



Child's Name: _____

Gender: Male Female

Date of Birth: _____

Enrollment/Start Date: _____

Classroom: _____ Program: _____

ENROLLMENT AGREEMENT

Parent/Guardian Information:

1st Guardian- Party Responsible for Tuition Payments

Name: _____	DL#: _____
Address: _____	City: _____ State: <u>TX</u> Zip: _____
Cell #: _____	Provider: _____ Home #: _____
Employer: _____	Job: _____ Work #:: _____
8 Digit Code: _____ - _____	E-Mail: _____ Work Hours: _____

2nd Guardian-

Name: _____	DL#: _____
Address: _____	City: _____ State: <u>TX</u> Zip: _____
Cell #: _____	Provider: _____ Home #: _____
Employer: _____	Job: _____ Work #:: _____
8 Digit Code: _____ - _____	E-Mail: _____ Work Hours: _____

If parents are separated, who has legal custody of the child? _____
 List Any Special Instructions concerning Pick Up / Visitation _____

Designated Contact Information:

Please list and alternate contact/pick up in case of emergency and parents/guardian cannot be reached.

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell #: _____ Home #: _____ Work#: _____
Relationship _____

Authorized Pick Up:

Children will only be released to a parent or person designated by the parent or guardian after verification of ID. I authorize Walnut Creek Academy to allow my child to leave the center ONLY with the following persons:

Name:	Relationship	Home Phone	Alternate Phone	Photo ID on File

How did you hear about us? _____

Parent/Legal Guardian Signature: _____ Date: _____

Allergies

Does your child have any allergies or special diets? YES NO

Please list:

- 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.

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 Walnut Creek Academy 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 Walnut Creek Academy and its employees from liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

X

Parent Sign and Date

Physician's Information

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

Medical Records

I understand that Walnut Creek Academy 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: _____	

X

Parent Sign and Date



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 child care program. Prior to admission, I will obtain a health care professional's signed statement and will submit it to Walnut Creek Academy.

X _____
Parent Sign and Date

To be completed by a healthcare professional prior to enrollment:

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: _____

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.

OR
 A copy of the medical screening form of the Early and Periodic Screening Diagnosis, and Treatment (EPSDT) program if no referral for further diagnosis and treatment is indicated.

OR
 A form or written statement from a health service or clinic.

X _____
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 and to all students in Kindergarten, 1st Grade, 3rd Grade, and 5th Grade.**

A student's physician may provide a copy of vision and hearing test results along with the Health Statement.

Child is currently wearing glasses Yes No

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:	

If your child is required to be tested and no testing information has been provided, Walnut Creek Academy will:

- a. Automatically have your student tested by Mid-Cities Speech and Hearing Clinic in the Fall and
- b. Automatically bill your account for the testing fees.

(Notices will be sent home with pricing prior to the testing dates.)



TRANSPORTATION AGREEMENT

I **allow** Walnut Creek Academy 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 4 and older) Individual permission forms will also be filled out for each trip.

I **do not allow** Walnut Creek Academy to transport my child, _____, for any reason without my written permission.

- It is vital that Walnut Creek Academy 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 afternoon pickup causes confusion and delays in our schedule. Failure to adhere to this policy will result in a \$5 charge to your account.
- In the event that the designated location is unable to receive children, they will be returned to Walnut Creek Academy.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- Your child must be at the center no later than _____am to be transported to school in the mornings. If your child needs breakfast, he/she needs to be here by _____am.

X

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 Walnut Creek Academy 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 Walnut Creek Academy, 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 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 child care 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 Walnut Creek Academy and parent must complete the Authorization to Release Confidential Information form obtained from our center.

____WATER ACTIVITIES: My child may participate in the following water activities:

Water Table Sprinkler Splash Pools None

____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.

____PHOTO/MODEL RELEASE: Walnut Creek Academy, its agents, affiliates and licensees

MAY or **MAY NOT** use photographs for my child for school publications and activities,

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 photos of my child on the company website.

____PHOTOGRAPHS FOR PERSONAL USE: I understand that I am allowed to photograph or videotape my child on Walnut Creek Academy property for my own lawful and private use, and will not publish, publically display or sell such recordings.

____CUSTODY: Walnut Creek Academy 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. Walnut Creek Academy 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.

