

## ENROLLMENT/ ADMISSION INFORMATION

GENERAL INFORMATION											
Facility Name:					Director's Name:						
Child's Name: <input type="checkbox"/> M <input type="checkbox"/> F				Date of Birth:			Home Phone Number:				
Child's Address:					City:			State:	Zip:		
Date of Admission:			Date of Withdrawal:		Hours and days child will be in care:						
Parent/Guardian's Name:				Home No.		Parent/Guardian's Name:				Home Number:	
Address: (if different)					Address: (if different)						
Place of Employment:			Work Number:		Place of Employment			Work Number:			
Cell Phone Number:		E-mail:			Cell Phone Number:		E-mail:				
Name of person to call in case of emergency if parents / guardian cannot be reached:			Name:		Address:			Phone Number:			
			Relationship:		City:			State:			
I hereby authorize the child care facility to allow my child to leave the child care facility ONLY with the following persons:											
Name:			Name:			Name:					
Phone Number:			Phone Number:			Phone Number:					
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION											
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the school administration or person in charge to take my child to:											
Physician:			Address:			City:		State:	Phone Number:		
Emergency Care Facility:			Address:			City:		State:	Phone Number:		
I give consent for this facility to secure any and all necessary medical care for my child.											
			<b>Signature – Parent or Legal Guardian</b>						Date		
CHILD'S ALLERGY INFORMATION											
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 staff should be aware of:    Yes    No    If yes, specify accommodations:											
Does your child have diagnosed food allergies?   Yes <input type="checkbox"/> No <input type="checkbox"/> Allergy Action Plan submitted on:											
<b>Signature – Parent or Legal Guardian</b>					Date						
CHILD'S FOOD PREFERENCES INFORMATION											
Does your child have any food preferences you would like the staff to be aware of:											
<b>Signature – Parent or Legal Guardian</b>					Date						
SCHOOL AGE CHILDREN											
My child attends the following school:					My child attends the following school & his/her immunization record & vision & hearing is on file at the school. All immunization, TB & hearing & vision tests are current. <input type="checkbox"/> yes <input type="checkbox"/> no						
School Address:					School Phone Number:						
My child has permission to (check all that apply): <input type="checkbox"/> Ride a bus <input type="checkbox"/> be released to the care of his/her sibling under 18 years old											
<b>Signature – Parent or Legal Guardian</b>					Date						

## ENROLLMENT/ ADMISSION INFORMATION

### ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the child care facility, one of the following must be presented when your child is admitted to the child care operation. (please only check one option)

1. ☐ HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that her or she is able to take part in the child 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 & treatment conflict with the tenets & practices of a recognized religious organization, which I adhere to or am a member of. I have attached a state approved signed & dated affidavit stating this.

Name & Address of Health Care Professional:

**Signature** – Parent or Legal Guardian

Date

### CONSENT INFORMATION

#### CHECK ALL THAT APPLY:

##### 1. Transportation

I hereby ☐ give ☐ do not give – my consent for my child to be transported and supervised by facility's staff:

☐ on field trips ☐ to and from home ☐ to and from school ☐ for emergency care

Initial \_\_\_\_\_

##### 2. Field Trips

I hereby ☐ give ☐ do not give – my consent for my child to participate in field trips:

Initial \_\_\_\_\_

##### 3. Water Activities

I hereby ☐ give ☐ do not give – my consent for my child to participate in water activities:

☐ splashing pools ☐ wading pools ☐ swimming pools ☐ aquatic splashpads ☐ water table play ☐ sprinkler play

Initial \_\_\_\_\_

##### 4. Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies located in the Parent Handbook, including those for:

- ☐ Discipline and guidance ☐ Suspension & expulsion ☐ Emergency plans ☐ Procedures for conducting health checks  
☐ Safe sleep policy ☐ Procedures for release of children ☐ Illness & exclusion criteria ☐ Meals & food service practices  
☐ Procedures for dispensing medications ☐ Procedures to visit the center without securing prior approval  
☐ Immunization requirements for children ☐ Procedures for parents to discuss concerns with the Director  
☐ Procedure for parents to participate in operation activities ☐ Received a Parent Handbook ☐ Gang free zone policy  
☐ Procedures for parents to contact Child Care Licensing, Child Abuse Hotline, DFPS, & DFPS website

Initial \_\_\_\_\_

### PHOTO RELEASE AUTHORIZATION

With the intent to be legally bound, I give Children's Lighthouse permission to take photos and school pictures of my child and use these photos for displays and/or marketing, website, flyers or brochures.

