



Dear Parent/Guardian,

Welcome to Children's Lighthouse of Grand Mission and thank you for choosing our school! Please take a moment to look over all the information provided to you in this enrollment packet.

We understand that there are a lot of forms to fill out and this can be time consuming. However, you must have every form in this packet completed and turned into a member of our management team on or by your first day.

The forms in this packet include the following:

- **Enrollment Form:** Please sign **all** areas on this form where it is indicated. Each item is very important and either provides you with information from us or provides us with information about you and your child. If something is not applicable for your child just put 'NA'.
- **Physician's Recommendation and Health Statement.** This form meets ADA requirements and gives us information on if the ratio for their age group is appropriate. In addition, our school is able to determine if the child's needs can be met.
- **Allergy Alert and Action Plan:** If your child has a physician diagnosed allergy, please provide this form completed by your child's physician. Your child's allergy information will be posted in both the kitchen and the classroom. Please discuss medication procedures with your school director (such as epi pen or inhaler).
- **Infant Care Instruction Sheet:** (If applicable) This form is used for infants in order to serve each infant's feeding needs in an individualized manner.
- **Parent Handbook Acknowledgement of Receipt:** please provide the signed acknowledgement that you have received a printed or electronic copy of the handbook for personal reference.
- **Addendum to the Handbook:** please sign agreeing to the additional policies in our Handbook
- **Tuition and Enrollment Agreement & Tuition Express Form:** please read carefully and sign, as this is your financial contract with us and outlines all relative fees. Ask your School Director if you have any questions or need clarification on any part of the contract.
- **School Specific Information:** please read over the specific information regarding the Grand Mission location and please sign the form
- **Food Restrictions:** this form will provide us the information needed when serving meals to your child. Please complete and sign.
- **Immunization Records:** please provide us with your child's current shot records.
- **All About My Child:** please complete the entire form so we can provide the best care for your child
- **Tuition Express:** please add your Credit Card or Checking Account Information to this form. In September, we will add a 3% processing fee to all Credit Card transactions. Automatic withdrawal from your bank account is free.

Thank you so much for providing these forms to us before your first day. It will be your responsibility to keep us informed of changes to your information as it occurs. **Enrollment Information Update** forms are available at the front desk.

If you have any questions about this enrollment packet, just give us a call. Thank you for choosing Children's Lighthouse!

***Each Children's Lighthouse school is independently owned and operated, and each independent owner is solely responsible for complying with all laws, policies, procedures, and regulations.***

## Enrollment Form

GENERAL INFORMATION									
This Children's Lighthouse School is owned and operated by:					School 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:					Parent/Guardian's Name:				
Address: (if different)					Address: (if different)				
E-mail					E-mail				
Place of Employment:					Place of Employment:				
Primary Phone Number:		Secondary Phone Number:			Primary Phone Number:		Secondary Phone Number:		
Name of person to call in case of emergency if parents / guardian cannot be reached:		Name: Relationship:			Address: City:			State: Phone Number:	
I hereby authorize this School to allow my child to leave this School 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:	
Dentist:		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.									
		Signature – Parent or Legal Guardian						Date	
CHILD'S ALLERGY & ILLNESS INFORMATION									
List any special needs your child has, such as environmental allergies, physician-diagnosed food allergies, existing illness, previous serious illnesses, injuries and hospitalizations during the past 12 months, and any other information which staff should be aware of:									
Is your child's food allergy physician diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<i>If so, please provide a completed food allergy action plan signed by the child's physician.</i>									
Signature – Parent or Legal Guardian					Date				
CHILD'S FOOD RESTRICTION INFORMATION									
Does your child have any food restrictions you would like the staff to be aware of that are not physician-diagnosed food allergies?									
Signature – Parent or Legal Guardian					Date				

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

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*This School is independently owned and operated by the entity named at the top of this form. This School is not owned or operated by Childrens Lighthouse Franchise Company or any of its affiliates or subsidiaries.*

# Enrollment Form

## CUSTODY INFORMATION

Initial: \_\_\_\_\_ Is there a court order affecting the custody of this child? ☐ Yes ☐ No

If yes, you must provide a file stamped 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 and information.

## SCHOOL-AGE CHILDREN

My child attends the following Public School:

My child's immunization records, and vision and hearing test results are on file at the school. ☐ Yes ☐ No

All immunization, TB, and hearing and vision tests are current.

