



Montessori Learning Academy
 5173 69TH STREET LUBBOCK TEXAS 79424
 806-701-3652

ADMISSION INFORMATION

GENERAL INFORMATION

Operation's Name: Grow With Me Montessori Learning Academy		Director's Name: Donna VanDenHeuvel	
Child's Full Name:	Child's Date of Birth:	Child Lives With: Both parents Mom Dad Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Mothers Name:	Mothers Address:		
Fathers Name:	Fathers Address:		
List telephone numbers below where parents/guardian may be reached while child is in care.			
Mothers Telephone No.	Fathers Telephone No.	Guardian's Telephone No.	Custody Documents on File: Yes No
Mothers Employer:	Mothers Work Telephone	Fathers Employer:	Fathers Work Telephone

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).

Signature - Parent or Legal Guardian:	Date Signed:
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PICK UP LIST

I authorize the childcare 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:	Address & Phone Number:	Relationship to child:

EMERGENCY CONTACT INFORMATION

I Give the name, address, and phone number of the responsible individual **to call** in case of an emergency if parents/guardian cannot be reached:

Name:	Address & Phone Number:	Relationship to child:



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 on field trips to and from home to and from school

2. FIELD TRIPS

- I give consent for my child to participate in field trips.
 I **do not** give consent for my child to participate in field trips.

Comments:

3. WATER ACTIVITIES

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

- water table play
 swimming pools
 sprinkler play
 splashing/wading pools

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

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

Discipline and guidance	Procedures for release of children
Suspension and expulsion	Illness and exclusion criteria
Emergency plans	Procedures for dispensing medications
Procedures for conducting health checks	Immunization requirements for children
Safe sleep	Meals and food service practices
Procedures for parents to discuss concerns with the director	Procedures to visit the center without securing prior approval
Procedures for parents to participate in operation activities	Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website
Parent Signature:	Date:

5. MEALS

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

8:00 AM Breakfast 11:00AM Lunch 2:30PM Afternoon snack

6. DAYS AND TIMES IN CARE

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

*Please note that per minimum standards a child may not be in care for more than 10 hrs per day.

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		



SCHOOL AGE CHILDREN

MY CHILD ATTENDS THE FOLLOWING SCHOOL:

Name of School:	School Phone Number:
My child has permission to (check all that apply): walk to or from school or home ride a bus 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:	

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.	Signature - Parent or Legal Guardian	

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.

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:

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 and Address of Health Care Professional:	
Signature - Parent or Legal Guardian:	Date Signed:



VISION EXAM RESULTS

R 20/	L 20/	Pass	Fail
Signature:		Date Signed:	

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				Pass Fail
Left				Pass Fail
Signature:			Date Signed:	

VACCINE INFORMATION

I UNDERSTAND THAT I MUST PROVIDE GWMLA WITH MY CHILDS CURRENT VACCINE RECORD. I UNDERSTAND THAT I MUST PROVIDE UPDATED VACCINE RECORDS AS MY CHILD RECEIVED ADDITIONAL VACCINES.

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.

TB TEST (IF REQUIRED)

Positive	Negative	Date:

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.



PERMISSION TO TAKE PHOTOS

I give my daycare provider, Grow With Me Learning Academy permission to take and use still photographs or videos of my child in the following ways:

PLEASE CHECK ONE

Photo Authorization:	Grant Permission	Decline Permission
Daycare Provider Photo Books		
Share with Current Clients (bulletin boards, newsletters)		
Online: Facilities Business Website		
Online: Facilities Private Facebook Page		
Promotional Material for Prospective Clients		

Please Initial the following statements:

_____ *I understand that it's my responsibility to update this form if I wish to retract permission in categories listed above.*
 _____ *I understand that permission is given for the entire period of my child's enrollment unless I update this form*

RELEASE OF LIABILITY AND WAIVER FORM

In exchange for my child's participation in any and all activities undertaken at GROW WITH ME LEARNING ACADEMY, I agree to the following conditions:

By Initialing the statements below, you agree to the statement:

_____ I represent that I am the parent or legal guardian of the child named in this application. I further represent that the child named below is healthy and physically able to participate in any and all undertaken activities at GWMLA.

_____ I assume full responsibility for any personal injury to the child named in this application, and our respective heirs assigns, administrations, personal representatives and next of kin, waive, release and discharge GWMLA it's affiliates, officers, members, agents, employees, other participants, and sponsoring agencies for injury, loss or damage arising out of or related to my child's participation in any and all programs and activities at GWMLA.

