



Child's Name: _____

Gender: Male Female

Date of Birth: _____

Enrollment/Start Date: _____

Classroom: _____

Status: Full Time Part Time

ADMISSION INFORMATION

Child's Full Name: (first, middle, last)	Child's Home Telephone No
Child's Home Address	

1st Guardian – Party Responsible for Tuition Payments

Name		DL#:		
Address (if different from child's address)		City:	State:	Zip:
Cell #:	Home#	Work#	Email Address:	
Employer:	Work Hours:	Relationship		

2nd Guardian

Name		DL#:		
Address (if different from child's address)		City:	State:	Zip:
Cell #:	Home#	Work#	Email Address:	
Employer:	Work Hours:	Relationship		

Designated Contact Information:

Please list and alternate contact in case of emergency and parents/guardian cannot be reached.

Name		DL#:		
Address:	City:	State:	Zip:	
Cell #:	Home#	Work#	Relationship	

Authorized Pick Up:

Children will only be released to a parent or person designated by the parent or guardian after verification of ID and/or a copy of photo to compare as stated in the Parent Handbook. I authorize Nurture N' Nature to allow my child to leave the center ONLY with the following persons:

Name	Relationship	Home Phone	Alternate Phone	Photo ID on File

How did you hear about us? _____

Parent/Legal Guardian Signature: _____ Date: _____

Allergies

Does your child have any allergies or special diets? Yes No Please list:

Please explain the reaction your child has if he/she comes in contact with or ingests any of the item(s) above:

Special Needs

Please list any special needs that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past twelve months, and medication prescribed for long-term continuous use, and any other information that caregivers should be aware of:

Emergency Medical Authorization

I give permission for Nurture N' Nature to seek medical attention, including transport by EMS if necessary, for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release Nurture N' Nature and its employees from liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

X

Parent Sign and Date

Physician's Information

Name			
Address	City	State	Zip
Phone No	Fax No		
Name of Emergency Medical Care Facility:			
Address	City	State	Zip
Phone No	Fax No		

Schedule

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

	Mondays	From:	To:
	Tuesdays	From:	To:
	Wednesdays	From:	To:
	Thursdays	From:	To:
	Fridays	From:	To:

Medical Records

I understand that Nurture N' Nature is required to have a copy of my child's updated shot records. A copy must be turned in with this enrollment package. I must also provide a written pre-school health statement from my health care professional. If my child is four (4) years old by September 1st, I must also provide the center with vision and hearing screening results completed by a healthcare professional.

*Once a copy is turned in with the enrollment package, Nurture N' Nature will use the



-OR-

My child, _____, attends public/private school and has a current immunization and vision/hearing screening record on file at school.

School			
Address	City	State	Zip
Phone#	Grade	Teacher	

X

Parent Sign and Date

PRESCHOOL HEALTH STATEMENT

Child's Name: _____

Gender: Male Female

Date of Birth: _____

Enrollment/Start Date: _____

Classroom: _____

Status: Full-time Part-time

My child has been examined within the past year by a health professional and is able to participate in the child care program. Prior to admission, I will obtain a health care professional's signed statement and will submit it to Nurture N' Nature.

X

Parent Sign and Date

To be completed by a healthcare professional prior to enrollment:

I have examined the above named within the past year and find that he/she is able to take part in the child care program.	Status Of:	
Physician's Name:	Vision: _____	
	Hearing: _____	
Address	City	Zip
Phone Number		

X

Physician Sign and Date

-OR-

A signed affidavit from the parents or legal guardian stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization of which the parent is an adherent or member.

X

Parent Sign and Date

TRANSPORTATION AGREEMENT

I **allow** Nurture N' Nature to transport my child, _____, for the following reasons:

Medical Emergency- Child would be transported by EMS team in an emergency vehicle

Field Trips (ages 4 and older) Individual permission forms will also be filled out for each trip.

I **do not allow** Nurture N' Nature to transport my child, _____, for any reason without my written permission.

- It is vital that Nurture N' Nature be notified of any changes in the above scheduled transportation. We will assume that the above schedule will be followed unless we receive different instructions from the parent/guardian. Failure to adhere to this policy will result in a \$5 charge to your account.
- In the event that the designated location is unable to receive children, they will be returned to Nurture N' Nature.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.

