



ADMISSION INFORMATION

607 Jefferson Ave.

Director: Rita Medellin

830-379-LEAP

Mrs. Rita's School For Young Children

Student's Name: _____ Age: _____ Date of Birth: ___/___/___

Date of admission _____ Date of withdrawal _____ Full Day 1/2 Day

Child's Home Address: _____ Child's Home Phone: (____) _____ - _____

Father's Name:	Mother's Name:
Employer:	Employer:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

Guardian of Student if not Parents: _____ Relationship: _____

Address (if different) _____ Phone: (____) _____ - _____

Person to call in case of an emergency if parents/guardian cannot be reached:

Name: _____ Relationship: _____

Address: _____ Phone: _____

I hereby authorize Leap Ahead Learning to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent, or a person designated by the parent/guardian after verification if ID.

CHECK ALL THAT APPLY:

1. Transportation:

I hereby give not give consent for my child to be transported and supervised by the operation's employees

For emergency care for field trips to and from school

2. Field Trips:

I hereby give not give consent for my child to participate in field trips.

Parent Comments:

3. Water Activities:

I hereby give not give consent for my child to participate in water activities

Sprinkler play splashing / wading pools swimming pool water table play

4. Receipt of written operational policies: I acknowledge receipt of Leap Ahead Learning's operational policies including those for discipline and guidance.

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

Mondays _____ to _____ Thursdays _____ to _____

Tuesdays _____ to _____ Fridays _____ to _____

Wednesdays _____ to _____

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:
Name of Emergency Medical Care Facility:	Address:	Phone:

I give consent to the facility to secure any and all necessary emergency care for my child.

Signature of parent / guardian _____

List any special problems your child may have such as allergies, existing illness previous serious illness, injuries and hospitalizations during the past 12 months, any medicine prescribed for long term continuous use, and any other information which caregivers should be aware of:

IMMUNIZATION RECORD:

I have provided Leap Ahead Learning with a copy of my child's most recent immunization record

Admission Requirement: If your child does not attend pre-kindergarten or school away from Leap Ahead Learning , one of the following must be presented when your child is admitted or within one week of admission.

Please check only one option:

1. **HEALTHCARE PROFESSIONAL STATEMENT:**

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

_____ Date _____
Health Care Professional Signat

2. A signed and dated copy of a health care professional statement is attached

3. Medical diagnosis and treatment conflict with the 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. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a healthcare professionals signed statement and will submit it to the child care operation.

Name and address of health care professional:

_____ Date _____
Signature of Parent / Guardian

School Age Children:

My child attends the following school:

Name of school Address Phone

Check All That Apply:

His / Her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current
Vision and hearing records are also on file.

My child has permission to ride a bus and/or

Be released to the care of his/her siblings under 18 years of age

Names of siblings:

Payment Policy:

I understand that my child's tuition is due on Monday by 6:30pm. If payment is not received on Monday by 6:30pm, a \$10.00 late fee will be applied to your account for each day tuition is late. If payment is not received by Friday at 6:30pm, your child will not be able to attend Leap Ahead Learning on the next Monday.

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe 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)

Please include the following documents to complete the application:

- Copy of Birth Certificate
- Copy of Up-to-date Immunization Records
- Non-refundable registration fee of \$25.00 per family made payable to Leap Ahead Learning.

Signature of Parent / Guardian _____ Date _____