☐ Yes ☐ No

School Address:

School Phone Number:

My child has permission to (check all that apply):

☐ ride a bus ☐ be released to the care of his/her sibling(s) who is under 18 years old

Sibling(s) name:

Signature – Parent or Legal Guardian

Date

## ADMISSION REQUIREMENT – PHYSICIAN'S HEALTH STATEMENT & IMMUNIZATION REQUIREMENT

A signed and dated copy of this School's Physician's Health Statement & Immunization Requirement form must be presented when your child is admitted to this School or within one week of admission.

Initial \_\_\_\_\_

## CONSENT INFORMATION

### CHECK ALL THAT APPLY AND INITIAL:

#### 1. Transportation & Field Trips

I hereby ☐ give ☐ do not give – my consent for my child to be transported: ☐ on field trips ☐ to and from School

Initial \_\_\_\_\_

#### 2. 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

☐ my child is able to swim without assistance. ☐ my child is not able to swim without assistance.

Initial \_\_\_\_\_

#### 3. Receipt of Written Operational Policies

I acknowledge receipt of this School's operational policies located in the Parent Handbook.

Initial \_\_\_\_\_

## PHOTO RELEASE AND VIDEO MONITORING AUTHORIZATION

With the intent to be legally bound, I give this School permission to take photos of my child while attending this School and to use these photos and share these photos with Childrens Lighthouse Franchise Company for displays and/or marketing, website, flyers, or brochures, without compensation of any type for my child or me. I also acknowledge that I will have no right, claim, or interest in or to such photos.

I hereby ☐ give ☐ do not give – my consent.

Initial \_\_\_\_\_

This School offers internet video monitoring for parents. These “real time” videos not only offer parents the comfort of knowing their child is in good hands, but also provide a glimpse into their child's daily work and play. Because the security of this School and children in our care are our primary concern, any use of these videos, including reproduction, printing, or image duplication, is strictly prohibited.

Initial \_\_\_\_\_

## ANNUAL UPDATES

**Please verify your information annually, update any information on a separate form, and sign below.**

By signing below, I acknowledge that I have reviewed and verified for accuracy all information provided on this form.

Signature – Parent or Legal Guardian

Date

By signing below, I acknowledge that I have reviewed and verified for accuracy all information provided on this form.

Signature – Parent or Legal Guardian

Date

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

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**Medical Absentee Credits  
(First Year Students Only)**

We understand that in your child's first year of enrollment, they may get sick and need to miss school. With this in mind, we will extend 5 days of **medical** absentee credits to your family.

These credits may only be used when your child is ill and you present the School Director with a doctor's note. Credits may be used for an entire week (if needed) or they may be broken-up and used during different weeks. No more than 5 days will be given during the first year of enrollment, regardless of reason or cause. Credits will also not be applied if your child is sent home from school for the day. Credits are to be used on full days missed from school only.

In order to qualify for the **medical** absentee credits, please initial the following statements and sign below:

I understand that the **medical** absentee credits provided to me in the first year of enrollment must be for medical reasons. \_\_\_\_\_

I understand that in order to qualify for the **medical** absentee credit(s), my child must miss a full day of school. \_\_\_\_\_

I understand that in order to receive a **medical** absentee credit, I must present the School Director with a doctor's note for the day(s) that my child will be absent due to illness. \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Children's Lighthouse at Grand Mission  
7307 Grand Mission Blvd.  
Richmond, TX 77407  
281-232-7733

## Physician's Health Statement & Immunization Requirement

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

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

Dear Physician,

Children's Lighthouse provides a group care setting for children between the ages of six weeks and twelve years old. This School will make reasonable accommodations to integrate children with special care needs into our program. We are not required to change the services provided for a child who may pose a direct threat to the health or safety of others or that may require a fundamental alteration of the program. We will partner with families to determine if we can meet the needs of the child through a collaborative review of an Individualized Education Program ("IEP") from a school district or Individualized Family Service Plan ("IFSP"), and as indicated on this Physician's Health Statement form.

