



ENROLLMENT INFORMATION

Date of Registration:	
Date of Termination:	

CHILD INFORMATION			
First Name:	Last Name:	M.I.	Date of Birth:
Nickname:	Age	Sex	Primary Language:
Home Address:			
Parent Guardian Marital Status (Please circle one): Single Married Widowed		Child Resides with: (Please circle one): Both Parents Mother Father Guardian	
Person's with legal custody: (Attach pertinent paperwork such as a Court order if a parent is not permitted to pick up the child.)			
Name and ages of siblings:			
Parent/Guardian Information			
Parent Guardian #1:		Parent Guardian #2:	
Relationship to child:		Relationship to child:	
Home Address:		Home Address:	
Home Phone:		Home Phone:	
Email:		Email:	
Driver's License Number/State		Driver's License Number/State	
Employer:		Employer:	
Employer Address:		Employer Address:	
Work Phone/Extension:		Work Phone/Extension:	



Child's Name: _____ Date of Birth: _____

Emergency Contact Form

Learning & Beyond takes all measures necessary to ensure the safety of your child while in the care of the staff. To ensure the safety of your child, **we ask that you complete the following information completely and accurately.** In the event of a medical emergency, the staff will obtain emergency medical treatment at the nearest emergency room.

1. Name: _____ Relationship: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Phone: (____) - ____ - _____ Authorize to pick up (circle one): Yes / No

2. Name: _____ Relationship: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Phone: (____) - ____ - _____ Authorize to pick up (circle one): Yes / No

3. Name: _____ Relationship: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Phone: (____) - ____ - _____ Authorize to pick up (circle one): Yes / No

The following individuals, who may not be emergency contacts, have authorization to pick up your child on occasion. Furthermore, families understand that these people must be at least 18 years of age and proper identification will be required.

Name: _____ Relationship: _____

Phone: (____) - ____ - _____

Name: _____ Relationship: _____

Phone: (____) - ____ - _____

Name: _____ Relationship: _____

Phone: (____) - ____ - _____

Medical History

Physician's Name: _____ Phone: (____) - ____ - _____

Address _____

In case of an emergency, please list any medications in which your child is allergic.

Parent/Guardian Signature

Date

Learning & Beyond, LLC
20144 Morton Rd. Suite 110
Katy, Texas 77449

Parent/Guardian Initial _____



MEDICAL INFORMATION			
AUTHORIZATION FOR EMERGENCY MEDICAL CARE			
In the event of an emergency or illness do you authorize Learning and Beyond to make arrangements for medical care for your child? (please circle one)			
Yes		NO	
Child's First Name:	Child's Last Name:	M.I.	Date of Birth:
Name of Doctor		Telephone No.	
Address:			
Name of Hospital or Clinic:		Telephone No.	
Address:			
Name of Dentist:		Telephone No.	
Health Insurance provider:		Policy Number	
Last Tetanus/ Diptheria Booster			
Allergies to medication and or foods			

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for _____ (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective commencing on the _____ day of _____, 20____ and

Signed this _____ day of _____, 20 ____.

Parent #1's Signature

Parent #2's Signature



CHILD'S INFORMATION

How is your child most easily settled? _____

Does your child have any security items such as pacifier, blanket, etc. or favorite activities?

Does your child need any help with dressing? Yes No

If yes, please list: _____

Does your child need any help with toileting? Yes No

If yes, please identify: _____

Is your child potty trained? _____

MEDICAL INFORMATION

Is your child allergic to food or other substances? (If so, name substances to be avoided and procedure to follow if reaction occurs)

Any other allergies (please provide special instructions)

Is your child prone to any illness? (Asthma, ear infections, tummy aches, etc.)

EATING

Describe your child's appetite _____

What are your child's favorite foods? (for infant, specify cereal, baby foods, etc.)

What are your child's least favorite foods? _____

What does your child drink and how often? _____

What time does your child eat: Breakfast _____ Lunch _____ Supper _____

BOTTLES:

Brand & type (standard, angled neck, disposable) _____

If the bottle is warmed, how do you warm it? _____

Is the child on formula or milk? What kind? _____

Does your child hold his or her own bottle? . Yes No

SLEEPING

Please indicate usual nap times: _____

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Special toy or blanket for nap time? _____

How do you put your child to sleep? _____

Social/Emotional Development

How does your child show feelings?

Affection: _____ Fear: _____

Frustration: _____ Anger: _____

Excitement: _____

Does your child make new friends easily? _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

How do you handle discipline in your home? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

GENERAL

What do you expect from child care? _____

Any other comments, concerns or suggestions? _____

Parent/Guardian Signature _____ Date _____



IMMUNIZATION/ HEALTH RECORDS

Please provide Learning and Beyond with a copy of your child's most recent immunization records or have your physician fill out the following:

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 / she is able to take part in the day care program.