I hereby ☐ give ☐ do not give – my consent

Initial \_\_\_\_\_

### CUSTODY INFORMATION

Initial: Is there a court order affecting the custody of this child? ☐ yes ☐ no If yes, you must provide a certified copy of the court order signed by the presiding Judge. If no, please understand that both legal guardians/parents have equal access to the child & information.

Initial \_\_\_\_\_

### ANNUAL UPDATES

Please verify your information and complete the box below.

By signing below, I acknowledge that I have reviewed the information on Admission Information form in its entirety & verified it for accuracy.

**Signature** – Parent or Legal Guardian

Date

By signing below, I acknowledge that I have reviewed the information on Admission Information form in its entirety & verified it for accuracy.

**Signature** – Parent or Legal Guardian

Date



## Physician's Recommendation and Health Statement August 2013

Dear Physician,

Children's Lighthouse provides a group childcare environment for children between the ages of six weeks and twelve. It is our policy to accept children in our center in compliance with the Americans with Disabilities Act and all applicable federal, state or local laws pertaining to the provision of services to persons with disabilities.

In addition, our center will evaluate each child's situation on an individual basis to determine if the following child's needs, including physical, can be met within our center's teacher to child ratio:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher to Child ratio at our center is:

Age	Infants 6wks to 12 months	Infant/Toddlers 12 months to 18 months	Toddlers 18 months to 24 months	2 year olds	3 year olds	4 year olds	5 year olds	6 -12 year olds
Teacher / Child ratio	1/4	1/5	1/9	1/11	1/15	1/18	1/22	1/26

### Admission Signature Requirement: Health Care Professional

☐ HEALTH-CARE PROFESSIONAL STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the child-care program with the teacher to child ratio as stated above.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

### Immunization Requirement: Parents: *please check only one:*

- ☐ A copy of my child's immunization Record is attached. If the state requires hearing and vision, I will obtain a copy of the examination when my child reaches the age the state requires such examine to be administered.
- ☐ My child attends public or private school away from the child-care operation and the immunization is on file at the school.
- ☐ I am excluding my child from the immunization requirement for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of the State Health Services. I understand that this affidavit is valid for 2 years and must be resubmitted every two years.

**State Health Information Requirements may be required in addition to this form and will be provided by your Center Director.**

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date



**Spring Lighthouse, LLC DBA Childrens Lighthouse of Spring**  
**2885, Waterbend Cove Drive,**  
**Spring, TX 77386**

Spring Lighthouse, LLC (dba Childrens Lighthouse of Spring-Harmony) is an independently owned and operated center and neither Children's Lighthouse Franchise Company nor any other Children's Lighthouse center, other than the one whose name and address appear on this contract is responsible for the actions or obligations of this center. Children's Lighthouse of Spring provides pre-school and before/after school care for children 6 weeks through 12 years of age.

**OPERATIONAL SCHEDULE:**

Our center hours of operation for full day programs are from 6:30 a.m.- 6:30 p.m. You may drop your child off, and pick them up any time within these hours of operation. Our Half Day Program hours of operation are from 9:00 am – 2:00 pm, Tuesday, Wednesday & Thursday. We operate year-round and are closed for specific holidays and teacher in-service days. A list of annual center closing dates is available from your Center Director. Our Half Day program follows the CISD school operational calendar. We will attempt to stay open during inclement weather; however, on occasion we will make announcements of school closings, late openings, or early dismissals on our center website, our Facebook page or any electronic media and text messages. **No adjustments or credits will be issued for school closings due to inclement weather or unforeseen emergencies.**