This school will evaluate each child's situation on an individual basis to determine if the following child's needs, including physical, can be met within the classroom ratios and group size. The classroom ratio is the number of children a teacher is responsible for supervising in an individual classroom. Please note that "reasonable accommodations" do not include adjustments to the classroom's teacher/child ratio. Please also note that if any action a teacher must take to accommodate any special care needs requires a teacher to only be able to focus on one child for an extended period of time, such action would increase the state-mandated teacher/child ratio and will not be considered a reasonable accommodation. Teacher/child ratios at this school are:

Age	Infants 6wks to 12 months	Toddlers 13 to 17 months	Toddlers 18 to 24 months	2 year olds	3 year olds	4 year olds	5 year olds	6 -12 year olds
Teacher / Child ratio								

Child's special care needs (check all that apply)

<input type="checkbox"/> Environmental allergies	<input type="checkbox"/> Limitations or restrictions on child's activities
<input type="checkbox"/> Physician-diagnosed food allergies	<input type="checkbox"/> Reasonable accommodations or modifications
<input type="checkbox"/> Existing illnesses	<input type="checkbox"/> Adaptive equipment (must include instructions)
<input type="checkbox"/> Previous serious illnesses	<input type="checkbox"/> Medications prescribed for continuous long-term use
<input type="checkbox"/> Injuries and hospitalizations (past 12 months)	<input type="checkbox"/> Other:
<input type="checkbox"/> Symptoms or indications of complications related to physical, cognitive, or mental conditions that may warrant prevention or intervention while the child is in this schools care.	
Explain in detail any of this child's special care needs selected above (must include any criteria stated below:	

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### Admission Signature Requirement:

I have examined the above-named child within the past year and find that he / she is physically able to participate in a group care setting with any listed special care needs and the teacher-to-child ratio as stated above.

Physician's Signature:	Date:
Print Name:	
Healthcare Facility Name:	

Children's Lighthouse of Grand Mission is an independently owned and operated school, and each independent owner is solely responsible for complying with all laws, policies, and regulations.

Neither Childrens Lighthouse Franchise Company, nor any other Children's Lighthouse school, other than the one name above, is responsible for the actions or obligations of this school.



Children's Lighthouse at Grand Mission  
7307 Grand Mission Blvd.  
Richmond, TX 77407  
281-232-7733

**Immunization Requirement:**

Parent or Legal Guardian please check only one:

1. ☐ 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 examination to be administered.
2. ☐ My child attends public or private school away from the child-care operation and the immunization is on file at the school.
3. ☐ I am excluding my child from the immunization requirement for reasons of conscience, including a religious belief. I have attached a valid vaccine exemption affidavit form developed and issued by the Department of State Health Services. I understand that this affidavit is valid for 2 years from the date notarized and must be resubmitted every two years.

*Additional State Health information may be required in addition to this form and will be provided by your School Director.*

Parent or Legal Guardian Signature:	Date:
Print Name:	



**OF GRAND MISSION  
LOCATED AT 7307 Grand Mission Blvd. Richmond, TX 77407 ("SCHOOL")**

**THIS SCHOOL IS INDEPENDENTLY OWNED AND OPERATED BY BRIAN AND AMANDA FISK ("WE," "US," OR "OUR")**

**TUITION AND ENROLLMENT AGREEMENT**

This Children's Lighthouse School provides safe, quality, and nurturing educational care for children 6 weeks through 12 years of age. This School is independently owned and operated, and neither Children's Lighthouse Franchise Company nor any other Children's Lighthouse school is responsible for the actions or obligations of this School or its owners, employees, independent contractors, or agents. This Agreement is being entered into by us and the undersigned parent or guardian ("you").

**OPERATIONAL SCHEDULE:**

Our hours of operation are from 6:00 a.m. – 6:30 p.m. We operate year-round, except we are closed for certain holidays and staff training days ("School Closures"). A list of our School Closures is attached to this Agreement. We will attempt to stay open during inclement weather; however, we will make announcements of School closings, late openings, or early dismissals on our School website or social media page and through local news stations, if available. **No adjustments or credits will be issued for School Closures or closings due to inclement weather.**

