



Dear Parents/Guardians,

Thank you for your interest in AppleTree Day School. We have been a licensed child care facility since 2005 and it has always been our goal to provide families with quality and affordable care.

Our goal at AppleTree Day School is to nurture the unique qualities of each child and, through a curriculum based experience, develop their skills. We hope to guide your child in social, emotional, and cognitive development.

Thank you for the opportunity to teach and love your child.

Alan Apicella and Jayme Garza
Owner Director

AppleTree Day School

10350 BANDERA ROAD
SUITE 200
SAN ANTONIO, TX 78250
(210) 509-1919



Classroom	Weekly Tuition	Monthly Tuition
Infant A & B	\$220.00	\$906.00
Toddler A	\$220.00	\$906.00
Toddler B	\$200.00	\$823.00
Two's	\$200.00	\$823.00
Pre-School	\$200.00	\$823.00
Pre-School A & B	\$180.00	\$741.00
Pre-K A & B	\$180.00	\$741.00
Before/After School	\$100.00	\$412.00
Before School Only	\$80.00	\$329.00
After School Only	\$90.00	\$370.00
Full Time School Age (Holiday/Summer)	\$180.00	\$741.00

Annual Registration Fee: \$100 per child or \$150 per family

Single Day Public School Holiday - \$15

Discount Rates:

10% off lowest rate for 2nd child

20% off lowest rate for 3rd child

September 19, 2018



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	
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	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:

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 ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

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

- | | |
|--|---|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals

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.

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).

Signature — Parent or Legal Guardian

Date Signed

School Age Children

My child attends the following 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

☐ 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

Signature — Parent or Legal Guardian

Date Signed

Requirements for Exclusion

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ 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

Signature

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.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.

Privacy Statement

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

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed



MEDICAL RECORDS RELEASE FORM

I, _____, hereby authorize my
child's physician, _____, to fax a
copy of _____'s shot records to
AppleTree Day School for their files.

My child's date of birth is _____.

If attached, please sign the physician's signature line that reads "Signature of
Health Care Professional" in the middle of the Admission Information form. This
is required for my child to attend AppleTree Day School

If you have any questions or need verification of this transmittal, you may
contact me at _____. Thank you for your assistance.

AppleTree Day School may be reached at 210-509-1919.

Parent Signature: _____

Date: _____



Hop aboard the Tuition Express
and never write a check again!

ProCare Software

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize Apple Tree, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____		DEPOSITORY Bank or Credit Union Name _____	
Address _____				Bank or Credit Union Address _____	
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Routing Transit Number (see sample below) _____			Account Number (see sample below) _____		

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

Routing Transit Number	Account Number	Check Number
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Please attach a copy of a voided check here. Deposit slips not accepted.

AppleTree Day School
10350 Bandera Road Suite #200
San Antonio, Texas 78250
210-509-1919 Office
201-767-9797 Fax

Biting:

Biting is a typical behavior often seen in infants, toddlers and 2 year old. As children mature, gain self control , and develop problem solving, they usually outgrow this behavior . While not uncommon, biting can be upsetting and potentially harmful behavior. It's best to discourage it from the very first episode. Children bite for many reasons: self defense, attention, lack of language skills or relief from teething. Toddlers tend to have poor verbal skills and are impulsive without self control. We try and encourage the children to use their words if they become angry or frustrated.

We will take the following steps if biting occurs:

- The biter will be removed from the situation depending on the child's age example: 1 minute for a 1 year old, 2 minutes for a 2 year old.
- The teacher will work with the child who bit and encourage the child to express their needs and wants by using their words.
- The wound will be washed with soap and ice will be applied
- The parents of both children will be notified with a phone call and incident report or boo-boo report
- The names of all children will be kept confidential

Our biting policy will be strongly enforced

- At anytime the skin is broken due to a bite, the child will be sent home.
- If a child bites 2 times as long as the skin is not broken on any one day, the child will be sent home for the remainder of the day.
- If biting continues and is severe you will be contacted by the director and a conference will be scheduled . We will make every attempt to help and guide your child to prevent any type of biting. A last resort will be termination of the child care. If that is determined by the director and owner-the parent will be given a written 2 week notice.]

To Minimize biting at AppleTree we will shadow the child that is biting, provide positive redirection and encourage the children to use their words.

Child Name: _____
Parent Signature: _____
Director Signature: _____
Date: _____



Secure Vision System

Although we've implemented maximum level security measures to protect against unauthorized access to the Secure Vision System, you as parents/guardians have the responsibility of protecting your username and password.

Remember, your Secure Vision username and password provide unique identifiers that enable our system to identify authorized users. Therefore, your login information is the first line of defense against unauthorized access. As concerned parents and users of the Secure Vision System, it is your responsibility to maintain exclusive control and use of your username and password and to protect it from accidental disclosure to others.

Usernames should be between four and eight characters, all letters should be lowercase, and logins should be unique. You may include letters, numbers, and special characters in your username. Passwords must be eight characters long. It is recommended that you use a mixture of letters, numbers, and special characters.

I am a legal guardian of a child enrolled at AppleTree Day School, Inc. I have read the above information and understand that the cameras have been installed at AppleTree Day School, Inc. for the purpose of live streaming enrolled children over the Internet for parents and other authorized users to access. I am requesting the following username and password be approved for the Secure Vision System.

Login Username: _____

Password: _____

Enrolled child(ren) name: _____

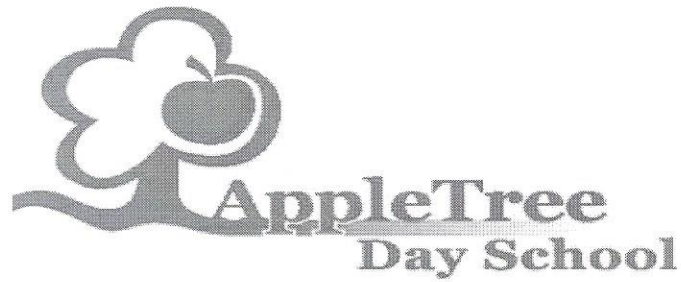
Parent/Guardian printed name: _____

Parent/Guardian Signature: _____

AppleTree Day School, Inc. use only:

Date entered & approved: _____

Authorized Signature: _____



Child's first and last name: _____

Child's first and last name: _____

Child's first and last name: _____

Father/Guardian:

Work Place: _____

Work Number: _____

Cell Phone Number: _____

Cell Phone Provider: _____

E-Mail Address: _____

Mother/Guardian:

Work Place: _____

Work Number: _____

Cell Phone Number: _____

Cell Phone Provider: _____

E-Mail Address: _____

I Agree to provide AppleTree Day School with necessary updates regarding contact information

Parent Signature: _____

Date: _____



THINGS TO BRING

Infants: Bottle for *each* feeding
Formula and baby food (if eating food)
Diapers, Wipes
Diaper Rash Cream
Baby's Bag: 2 complete extra sets of clothes
Pacifier (if using)

12mos – 2 yrs: Diapers (Pull Ups for 2's)
Wipes and diaper rash cream
2 Sippy Cups (12 – 18 mos. ONLY)
Toddler's Bag: 2 complete extra sets of clothes
Small Blanket for nap time
Fitted Crib Sheet for nap time
1 extra pair of shoes

3's, 4's & 5's: 2 complete extra sets of clothes
1 extra pair of socks & shoes
Small Blanket for napping
Fitted Crib Sheet for napping

Please make sure to label everything with child's name!