)			

* If applicable.

1. Health:

Does your child have any allergies*?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction? Please provide an allergy plan from a physician.		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*We must have an Allergy Plan on file signed by a physician for food allergies or severe situations requiring potential medical treatment.

2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
Are there any particular routines that are particularly helpful at naptime?		

4. Eating Preferences:

What are your child's favorite foods?			
Does your child use utensils, eat with fingers, feed self?			
Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. Activities:

What activities do you like to do with your child?			
What activities does your child like to do when playing with other children?			
What does your child like to do when he is playing alone?			

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)			
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I verify that the above assessment was reviewed and, if necessary, discussed with the parent(s).

Signature of Director or Designee

Date Signed

Signature of Parent

Date Signed

Additional Comments:

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