**REGISTRATION, TUITION, AND FEES:**

- **No Cash:** For the safety of our employees and the children in our care, this School does not accept cash. You must pay with a ACH debit, personal check, money order or automatic credit card deduction. The credit card option will include a 2.5% convenience fee.
- **Registration Fee:** Our registration fee of \$\_\_\_\_\_ is **non-refundable** and is due when your child's application is submitted. *If you withdraw your child from our School then decided to return, a new enrollment form and registration fee must be submitted, and an opening must be available.*
- **Tuition:** Weekly tuition for the child named below in this Agreement is \$\_\_\_\_\_. **Payments are due in advance on 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 on Friday. Full tuition is due for holidays and teacher in-service day closings observed by this School.
- **Annual Curriculum Fee:** Our annual curriculum fee of \$\_\_\_\_\_ is due upon registration and each first Monday in August. Depending on the age of your child, the actual amount may be different from one year to the next. If you withdraw your child before the start of our Fall Academic Year, a cancellation fee of \$50.00 per child will be deducted from any curriculum fees we elect to refund.
- **Sibling Discount:** We offer a 10% discount for each additional full-time child enrolled in our program for the same family. The discount applies to the oldest child's tuition fee. One discount per family at a time. No additional discounts will be applied to accounts receiving a sibling discount.
- **Late Payment Fee:** A \$25.00 late payment fee will be charged if payment is not received by close of business Tuesday.
- **Delinquent Accounts:** We reserve the right to refuse service for families who have an outstanding account balance that is more than 3 business days past the tuition due date described above. Delinquent accounts and all costs incurred in the collection process will be referred to a collection agency.

- **Non-sufficient Funds ("NSF"):** An NSF fee of \$30.00 will be added to your account when we are notified of NSF for either checks or electronic withdrawal. 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 result in the account being placed on a Money Order **ONLY** basis.

- **Late Pick-up Fee:** You will be assessed a late pick-up fee of \$1.00 per minute/per child for each minute you have not picked up your child past our closing time. (\$10.00 minimum and charged according to our clock.)

**Withdrawal Notification:** If you elect to withdraw your child from our School for any reason, you must give us a 2-week notice by completing and giving us this School's notification of withdrawal form. If you do not comply with this requirement, then you must pay us an amount equal to 2 weeks of tuition. *To re-register your child(ren), a new enrollment form must be submitted with the registration fee if an opening is available.*

**REFUND POLICY:**

- We refund tuition amounts that are paid in advance but are not used.
- Other payments are refunded as otherwise stated in this Agreement.
- Refunds may take up to 30 days to process.

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

- There is an additional **\$40.00** daily fee for school-age children when their public school is out for holidays or teacher in-service days.
- When enrolled in our school-age programs and your child's public school is out for an entire week during the school year, the **FULL-TIME** rate of \$\_\_\_\_\_ will be charged for the time your child attends this School. If your child does not attend this School during such week, then the account will be charged according to our absentee credit policy described below.
- A **\$10.00** non-notification of pick-up fee will be assessed to your account each time you fail to notify us that your child will not be riding the bus. Notification that bus service is not needed for pick-up from public school must be provided to us no later than 2:00 p.m. on the day service is not needed.

**ABSENTEE CREDIT:**

- Absentee credit applies to **full-time enrollment only**.
- Absentee credit does not apply to infants (0-12 months old).
- Absentee credit is calculated on tuition only. No additional credits or discounts, such as family or promotional discounts, are included in the calculation of the absentee credit. Only **one** discount or credit will be applied at a time.
- To use absentee credits, you must complete and return to us our School's absentee credit request form, and the discounted tuition must be paid in advance of missed days.
- Absentee credit is available for up to 5 weeks per calendar year (prorated during your first year depending on date of enrollment). Absentee credit means that you will pay 60% of your child's regular tuition for days your child does not attend the School if your child misses 3 or more days in the same week because of illness, an unforeseen problem, or pre-approved absentee credit.



OF GRAND MISSION  
LOCATED AT 7307 Grand Mission Blvd. Richmond, TX 77407 ("SCHOOL")

THIS SCHOOL IS INDEPENDENTLY OWNED AND OPERATED BY BRIAN AND AMANDA FISK ("WE," "US," OR "OUR")

### TUITION AND ENROLLMENT AGREEMENT

- School Closures and public school holidays and teacher in-service days are not considered when calculating the 3-day absentee credit period described above.

#### CONDITIONS UNDER WHICH THIS AGREEMENT CAN BE CHANGED OR TERMINATED

- This School has the right to change its fees and/or policies in its own discretion and is only obligated to provide you a two-week written notice of such changes.
- **We reserve the right to immediately deny services and/or terminate this Agreement** due to an aggressive and/or unsafe behavior demonstrated by you or your child. The definition of "aggressive and/or unsafe behavior" will be determined by us in our sole discretion.

