



## THE VILLAGE LEARNING CENTER

# CHILD ENROLLMENT INFORMATION

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15201 Philippine

Houston, Texas 77040

Phone (713) 937-9993 Fax (713) 937-9925

# Emergency Contact and Medical Authorization

The Village Learning Center  
15201 Philippine  
Houston, Tx 77040  
713-937-9993

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In case of Emergency Evacuation, The Village Learning Center has my permission to transport my child \_\_\_\_\_ to the shelter locations listed in the Emergency

(Child Name)

Preparedness Plan provided, to an area hospital or medical clinic or any other location as may be necessary to ensure my child's security and safety.

Parent One Name: \_\_\_\_\_

Parent One Work Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Parent One Home Phone: (     ) \_\_\_\_\_

Parent Two Name: \_\_\_\_\_

Parent Two Work Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Parent Two Home Phone: (     ) \_\_\_\_\_

Emergency Contacts. These people will be notified if neither parent can be contacted.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

I hereby authorize the director or designated representative of The Village Learning Center to give consent for any and all necessary medical care in the event of an emergency in which neither parent can be reached.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE VILLAGE LEARNING CENTER**  
**ENROLLMENT INFORMATION**

**Child's Full Name** \_\_\_\_\_  
(Last) (First) (Middle)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name Child is Called \_\_\_\_\_ Sex M  F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent One Name** \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ D.L.# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Mobil ( ) \_\_\_\_\_

**Parent Two Name** \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ D.L.# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Mobil ( ) \_\_\_\_\_

Person or persons to contact in an emergency should both parents be unavailable:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of persons, other than parents, authorized to pick up child. Child will not be permitted to leave The Village Learning Center with anyone other than the persons named below without written permission from a parent.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

# CHILD'S PERSONAL RECORD

Does your child have any special problems or special needs that we should be aware of? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Days & Hours of care: \_\_\_\_\_ Date of Admission \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Elementary school your child will be attending \_\_\_\_\_ School Phone ( ) \_\_\_\_\_ Grade Level \_\_\_\_\_

Special Comments: Please let us know if there is anything we can do to better understand and care for your child.

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## PHYSICIAN

### DOCTOR

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### HOSPITAL

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

# AUTHORIZATIONS

## EMERGENCY

I hereby authorize The Village Learning Center to transport my child to the named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TRANSPORTATION & FIELD TRIPS

I hereby authorize The Village Learning Center to transport my child to and/or from school, on educational excursions, or other center sponsored activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## IMMUNIZATION RECORDS

I certify that my child's immunization records are current and on file at \_\_\_\_\_  
Elementary School located at \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMERGENCY MEDICAL

I hereby authorize any licensed physician or medical treatment center to treat my child in the event of an emergency in which the above named physician cannot respond.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## WATER ACTIVITIES

I hereby authorize The Village Learning Center to include my child in supervised water activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## MEDICAL PROGRAM

I certify that my child is enrolled in a regular medical program and has been examined by a licensed physician within the past 12 months.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SCHOOL BUS

I give permission for my child to ride the Cypress Fairbanks Independent School District bus to and from The Village Learning Center and the Elementary School my child attends.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## MEALS AND SNACKS

I hereby authorize The Village Learning Center to give my child the meals and/or snacks I provide from home. I also understand that the center is not responsible for its nutritional value or for meeting the child daily food needs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the operational policies including those for discipline and guidance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Village Learning Center  
 15201 Philippine  
 Houston, Texas 77040  
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Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**ADMISSION REQUIREMENT:**

One of the following must be presented when your child (under the age of 5 years) is admitted to The Village Learning Center or within one week of admission.

**Check to indicate the option you select:**

- DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

\_\_\_\_\_  
 Signature of Doctor Date

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

**If you do not have any of the above:**

- PARENT'S STATEMENT: My child has been examined within the past year by a licensed physician and is able to participate in the day care program.

\_\_\_\_\_  
 Doctors Name Address

- Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility.

**OR**

- My child has an appointment for a physical examination:

\_\_\_\_\_  
 Name & Address of Physician Date

I will submit the physician's statement, EPSDT form, or health service or clinic form to the day care facility following the examination.