SIGNATURE OF PARENT/LEGAL GUARDIAN:

DATE SIGNED:

OPERATIONAL POLICIES

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE POLICIES OF GWMLA. I WILL COMPLY WITH ALL POLICIES AS LONG AS MY CHILD ATTENDS GWMLA.

I WOULD LIKE A COPY EMAILED TO ME AT THE FOLLWING EMAIL ADDRESS:

EMAIL _____

SIGNATURE: _____

DATE: _____



ADDITIONAL INFORMATION

PLEASE LIST ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL FOR GWMLA TO KNOW IN REGARDS TO YOUR CHILD AND OR THEIR ATTENDANCE:

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PLEASE NOTE THAT GWMLA HAS AN OPEN DOOR POLICY FOR ANY QUESTIONS OR CONCERNS. PLEASE SPEAK TO YOUR DIRECTOR IMMEDIATELY IF YOU HAVE A QUESTION OR CONCERN. WE WELCOME ALL FEEDBACK!

THANK YOU FOR ALLOWING GROW WITH ME LEARNING ACADEMY TO CARE FOR YOUR LITTLE ONE!

SIGNATURES

Child's Parent or Legal Guardian:

X

Date Signed:

Center Designee:

X

Date Signed:





Montessori Learning Academy

PARENT FINANCIAL AGREEMENT

Child's Name: _____ Date of Birth: _____

Father's Name: _____ SSN: _____ - _____ - _____

Mother's Name: _____ SSN: _____ - _____ - _____

(Please initial each item as indication that you have read and understand each statement)

___ I agree to pay \$_____ monthly/weekly for the care of my child/children enrolled at Grow With Me.

___ I agree to pay \$100.00 Curriculum/Enrollment Fee. I understand that this is a non-refundable initial tuition fee.

___ I agree to pay \$30.00 GWM Share/ week in addition to my monthly parent fee. **(CCS FAMILIES ONLY)**

___ I am required to give a **TWO WEEK** notice of any withdraw from the center. I will be billed for the full two weeks if I fail to give a full TWO WEEK notice.

___ I understand that tuition is billed based on the enrollment and NOT the child's attendance.

___ I understand that all fees are nonrefundable.

___ I understand that payment is due on each Monday. Weekly tuition remains the same even in weeks with holidays or if your child is absent.

___ I understand that if tuition is not paid by Monday, a \$15.00 per day late fee is applied.

___ I understand that all returned checks are automatically sent to the DA hot check department of Lubbock.

___ Accounts will be charged a return fee dependent on the bank fees at that time for all insufficient funds.

___ I understand that Grow With Me has a late fee. If my child is picked up after 6:30 pm an initial fee of \$25 will automatically be added to your account. At 6:35pm, \$1 will be added for every minute until a person authorized to pick up arrives.

___ I understand that the forms of payment for Grow With Me are ACH draft or Credit/Debit card draft ONLY. A current card MUST be on file at all times with sufficient funds each Monday.

___ I understand that if I fail to bring my account to a zero balance at the end of care, the balance will be turned over for Collections with the DA's office.

I do by agree to the conditions of the above agreement and by my signature agree to abide by all stipulations herein.

Signature: _____ Date: _____
(parent or legal guardian)

Signature: _____ Date: _____
(director or facility representative)





Discipline and Guidance Policy

- ◆ 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/guardian

employee/caregiver

household member of child-care home





Montessori Learning Academy

Communication Card

Childs Name: _____ Date of Birth: _____

Mothers Name: _____

Email: _____

Number to receive text messages: (____)____-_____

Carrier Name (ex: Sprint, AT&T)_____

Fathers Name: _____

Email: _____

Number to receive text messages: (____)____-_____

Carrier Name (ex: Sprint, AT&T)_____

I give permission to receive any notifications from Grow With Me Learning Academy by phone or email.

Parent Signature: _____ Date _____



Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at [redacted] and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

Safe Sleep Policy

All staff, substitute staff, and volunteers at [redacted] will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):







- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/ animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing [redacted] (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

Privacy Statement

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

Signatures

This policy is effective on: [redacted] Child's name: [redacted]

	
Signature — Director/Owner	Date Signed
	
Signature — Staff member	Date Signed
	
Signature — Parent	Date Signed



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

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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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