#### ASSUMPTION OF RISK ACKNOWLEDGMENTS AND AGREEMENTS

I understand and acknowledge the following on behalf of my child, myself, and my family:

- Children playing together and spending time together in classrooms creates an atmosphere in which any contagious disease (flu, COVID-19, etc.) may spread easily, even when all CDC and other federal, state, or local health and safety requirements and guidelines are followed.
- The CDC and other federal, state, and local health and safety requirements and guidelines related to COVID-19 and possibly other contagious diseases may continue to change, which means that this School's related policies and protocols may also change. If such changes occur, I will comply with the School's new policies and protocols as communicated to me.
- The risk of becoming exposed to or infected by any contagious disease may result from the actions, omissions, or negligence of myself and others, including but not limited to other children, parents, vendors, School employees, volunteers, or visitors.
- **By enrolling my child in this School, I am voluntarily assuming the risk on my child's behalf and on behalf of myself and my family that I, my child, my family, and others that I, my child, and my family come in contact with may be exposed to contagious diseases, which may result in personal injury, illness, permanent disability, and/or death.**
- **By signing this Agreement, you are releasing us from any and all liability or harm which may occur due to your child's exposure to contagious diseases at this School, including harm resulting from this School's negligence, but not from harm that may result from gross negligence, recklessness, or willful misconduct.**

#### OTHER ACKNOWLEDGMENTS AND AGREEMENTS

- I understand that it is my responsibility to keep this School advised of changes of addresses, phone numbers, and authorized pick-up information.

- I will comply with all policies and procedures set forth in this Agreement.
- I acknowledge that I have received the Children's Lighthouse Parent Handbook for this School, and by signing below, I agree that I have read such handbook and I will comply with all policies contained therein.
- This Agreement is governed by the laws of the state of Texas, without regard to its conflict of law principles.
- No right or obligation under this Agreement will be deemed waived due to delay or failure to exercise such right or undertake such obligation. Consent to one act will not be considered consent to any other or subsequent acts. Any waiver of a default of this Agreement must be in writing by us and will not be deemed a waiver of any other default concerning the same or any other provision of this Agreement.

I have read this Agreement, and I fully understand the contents of this Agreement.

My signature below 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 named below to the terms of this Agreement.

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

\_\_\_\_\_  
CHILD'S NAME DATE

\_\_\_\_\_  
WITNESSED BY ABOVE-SIGNED SCHOOL DIRECTOR DATE



# 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) Children's Lighthouse at Grand Mission 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	

Your Name  
Any Street, Anytown  
Tel: (001) 555-0000

DATE

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$

**DEPOSIT SLIPS NOT ACCEPTED** 100 DOLLARS

**Savings Bank**  
Any Street, Anytown  
Tel: (001) 555-5555

RE 123456789 000123456789 0001

#### FOR OFFICIAL USE ONLY

Date Received

Employee Signature

ROUTING  
NUMBER

ACCOUNT  
NUMBER

CHECK  
NUMBER

800.338.3884 • [procaresoftware.com](http://procaresoftware.com)

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AT GRAND MISSION  
LOCATED AT 7307 Grand Mission Blvd. Richmond, TX 77407 ("SCHOOL")

THIS SCHOOL IS INDEPENDENTLY OWNED AND OPERATED BY To The Moon and Back Enterprises Corp. ("WE," "US," OR "OUR")

#### School Specific Information – Texas

##### **Indoor and Outdoor Physical Activity:**

Our School takes a proactive approach to helping children stay physically active. In each classroom, there are activity areas set up to encourage physical activity. Physical activity occurs in each classroom during structured and unstructured time. We also promote large motor development outdoors. We spend time outside each morning and each afternoon, as the weather permits. While outdoors, children have ample opportunity to do moderate to vigorous activities such as running, climbing, dancing, skipping, jumping, to the extent of their abilities. They are encouraged to participate in group games that are physically active and that help develop their gross motor development and social skills.

Our playground environment sparks the children's imagination and serves as an integral part of physical development. Physical activity and exercise are encouraged to teach a healthy lifestyle. The equipment on the playground is safe and is inspected regularly by our teachers and School Director to help ensure it remains that way. Our separate play areas keep similarly aged children together, which helps ensure each child's safety.

Each day our School offers all children the ability to participate in:

- Two occasions of active play outdoors, as the weather permits.
- Two or more structured or teacher-led activities or games that promote movement over the course of the day.
- Continuous opportunities to develop and practice age-appropriate gross motor and movement skills.