**REGISTRATION, TUITION, AND FEES:**

- **NO CASH:** For the safety of our employees and the children in our care, Children's Lighthouse does not accept cash. Please see your Center Director for payment options available at the center.
- **Registration Fee:** A **Non-refundable \$100** registration fee is due when your child's application is submitted. **Infant rooms (1,2) require registration fee and one week's tuition (non-refundable) to hold your spot.** If you withdraw from our center and would like to return, a new enrollment form and registration fee must be submitted, and an opening must be available.
- **Your weekly tuition is: \$ \_\_\_\_\_.** Payments are due in advance by Monday of each week. We reserve the right to refuse service for families who have an outstanding account balance at the end of the week. Full tuition is due for holidays and in-service day closings observed by Childrens Lighthouse of Spring.
- **Half Day Program Tuition Schedule:** As the program will be following the CISD school calendar tuition will only be charged for the operational weeks of the CISD calendar. Should care be needed after 2:00 p.m., an additional fee of **\$10** per day will apply and provided a spot is available. Should care be needed the days CISD is closed, a drop-in rate of \$60 per day will apply, or an

applicable weekly rate will apply and provided a spot is available.

○ **Full Day Program Curriculum Fees (Bi-Annual)**

**Rooms 1,2,3, & 4: \$90**

**Rooms 5,6,7,8 & 9: \$110**

**Schoolers: \$75**

Is due in **July** and **January** of each year. In case of withdrawal prior to the start of our Fall Academic Year, a cancellation fee of \$50.00 per child will be deducted from any refunded curriculum fees paid in advance.

○ **Half Day Preschool Program Curriculum Fees**

**Charged in August: \$160**

○ **Summer Camp Fees**

**Rooms 4 to 6 \$50**

**Rooms 7 & 8 \$75**

**Rooms 9 & 10 \$150**

Summer Camp fees are due the first week of Summer.

- **Sibling Discount:** We offer a 10% discount on the oldest child enrolled in our program for the same family. The discount applies to the oldest child's tuition fee. No additional discounts will be applied to accounts receiving a sibling discount and they must be enrolled in our full-time program.

- **Late Payment Fee: \$35** will be charged if payment is not received by close of business Tuesday and a fee of **\$10** will be charged per day thereafter. Delinquent accounts and all costs incurred in the collection process will be referred to a collection agency.

- **Delinquent Accounts:** We reserve the right to refuse service for families who have an outstanding account balance at the end of the week.

- **Non-sufficient Funds (NSF) fee is \$35.** This fee will be added to your account when we are notified of NSF for either checks or electronic withdraws. The amount of the original payment and the NSF fee **MUST** be paid with a money order or cashier's check immediately upon notification of the NSF. If we receive more than **two** NSF notifications, your account will be serviced on a Money Order **ONLY** basis.

- **Late pickup fee of \$2 per minute/per child. (\$15 minimum and charged according to our clock.) A 15-minute grace period (up to 2:15 pm) will be provided for the Half Day program attendees only.**

**REFUND POLICY:**

- We refund tuition and fees if paid ahead and not utilized; excluding non-notification of withdrawal from the center.

- Refunds can take up to 30 days to process.

#### **ADDITIONAL EXPENSES FOR SCHOOL-AGE CHILDREN:**

- Full Day There is an additional **\$25/day** fee for school age children when school is out for teacher in-service or a daily holiday.
- Early Release There is an additional **\$10/day** fee for school age children when school is out for early release.
- When enrolled in our School-Age programs and school is out for an entire week during the school year, the FULL-TIME rate of **\$210** will be charged OR if the child does not attend during that week the account will be charged according to our Absentee Credit policy of 40% absentee credit, (see missed days information).

- A **\$10** non-notification of pick up fee will be assessed to your account if you do not notify the center that your child will not be riding the bus.

#### **ABSENTEE CREDIT:**

- Absentee credit applies to **full-time enrollment only.**
- Absentee credit does not apply to infants (0-24 mos.)
- Absentee credit is calculated on Tuition Charge only. No additional credits such as family or promotional discounts are included in the calculation of the absentee credit. Only ONE discount or credit at a time.
- **Paid in advance:** An absentee credit requires you to fill out an Absentee Credit Request form and the discounted tuition must be paid in advance of missed days.
- 5 weeks per calendar year (**pro-rated during your first year depending on date of enrollment**) tuition will be reduced by 40% If your child misses three (3) days in the same week because of illness, an unforeseen problem, or pre-approved absentee credit.

- Holidays and In-Service days are not considered "Missed Days" and are not included in the calculation of the number of missed days allowed.

#### **CONDITIONS UNDER WHICH THE AGREEMENT CAN BE CHANGED OR TERMINATED**

- Childrens Lighthouse of Spring has the right to change its fees and/or policies with a two-week written notice.