____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 Walnut Creek Academy 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. 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: Walnut Creek Academy **MAY** or **MAY NOT** 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 Walnut Creek Academy 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 administer over the counter medications according to the directions on the label. With the exception of Benedryl or its generic form, Benedryl is not administered by Walnut Creek Academy staff. When the directions indicate "ask doctor," the school requires written authorization from my child's physician. Prescription medication must have the child's name and directions for administration.

___FAMILY HANDBOOK: I acknowledge that I have received a copy of the Walnut Creek Academy 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 child care 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.

X

Parent Sign and Date



PRESCHOOL 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. Special Activity Fees are not included in tuition. I understand when my child is enrolled full-time and is 18 months – 5 years of age, I am responsible for a \$ _____ a month supply fee due the 1st Monday of every month.

___ BEFORE/AFTER SCHOOL PROGRAMS: My tuition is \$ _____ per day my child attends outside or Walnut Creek Academy classes or when the local public does not hold classes. I understand that my winter/spring/summer break tuition is \$135/week plus any cost of field trips.

___ 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.
(See Handbook for a list of Holidays)

___ 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 \$30 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 \$15 per every 15 minutes or portion of a 15 minute period for each, per child, until the child is picked up. This fee must be paid at the time of pick up.

___ VACATION CREDIT: Walnut Creek Academy encourages families to take advantage of **Vacation Credits** if your child is going to be out for an entire week. **Vacation Credits** reduce your weekly tuition payment by 50%. Each family receives **two (2)** Vacation Credits each calendar year. The **Vacation Credits** must be taken in full week increments. 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. Vacation Credit is not available to Kindergarten or Primary Students during the academic school year.

X

Parent Sign and Date



Child Profile

Childs Name: _____

Name you wish your child to be called: _____

Date of Birth: _____

Gender: Male Female

Enrollment/Start Date: _____

Approximate Arrival Time: _____ Approximate Departure Time _____

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 have any special experiences or interests? YES NO Please Explain.
 4. Does your child play well with other children? YES NO
Does your child make friend easily? YES NO
 5. Does your child have any particular allergies?
 Nuts Dairy Eggs Wheat Gluten Grass Pollen Pet Hair Insect Bites/Stings
Other: _____
 6. Does your child take a nap? YES NO How long? _____
At Walnut Creek Academy, 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.
 7. Does your child have a special doll, blanket or toy he/she needs in order to go to sleep? YES NO
 8. Is your child potty trained? YES NO
 9. What words does/will your child use for the use of the bathroom? _____
 10. What is the primary language that is spoken in your home? _____
 11. Do you have a problem with your child celebrating any holidays? YES NO
If yes, Please explain.
 12. List the names and ages of other children and adults in your family.

 13. Any pertinent family information you would care to share (i.e. divorced, separated, etc.)
 14. What would you like most for your child to experience with us?
-



PRIMARY FINANCIAL AGREEMENT

Child's Name: _____

Gender: Male Female

Date of Birth: _____

Enrollment/Start Date: _____

Please read and initial each statement:

____ TUITION: The annual tuition rate for Kindergarten or primary grades is \$6,825.00 per year. My tuition is \$_____ per week for the 39 week school year. I understand my tuition does include holiday weeks that my child may or may not attend. I understand that rates are subject to change with reasonable notice as conditions require. Special Activity Fees are not included in tuition.

____ I understand when my child is enrolled in Kindergarten or Primary Grades, I am responsible for a \$_____ semester supply fee due the first Monday in August and the first Monday in January, as well as a yearly Books Fee of \$_____, due July 15th.

____ BEFORE/AFTER SCHOOL PROGRAM: My tuition is \$_____ per week my child attends before care only OR \$_____ per week that my child attends before and after school care. I understand that my winter/spring/summer break tuition is \$135/week plus any cost of field trips. Winter and spring break tuition is in addition to my weekly payments towards my annual tuition.

____ MEAL CHARGES: Lunch is \$_____ per day that my child receives a hot lunch. Payments for meals are due every Monday by close of business. Payment options include automatic draft, cash, check, and for a convenience fee of \$7.00 credit or debit cards.

____ PAYMENT OF TUITION: I understand tuition payments will be made by automatic ACH Debit weekly/monthly unless full tuition is paid by August 1st. Tuition is due by close of business on Monday each week therefore will be drafted Mondays, either weekly, biweekly, or monthly. Any unpaid tuition fees may be sent to a third party collection agency.

____ PARTIAL WEEK ATTENDANCE: I understand there are **no deductions for holidays or partial week** attendance. (See Handbook for a list of Holidays)

____ 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 **\$30** 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.

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X