\_\_\_\_\_  
 Parent Signature Date

**IMMUNIZATION RECORD**

Vaccine	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Dose 4	Date/Booster
Hepatitis A					
Hepatitis B					
DTP / DTaP / DT					
Hib					
Inactivated Polio					
MMR					
Varicella					
Pneumococcal					

**VISION & HEARING**

Hearing			
HZ	1000	2000	4000
R			
L			
<input type="checkbox"/> Pass		<input type="checkbox"/> Fail	

Date \_\_\_\_\_

Signature \_\_\_\_\_

Vision	
R20/ _____	L/20 _____
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

Date \_\_\_\_\_

Signature \_\_\_\_\_

The Varicella (chickenpox) vaccine is not required if your child has had the chickenpox disease. If your child has had chickenpox, please complete the statement below:

My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need the Varicella vaccine.

\_\_\_\_\_  
 Parents Signature Date

# FINANCIAL AGREEMENT

## FEES

I understand that tuition fees are charged on a weekly basis and are due and payable, in advance, on Monday of each week. A bookkeeping fee of \$10.00 will be charged for payments received after Wednesday. Should the fee become delinquent by more than two (2) weeks, immediate withdrawal of my child will be required until the overdue balance is paid in full. I understand that weekly tuition rates are subject to change as conditions may require, and that I will receive at least two (2) week's notice of any change in rates.

## ABSENTEE

I understand that if my child is in attendance for 1 or more days during the week, the entire weeks tuition is due. If my child is in attendance for 0 days during the week, one-half the regular weekly tuition is due. A day of attendance will be charged if my child attends any part of that day. In addition, I am aware that after a total of 6 weeks charged at one-half the regular weekly tuition rate I must pay the full regular weekly tuition, regardless of my child's attendance, for the remainder of the year.

## LATE CHARGES

I understand that if my child remains at The Village Learning Center past the scheduled closing time, I will be charged and agree to pay \$5.00 per child for each 5-minute increment or part thereof. **I agree to pay this charge in cash at the time of pickup.** If the fee is not paid at the time of pickup, you will have 5 days to pay or your child will not be admitted back into the center to until it is paid. If the fee is left unpaid for a total of 10 days, your child's spot will no longer be available at The Village Learning Center.

## WITHDRAWAL

I understand that if my child is absent for two (2) consecutive weeks and the appropriate fee as specified under the "Absentee Policy" has not been paid, my child will automatically be dis-enrolled from the center. I understand that an additional registration fee will be required prior to re-admission to the center. Re-admission will be on a space available basis and not guaranteed.

I agree to give The Village Learning Center at least two (2) weeks written notice before withdrawing my child from the center. Should I fail to give such notice, I agree to pay the full regular weekly tuition for those two weeks.

## RETURNED

I understand and agree to pay a returned check fee of \$20.00 for checks returned by the bank for any reason.

## HOLIDAYS

I understand that **The Village Learning Center** will be closed for the following holidays or closed on the day in which the holiday is observed: New Year's Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, and Christmas Day.

I acknowledge that I have read and agree to the provisions listed above and assume full responsibility for all fees incurred while my child is enrolled at The Village Learning Center . I also understand that all legal measures will be used to collect any unpaid balance remaining on my account for a period exceeding 30 days.

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Date



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### Food Allergy Emergency Plan

This plan must be signed and dated by your child's Health Care Professional

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Please complete one form FOR EACH known Food Allergy

Food child is allergic to: \_\_\_\_\_

Possible Symptoms if exposed to this food: \_\_\_\_\_

Specific steps to take if the child has an allergic reaction to this food: \_\_\_\_\_

By signing below, the parent or guardian of this child gives The Village Learning Center permission to post the child's food allergy in the food serving and food preparation areas.

Dr Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For licensed center use:

\_\_\_\_\_ Food Allergy Emergency Plan has been posted in the classroom and food service area

\_\_\_\_\_ Food Allergy Emergency Plan has been posted in the food preparation area

\_\_\_\_\_ Food Allergy Emergency Plan has been included in your emergency evacuation binder

\_\_\_\_\_ Food Allergy Emergency Plan has been included in your field trip and transportation binder