- If you must withdraw from our center for any reason, you will be required to fill out the **Childrens Lighthouse of Spring Notification of Withdrawal form** available from your Center Director at least 2 weeks in advance of your last day of attendance. **In the event that you do not fill out the proper Notification of Withdrawal form, you will be responsible to pay a fee equal to 2 weeks tuition charge.** To re-register your child, a new enrollment form must be submitted with the registration fee if an opening is available.

- **We reserve the right to deny services due to aggressive and/or unsafe behaviors of child or parent.**

#### **ADDITIONAL AGREEMENT AND SIGNATURE**

- I understand that it is my responsibility to keep the center advised of change of address, phone numbers, and authorized pick-up information.
- I agree to abide by all policies and procedures outlined in this tuition contract, and acknowledge that I have reviewed the Children's Lighthouse Parent Handbook on the parent portal.
- Governing law: This agreement shall be governed by and interpreted with the laws of the State of Texas.
- Waiver: No right under this contract shall be waived merely by delaying or failing to exercise it. Consent to one act shall not be considered consent to any other or subsequent acts. Any waiver of a default under this agreement must be in writing and shall not be a waiver of any other default concerning the same or any other provision of this agreement.

#### **NO WEAPONS POLICY**

- Pursuant to Company Policy and State Licensing Standards, weapons of any kind, to include but not limited to any and all firearms, knives, swords, crossbows, and Tasers, are **NOT** permitted or allowed in the center. See Texas Department of Family & Protective Services Minimum Standards for Child-Care Centers §746.3707 (a) & (b).

My signature represents that I have the full authority to bind myself, spouse, child, and any other parent, stepparent, guardian agent, attorney, or representative of the child, to the terms of this contract.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
CENTER DIRECTOR SIGNATURE DATE

# Acknowledgment of Receipt

I have read and fully understand the policies and procedures set forth in the Childrens Lighthouse Learning Centers™ Parent Handbook and Parent Handbook Addendum (**Texas Center Specific Form** ).

I have reviewed either a printed or electronic copy of the "Handbook" and "Addendum" (available under the "For Parents" section in the company website at [childrenslighthouse.com/spring](http://childrenslighthouse.com/spring) and listed under "Handbook" and "Addendum") I am aware of the availability of these documents on the company website for my future reference.

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Printed Name of Parent or Guardian

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Signature of Parent or Guardian

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Date





### **Online Viewing Agreement**

I understand that I have enrolled my child or children at Spring Lighthouse LLC, dba Childrens Lighthouse of Spring-Harmony located at 2885 Waterbend Cove Drive, Spring, TX 77386, also referred to herein as the "Child Care Center".

The Child Care Center has a program whereby webcams are in use and my children are under constant streaming video surveillance that is accessible from the web in accordance with the terms and conditions associated with the Peanut Butter & Jelly, LLC website (also referred to herein as "PB&J"). By my signature below, I hereby consent to the photographing of myself and/or my minor child(ren) and the recording of my voice and or that of my child(ren) named above. I agree that these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings may be used for advertising, publicity, commercial or other business purposes. I agree that I have no rights to any of the video footage or photographs for any reason at any time. I also agree that I will not screenshot, copy, reproduce, alter, modify, or create derivative works from the Content and Service. I understand that unauthorized recording, duplication, or distribution of this copyrighted work is illegal. I assume full liability of all the terms outlined in this release for any family member's account activity associated with my child or children. Copyrighted work includes all web streaming and video/audio recordings. I understand that legal action can be taken against me by PB&J or Childrens Lighthouse of Spring-Harmony for such copy right infringement. I understand that the term "photograph" as used herein encompasses still photographs, audio, and motion picture footage.

\*Please review online security features, privacy policy, and terms of service made available on pb&j TV's website.

Since my child(ren) is/are under the age of 18, I, \_\_\_\_\_, certify that I am the parent/legal guardian of the individual named above, I have read this release and agree to and approve of its terms.

Child(ren) Name(s): \_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Allergy Alert and Action Plan

Child Photo Here

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

An **Allergy Action Plan** must be completed for ALL allergies. This plan must be signed by your child's physician stating the specific precautions, reactions and medicinal procedures we should follow in case of accidental contact or digestion. Please update this information yearly, or as new allergies develop.