Infants birth through 12 months will be given opportunities for outdoor play for an amount of time as tolerated by the infant. Physical activity opportunities are available indoors, including supervised tummy time.

Infants 13-17 months and Toddlers will be given opportunities to engage in outdoor play for a minimum of 60 minutes of moderate to vigorous active play each day.

Preschool, Pre-K, and APK children will be given opportunities to engage in outdoor play for a minimum of 90 minutes of moderate to vigorous active play each day.

School-Age children who are in attendance for a full day will be given opportunities to engage in outdoor play for a minimum of 90 minutes of moderate to vigorous active play each day. School-Age children who are only in attendance during our afterschool program will be given opportunities to engage in outdoor play for a minimum of 30 minutes of moderate to vigorous active play each day.

##### **Weather**

We ask that parents send their child in weather appropriate attire each day to ensure they are comfortable for outdoor play. Please refer to our School Parent Handbook for detailed information on how weather is assessed to determine safe outdoor play.



**OF GRAND MISSION  
LOCATED AT 7307 GRAND MISSION BLVD ("SCHOOL")**

**THIS SCHOOL IS INDEPENDENTLY OWNED AND OPERATED BY BRIAN AND AMANDA FISK("WE," "US," OR "OUR")**

**SCHOOL-SPECIFIC INFORMATION**

**School Closures:**

Our School is closed on the following holidays: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the Friday after Thanksgiving Day and Christmas Day. If the holiday is on a Saturday, we will be closed on the Friday before for observation of the holiday. If the holiday is on a Sunday, we will be closed on the following Monday to observe the holiday.

Our School closes early at 2:30 p.m. on Christmas Eve and New Year's Eve.

**Immunizations:**

The information contained in the following link provides the requirements for immunization and testing of certain contagious diseases in Texas. [Minimum Standards for Child-Care Centers \(texas.gov\)](https://www.texas.gov/minimum-standards-for-child-care-centers)

**Hearing and Vision Requirements:**

Children who turn four years of age, who are enrolled in the facility, should be screened for vision and hearing within 120 calendar days after turning 4 years of age.

**Alternate Emergency Location:**

In the event of an emergency, the alternate location below is considered to be a safe place that is not at the School.

***Grand Mission Clubhouse parking lot across the street.  
7302 Grand Mission Blvd., Richmond, Texas 77407***

**Parent Communication:**

We use the following methods to communicate information about events and activities: Monthly Newsletter, Memos, Procure Engagement, Facebook Page, Instagram Page, and/or private Email

**State Minimum Standards:**

We will make available to you upon your request a copy of the minimum standards for the operation of childcare centers in the state of **Texas**, or you may view the standards at [Minimum Standards for Child-Care Centers \(texas.gov\)](https://www.texas.gov/minimum-standards-for-child-care-centers). The phone number for the regulatory agency for this School is 1800-252-5400. Regulatory visit reports for our School are posted on the School information board.

**Child Abuse Reporting:**

Suspected child abuse must be reported to the Child Abuse Hotline for the state of Texas. That number is 1-800-252-5400.

**ADA Statement:**

Child daycare operations are public accommodations under the Americans with Disabilities Act ("ADA"), Title III, and Civil Rights Regulations. If you believe this School is practicing discrimination in violation of Title III, you may call the ADA Information Line at: 800-514-0301 or 800-514-0383 (TTY).

**Animals:**

If any animals are kept at the School, we will post a list of these animals at School Information Board.

**Water Activities:**

The School offers the following water activities: Water slides, sprinkler play.

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Parent Signature

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Date



Child's Photo Here

## FOOD RESTRICTIONS

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

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

Please List Food Restrictions:

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

In order to ensure the safety of our children with allergies, please complete an **ALLERGY ACTION PLAN** if your child has a physician diagnosed allergy.

We will post your child's picture with this specific information in the kitchen and classroom.

*This form must be updated annually on your child's birthday to ensure the best practices at our school. Please sign below indicating permission to post Food Restriction information.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Child Photo Here

## Allergy Alert and Action Plan

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

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

An **Allergy Action Plan** must be completed for ALL physician diagnosed 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/Other #1		
Allergy/Other #2		
Allergy/Other #3		
Allergy/Other #4		

### Treatment Needed Upon Contact or Digestion:

	Name	Treatment Needed
Allergy/Other #1		
Allergy/Other #2		
Allergy/Other #3		
Allergy/Other #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:
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Each Children's Lighthouse school is independently owned and operated, and each independent owner is solely responsible for complying with all laws, policies, procedures, and regulations.