Health Care Professional's Signature Date

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 will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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Physician Signature _____ DATE _____

HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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HEALTH REQUIREMENTS

Name of Child:						Date of Birth:					
Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required) <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____											
Signature or stamp of a physician or public health personnel verifying immunization information above. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>											
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.											
Parent's signature _____										Date _____	
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.											
For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm											

Signature – Parent or Legal Guardian

Date

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20144 Morton Rd. Suite 110
Katy, Texas 77449

Parent/Guardian Initial _____



ENROLLMENT AGREEMENT

Learning and Beyond's Hours of Operation/ Attendance	
<p>The center will be open from 6:00 a.m. to 6:30 p.m.</p> <ul style="list-style-type: none"> ➤ In the event of inclement weather a decision will be made by 5:30am whether the Center will be open, closed or have a delayed opening. Parents will be asked to call our emergency weather number for information regarding weather related closures or delays. If Katy ISD closes for bad weather then the center will also be closed Tuition for the week will remain the same ➤ A Late pick-up fee of \$ 10 will be charged per every 15 minutes or portion of fifteen minute period. ➤ If your child will be absent please, notify the Center as soon as you know or by 8:00 am that day if you do not know before that. ➤ Please notify the center by 8: 00 am if your school-age child does not need to be picked up from school or will not arrive by scheduled school bus on a particular day ➤ If your child is out for a week 50% of the weekly tuition payment will be due in order to reserve your child's spot. 	Parent/Guardian Initial ____
Learning and Beyond's Tuition and Fees	
<ul style="list-style-type: none"> ➤ Registration Fee: A yearly non-refundable \$90 registration fee is due to enroll your child at Learning and Beyond. ➤ Tuition Fees : The weekly tuition will be \$ _____. This fee will include your child's care, breakfast, AM snack, lunch, PM snack, and/or before or after school transportation. Rates are subject to change with reasonable notice as conditions require. ➤ Additional Fees: (School Age Children) Children who are enrolled in our after-school program will be able to come to the center on non-school day (during the school year) for an additional \$ 30. ➤ Summer Camp: Summer camp programs will be offered by Learning and Beyond, please see director for activity fee information. ➤ Payment of tuition: tuition must be paid each Monday at the beginning of the week. ➤ Discounts: Parents who sign up more than one child, full time in our program, will receive a 10% discount for each additional child. ➤ Late Payment: A late fee of \$10.00 will be charged per week that tuition is not received. ➤ Non-Payment: Your child will not be permitted to attend if tuition is more than four weeks late. ➤ Returned Check Fee: A fee of \$25 will be assessed when there is a returned check. If there are more than two returned checks in a six month period, subsequent payments must be in cash or money order. 	Parent/Guardian Initial ____
Learning and Beyond's Hours of Operation/Holidays	
<p>Learning and Beyond will be closed in recognition of the following holidays: If one of the holiday's below falls on a weekend the center will be closed on either the preceding Friday or the following Monday).</p> <ul style="list-style-type: none"> • New Year's Day, • Memorial Day • Good Friday • Fourth of July • Labor Day • Thanksgiving Day • Day After Thanksgiving • Christmas Day <p>The center's hours and holiday schedule may vary and may be changed at any time. In addition to holiday closures; In addition to these closures on Christmas Eve and New Years Eve, our center will close at 3:00 PM. In addition, we also dedicate time every year for employees' professional development and training please check with the director for the in-service day. *Tuition is not reduced as a result of center closures.</p>	
Parent/Guardian Initial ____	

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Parent/Guardian Initial ____



Daily Procedures	
<ul style="list-style-type: none"> ➤ Please bring your child into the Center when you arrive. Please record the time that your child arrived in our sign-in book. Check your child out the same way when you pick them up. ➤ We must maintain a healthy environment for the benefit of your child and the other children enrolled in our center. A child must stay home if they have a high fever 101 or above, if they are vomiting, has diarrhea or any illness which is determined to be contagious. You must be symptom free for 24 hours before returning to the Center. ➤ If your child becomes ill during our care, we will call you immediately. If the parent cannot be reached, we will contact the person indicated by you on your child's emergency care form. ➤ In the event that you find it necessary to cancel your child care, you must give a written and dated notice of cancellation to the Center Director two weeks prior to such termination of services. You will be required to bring your account up to date. If this notification is not provided a 1 week tuition fee will be required, whether or not the child is in attendance. ➤ I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, to and from school, educational excursions and other center sponsored activities. I will be given a specific permission slip for each off-site field trip. Off-site field trips and all transportation of children will meet state child care licensing regulations and center policies including minimum-age requirements. ➤ Does your child have permission to participate in water activities such as (ex. water splash park, wading pool, slip and slide) _____ Yes _____ No 	Parent/Guardian Initial _____
<ul style="list-style-type: none"> ➤ Does the center have unrestricted permission to use your child's image in print, video, and digital media? These images may be used by Learning and Beyond for a variety of purposes and that these images may be used without further notification to you. Your child's name will not be used in conjunction with any video or digital images _____ Yes _____ No ➤ The state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school. 	Parent/Guardian Initial _____
Termination of Services	
<ul style="list-style-type: none"> ➤ The Center reserves the right to dismiss any child for disruptive and/or damaging behavior. If, after a period of time and conferences between the parent and Director, a child is unable to adjust to the routine of the Center and is causing disruptive and/or damaging behavior to persons and/or property, the child will be asked to leave. This policy is without regard to race/sex/creed/color/religion and is instituted so that we can ensure the children attending the Center a safe and comfortable atmosphere in which to grow and develop. 	Parent/Guardian Initial _____

I certify that I have read, understand and accept all of the terms and conditions described in this Agreement. This Agreement will be effective on _____.

Parent Signature

Date

Director's Signature

Date