X

Parent Sign and Date

ENROLLMENT POLICIES AGREEMENT

Child's Name: _____

Gender: Male Female

Date of Birth: _____

Enrollment/Start Date: _____

Classroom: _____

Status: Full-time Part-time

Please read and initial each statement:

	<p>RELEASE OF INFORMATION: I understand my children's records are accessible to me during a parent conference with the caregiver or child care center director, children's records are accessible to caregivers during hours of operation for use in emergency, and to state licensing during hours of operation upon request. All additional record requests must be submitted in writing to Nurture N' Nature on and parent must complete the Authorization to Release Confidential Information form obtained from our center.</p>
	<p>WATER ACTIVITIES: My child may participate in the following water activities: Water Table Sprinkler None</p>
	<p>LOTIONS AND CREAMS: I give my permission for any lotions or creams (sunscreen, diaper rash cream), that I provide labeled with my child's name to be applied as directed.</p>
	<p>MODEL RELEASE: Nurture N' Nature, its agents, affiliates and licensees MAY or MAY NOT use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.</p>
	<p>PHOTOGRAPHS FOR PERSONAL USE: I understand that I am allowed to photograph or videotape my child on Nurture N' Nature property for my own lawful and private use, and will not publish, publicly display or sell such recordings.</p>
	<p>CUSTODY: Nurture N' Nature does not have the right to withhold my child from any parent having custody or joint custody. If there is a current court order stating that one parent may not have access to a child, the school must have a copy in the child's file. Nurture N' Nature cannot deny any parent access to their child without such an order. The center cannot become involved in custody disputes. My child will be dis-enrolled if such disputes occur.</p>
	<p>SIGNING IN AND OUT: I understand and agree that the staff at Nurture N' Nature will sign my child in and out as an additional service.</p>
	<p>FOOD: I understand I am totally responsible for any food not on the menu required by my child. This is a peanut free school. No peanut products or traces of peanut products will be in the school, and none may be brought in.</p>
	<p>MENU SCHEDULE: I understand that Nurture N' Nature will serve Breakfast, Lunch, and PM Snack.</p>
	<p>ILLNESS AND EXCLUSION: I understand that if my child is ill, including but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature (see family handbook for details), severe headaches, upset stomach, pink eye or diarrhea, he/she cannot be accepted into the center until well. Children must be fever free for 24 hours (without fever reducing medications) before returning to the school. In the event my child has a communicable disease, a release from a medical source may be required before my child re-enters the school. Nurture N' Nature will notify me if a reportable disease has been introduced into the school.</p>

	<p>MEDICATION: I understand that the center has a specific policy regarding the administration of medicine. I agree to provide the center with all required information in accordance with this policy. The school will administer over the counter medications according to the directions on the label. When the directions indicate “ask doctor,” the school requires written authorization from my child’s physician. Prescription medication must have the child’s name and directions for administration.</p>
	<p>FAMILY HANDBOOK: I acknowledge that I have received a copy of the Nurture N’ Nature Family Handbook. I have read and understand its contents and policies and agree to abide by them. I also understand that the Family Handbook is not an all-inclusive list of child care regulations and that I may view the state and local licensing standards at any time.</p>
	<p>Operational Policies and Procedures: I acknowledge that the Nurture N’ Nature Policies and Procedures are outlined in the Family Handbook.</p>
	<p>Discipline and Guidance: I acknowledge that I have received a copy of the Nurture N’ Nature Discipline and Guidance Policy.</p>

I have read and understand the above statements. I understand that any policy changes will be notified to me in writing.