### ALLERGIES (Circle)

Peanuts	Milk	Shellfish
Soy	Wheat	Tree Nuts
Fish	Pollen	Mold
Dust Mites	Pets	Honeybees/Hornets/Wasps/ Yellow Jackets
Fire Ants	Penicillin	Sulfates
OTHER:		

### Symptoms/Reactions to Watch For:

	Name	Symptoms/Reactions
Allergy #1		
Allergy #2		
Allergy #3		
Allergy #4		

### Treatment Needed Upon Contact or Digestion:

	Name	Treatment Needed
Allergy #1		
Allergy #2		
Allergy #3		
Allergy #4		

The child named above has been tested and found to be allergic to the foods/medications/environments/insects indicated.

Physician's Printed Name		Hospital Affiliation
Address	Phone Number	Fax Number
Physician's Signature		Date

In order to ensure the safety of our children with allergies, we will post your child's picture with specific allergy information in the kitchen and classroom(s). Please sign below indicating permission to post allergy information.

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## FOOD RESTRICTIONS

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Photo Here

### FOOD RESTRICTIONS:

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Food Restrictions will be honored due to religious or dietary reasons.

In order to insure the safety of our children with allergies, please complete an **ALLERGY ACTION PLAN** if applicable.

We will post your child's picture with the specific information in the kitchen and classroom. Please sign below indicating permission to post Food Restriction info.

Parent's Printed Name \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*This form is to be updated annually on your child's birthday to insure the best practices at our school.*

*Each Children's Lighthouse Learning Franchise Center is independently owned and operated.*



***For Credit Card Authorization, complete and return to center management.***

### CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize \_\_\_\_\_ (hereafter referred to as "center") to initiate recurring credit card charges to the below referenced credit card account for the purpose of collection of childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are ***due and payable*** at the time of the credit card transaction. I understand that this agreement is between myself (us) and the below referenced "center". I further understand that the "center" utilizes Professional Solutions of Medford, Oregon to capture, create, and transmit all credit card information. Professional Solutions does not settle any monetary transactions in any form. Therefore, I hereby indemnify and hold harmless, Professional Solutions from any and all liability resulting from any and all single and/or recurring transactions. All disputes shall be directed to and addressed by and between "center" and the below signed cardholder. **I (we) understand that to properly effect the cancellation of this agreement, I (we) are required to give "center" written notice of revocation. A minimum of 5 business days is required to effect revocation.**

☐ Visa    ☐ MasterCard

Cardholder Name		Phone #	Account Number	
Cardholder Billing Address			Expiration Date	
City	State	Zip	Cardholder Signature	Date
<div>For Official Use Only: Date Received: _____ Employee Signature: _____</div>			<b>Attention: Parent/Cardholder</b> For your protection the cardholder is required to submit the CVV Number. The number indicates to the center that the cardholder is the rightful owner of the credit card. <b>The center will not be able to accept your credit card for payments without this number.</b>	

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**Center Management:** Cut along line and destroy CVV number after entering data into Tuition Express.

**For Visa and MasterCard:** The CVV Number is a three-digit security code printed on the back of your card. The number appears in reverse italic at the top of the signature panel at the end.



CVV

**CVV Number:**

**I understand all credit card charges inquire a 2.25% convenience fee.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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

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](http://www.tuitionexpress.com)

***For Bank Account Authorization, complete and return to center management.***

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Professional Solutions, as agent on behalf of, \_\_\_\_\_ to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution hereafter called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH transactions to my 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

\_\_\_\_\_  
**Routing Transit Number** (see sample below)

\_\_\_\_\_  
Type: ☐ Checking ☐ Savings  
**Account Number** (see sample below)

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions - Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Under no circumstances shall this time be less than 5 business days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(Please attach a copy of a voided check below - deposit slips not accepted)**

John Smith Sally A. Smith 123 Main Street Anytown, OR 97504		18-4026/2349	1420
DATE: _____			
PAY TO THE ORDER OF _____		\$	_____ Dollars
Anytown Bank Anytown, OR 97502			
Memo: _____			
⑆ 0574 2104 ⑆ 578 245 ⑆ 14 20			
Routing Transit Number	Account Number	Check Number	