



First Fulshear Early Learning Center

2023-2024 School year fees

Tuition is collected September through May. Classes start in late August (coincides with LCISD)

Preschool Tuition Ages 2-4

8:45-2:45 T/TH \$325.00/month

8:45-2:45 MWF \$460.00/month

8:45-2:45 5 days \$725/month

Kinder-Bridge age 5

8:45-2:45 5 days only \$725/month

Preschool early care

7-8:45 T/Th \$100/month

7-8:45 MWF \$150.00/month

7-8:45 5 days \$250.00/month

*Children must be enrolled in regular care to qualify for early or late care.

Preschool after school care

2:45-6:00 T/Th \$125.00/month

2:45-6:00 MWF \$175.00/month

2:45-6:00 5 days \$300.00/month

Registration Fees

T/Th- \$150.00

MWF- \$175.00

5 days- \$275.00

Semester supply fees

T/Th- \$100.00 per semester

MWF- \$150.00 per semester

5 days- \$200.00 per semester

Elementary after school care Morgan Elementary only

Kindergarten-5th grade M-F 3:00-6:00 pm \$300.00/month

Registration fee \$100 Supply fee \$60/semester

Payment and registration contract

We offer a Sibling discount of 10% off second child only in our preschool program for regular tuition, not before or after school care.

We reserve the right to cancel a class if minimum enrollment is not met. Late pick up fee \$1.00 per minute. Children may not be dropped off before 8:40 unless enrolled in early care. Kids may not be picked up after 2:50 unless enrolled in late care.

We generally follow LCISD calendar for holidays and school closings, however you will receive an official FFELC calendar in August 2023.

There are not deductions to tuition for holidays, emergency closures or absences unless such policies have been adopted such as the covid/pandemic guidelines.

Payment Agreement Contract:

I understand that my child's first tuition payment is due on September 1st. If I register but do not give notice that my child will not be attending by August 1st, I will be responsible for September tuition.

I understand that tuition is due by the 5th of every month or a late fee will be assessed of \$15.00 for late tuition.

I understand that I must submit a 30 day notice if I decide to withdraw my child from the school.

I understand that all registration fees are non-refundable for any reason.

Payments can be made by auto draft from a bank account or by credit card (2.75% fee for credit cards only)

Child's name _____

Parent's Signature _____ date _____



Admission Information

Use this form to collect all required information about a child enrolling in 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 child care facility.

General Information

Operation's Name		Director's Name Jill Samoff	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission 08/22/2023	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
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 will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information

Check All That Apply:	We do not transport children
1. Transportation	
I give consent for my child to be transported and supervised by the operation's employees:	
<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips
<input type="checkbox"/> to and from home	<input type="checkbox"/> to and from school
2. Field Trips	
<input type="radio"/> I give consent for my child to participate in field trips.	
<input type="radio"/> I do not give consent for my child to participate in field trips.	
We do not take field trips	
Comments	

3. Water Activities

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

- ☒ water table play ☒ sprinkler play ☒ splashing/wading pools ☒ swimming pools ☒ aquatic playgrounds

4. Receipt of Written Operational Policies (**Handbook will distributed on 1st class day**)

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|---|--|
| <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 medications |
| <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"/> Procedures to visit the center without securing prior approval |
| <input checked="" type="checkbox"/> Procedures for parents to participate in operation activities | <input checked="" type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals

Parent will provide all meals/snacks

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

- ☒ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care

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

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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
Name of Emergency Care Facility	Address	Phone Number

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

X

Signature — Parent or Legal Guardian

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during 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? ☐ Yes ☐ No Plan Submitted on _____

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).

X

Signature — Parent or Legal Guardian

Date Signed

School Age Children

My child attends the following school Morgan Elementary	School Phone Number
My child has permission to (check all that apply): <input type="checkbox"/> walk to or from school or home <input checked="" type="checkbox"/> ride a bus <input type="checkbox"/> be released to the care of his/her sibling under 18 years old Authorized pick up/drop off locations other than the child's address <input checked="" type="checkbox"/> Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.	

Admission Requirement

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

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.

Signature — Health Care Professional

Date Signed

2. ☐ A signed and dated copy of a health care professional's 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 health care professional's signed statement and submit it to the child care operation.

Name	Address of Health Care Professional
------	-------------------------------------

X

Signature — Parent or Legal Guardian

Date Signed

Requirements for Exclusion

<input type="radio"/> I have attached a signed form described by Section 26.06, including religious belief, on the affidavit is notarized.	Our school requires immunizations
<input type="radio"/> I have attached a signed religious denomination	e tenets or practices of a church or

Vision Exam Results

Right Eye 20/	Left Eye 20/	<input type="radio"/> Pass	<input type="radio"/> Fail	
Signature		Date Signed		

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Please provide a copy of immunizations
Date Signed _____

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.		
Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1-2 months (second dose)	
	6-18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15-18 months (fourth dose)	
	4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	12-15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6-18 months (third dose)	
	4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose)	
	4-6 years (second dose)	
Varicella	12-15 months (first dose)	
	4-6 years (second dose)	
Hepatitis A	12-23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature

Date Signed

Varicella (Chickenpox)

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

Signature

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.htm.

TB Test (If Required)

☐ Positive ☐ Negative Date: **Not required by our school**

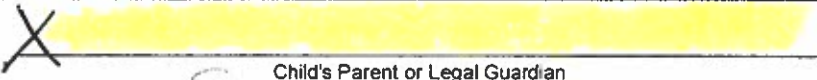
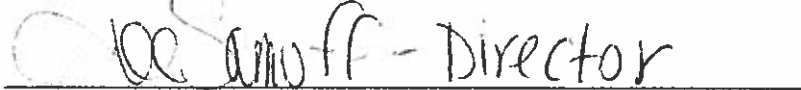
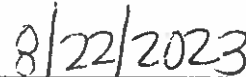
Gang Free Zone

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 organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

<div data-bbox="94 520 906 598"></div> <div data-bbox="357 575 657 604"><p>Child's Parent or Legal Guardian</p></div> <div data-bbox="110 604 906 693"></div> <div data-bbox="423 690 587 720"><p>Center Designee</p></div>	<div data-bbox="1039 575 1425 604"><p>Date Signed</p></div> <div data-bbox="1081 617 1325 693"></div> <div data-bbox="1164 693 1295 722"><p>Date Signed</p></div>
--	--

Tuition Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

**No fees for auto checking draft
2.75% fee for all credit card payments**

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received _____

Employee Signature _____

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555 555 5555		00226	
Pay to the order of:		Attach Voided Check Here \$			
		Dollars			
Routing Number		Account Number		Check Number	
12345678901		10001234		0226	

A service of



procure
SOFTWARE