## Appendix 4: Parent/Guardian Acknowledgment of Receipt

**I have read and fully understand the policies and procedures set forth in the Children's Lighthouse Parent Handbook. In addition, I have received a printed or electronic copy of the Handbook for my personal 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





## **Addendum to Parent Handbook**

**As Of March 2, 2022**

- Children's Lighthouse of Grand Mission hours of operation are **6:00am to 6:30pm**. We do have a cut off time at **9:00 am to receive children**. However, if there are any extenuating circumstances such as medical appointments, please let a member of Management know in advance and we can approve a later drop off time.
- All children that are four-years old by September 1<sup>st</sup> of the year must submit a vision and hearing screening within 120 days of enrollment.
- Our program uses a proprietary curriculum which is based on intellectual development, healthy social and emotional growth through character values. Our teachers provide written documentation throughout the years to communicate with parents on their child's growth and development.
- **Suspension and Expulsion Policies:** We will take all measures to avoid suspension and/or expulsion. Individual behavioral incidents will be documented and communicated with parents on an on-going basis. Parents are notified in writing and, when needed, a conference will be scheduled to discuss their child's behavior. In certain situations, parents may be encouraged to seek professional support and services. Professional support service contacts will be provided to the parents. At times, parents may be asked to pick up their child and keep him/her home the following day to work on behavior issues. If behavior is not corrected, as a last resort, a notice of termination of services will be given unless there is a safety risk. We reserve the right to terminate services if we cannot meet the social, emotional and safety needs of the child and/or due to aggressive and/or unsafe behavior exhibited by the child.

**Parent Signature:** \_\_\_\_\_

**Management Team Signature:** \_\_\_\_\_

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



## Infant Care Instructions

### Dear Parent/Guardian(s):

In order to serve your infant's needs in an individualized manner, we ask that you complete this form and return it to your child's teacher.

*Please Note: All items brought to school must be labeled with your child's first name and last initial. This includes, but is not limited to the following: bottles, blankets, pacifiers, food jars/boxes, diaper cream, clothing, wipes, etc.*

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

### Allergies

Food	
Skin	
Other	

### Skin Care

*Please Note: All diaper cream, lotion or ointment must be in its original container and labeled with your child's first name and last initial, and the date it was left at the school. Diaper cream, lotion, or ointment will only be administered in amounts according to the label directions.*

Name of Cream or Ointment:	Expiration Date on Cream or Ointment:	Continue Cream or Ointment Until:
When is it to be applied?	How often should it be applied?	
Symptoms to look for:		

Name of Cream or Ointment:	Expiration Date on Cream or Ointment:	Continue Cream or Ointment Until:
When is it to be applied?	How often should it be applied?	
Symptoms to look for:		

### Nap Schedule (Circle One)

On-Demand	Every ____ Hours
Strict Schedule (Please detail):	

### Sleeping Position

<i>Our school follows the safe sleep recommendations by always putting infants to sleep on their backs until 1 year of age, unless an Infant Sleep Exception letter is provided by the infant's health care professional.</i>		
Can your child roll over?	Yes	No
Does your child use a pacifier?	Yes	No
	If Yes, when?	

## Infant Care Instructions – Continued





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

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

**Feeding Schedule (Circle One)**

On-Demand	Every ____ Hours
Strict Schedule (Please detail):	

*Please Note: All left over food and contents of bottles will be disposed of at the end of the feeding.*

What does your child drink?	Formula	Breastmilk	Whole Milk
If Formula, what type?			
Does your child like their bottle warmed?	Yes	No	
Does your child drink juice?	Yes	No	
If Yes, what type of juice?			

**Diet:** *Please be specific regarding the type of foods your child eats.*

Cereal	Meat
Vegetables	Fruits

Parent/Guardian Signature: \_\_\_\_\_

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

*\*This form must be updated every thirty (30) days, or as required by individual state and local standards.*

**Update #1**

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Parent/Guardian Signature: \_\_\_\_\_

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

**Update #2**

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Parent/Guardian Signature: \_\_\_\_\_

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

**Update #3**

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Parent/Guardian Signature: \_\_\_\_\_

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