X

Parent Sign and Date

FINANCIAL AGREEMENT

Child's Name: _____
 Gender: Male Female
 Date of Birth: _____
 Enrollment/Start Date: _____
 Classroom: _____
 Status: Full-time Part-time

Please read and initial each statement:

	<p>TUITION: My tuition is due per week prior to attending or once per month prior to the month that my child attends. I understand that rates are subject to change with reasonable notice as conditions require.</p>
	<p>TUITION DISCOUNTS: I understand that there is a discount of \$5.00 per week/per child for those setup on automatic bill pay. This discount will only apply to accounts that are paid in full and on time.</p>
	<p>PAYMENT OF TUITION: I understand tuition is due and payable by close of business on the first scheduled day of attendance each week. If payment is not received when due, I agree to pay a late payment fee of \$5 per day/per child that tuition is not received. If tuition is delinquent for two weeks, I will be asked to withdraw my child until my account is made current. The center cannot guarantee my child's spot will be held if this occurs. Any unpaid tuition fees may be sent to a third party collection agency.</p>
	<p>ATTENDANCE: I understand there are no deductions for absences.</p>
	<p>WITHDRAWAL: A two-week written notice is required when withdrawing. A charge of up to two weeks will be incurred for improper notification.</p>
	<p>RETURNED CHECKS: I understand I will be charged a fee of \$30 if my check is returned for nonsufficient funds and my check will be resubmitted electronically up to three times. If more than two checks are returned within a calendar year, I will be required to make future payments by money order or credit card.</p>
	<p>CHARGES FOR LATE PICK UP: My center is open from 6:30 am to 6:00 pm, Monday through Friday all year, except holidays listed in the Family Handbook. I understand that I will be charged a late pick up fee of \$15 per every 15 minutes or portion of a 15-minute period for each, per child, until the child is picked up. This fee must be paid at the time of pick up.</p>

X _____

Parent Sign and Date

CHILD PROFILE

Child's Name: _____

Gender: Male Female

Date of Birth: _____

Enrollment/Start Date: _____

Classroom: _____

Status: Full-time Part-time

1. Has your child had previous preschool experiences? Explain.	Yes No
2. What would you like most for your child to experience with us?	
3. Does your child have any particular fears? Explain.	Yes No
4. Does your child play well with other children?	Yes No
5. List the names and ages of other children in your family	
6. Does your child take a nap? At Nurture N' Nature, there is a daily quiet time when children are expected to nap are unable to nap, they will read or work on a quiet activity during that time.	Yes No
7. What is the primary language spoken in your home?	

FOR CHILDREN AGES 2-4

Is your child potty trained?	Yes No
If not, what stage is he/she in?	
Parent Notes:	

FOR CHILDREN AGES 18 months to 2 years

How often do you want us to take your child to the bathroom for potty training?	
Parent Notes:	

FOR CHILDREN 1 year to 18 months

When do you want us to start working with your child for potty training?	
How often do you want to have your child go to the bathroom for practice?	

Parent Notes:

FOR CHILDREN 6 weeks to 1 year

What position is the most comfortable for your child when he/she is napping?	
Is your child on formula or breast milk? *Nurture N' Nature offers a Nursing Room for breast feeding mothers.	
How does your child relax? Rocking? Swaying? Cuddling?	
Example Schedule for your child:	
Parent Notes:	

Child daycare 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) 5140301 (voice) or (800) 514-0383 (TTY).

X

Parent Sign and Date

Hearing and Vision Screen|

Child's Name: _____

Gender: Male Female

Date of Birth: _____

Enrollment/Start Date: _____

Classroom: _____

Status: Full-time Part-time

The Vision and Hearing Screening Program, Texas Health and Safety Code requires that all children enrolled in any public/private parochial, or denominational school or licensed child-care center must be screened or have a professional examination for possible hearing and vision problems. **The requirements for vision and hearing screening apply to children who are 4 years old by September 1st.**

Vision	R 20/	L 20/	Pass	Fail
Screener's Signature:			Date	
Hearing	1000 Hz	2000 Hz	4000 Hz	Pass Fail
R				
L				
Screener's Signature:			Date:	

WatchMeGrow Parent Acknowledgement Form

About WatchMeGrow

Your childcare center offers WatchMeGrow streaming video which provides families with the opportunity to view their children online and share in their day. If you would like more information about WatchMeGrow please contact your center Director or visit WatchMeGrow Online at www.watchmegrow.com.

WatchMeGrow Acknowledgement

I acknowledge that my Center has entered into an agreement with WatchMeGrow to provide authorized parents with internet access to streaming video of their children's classroom and that my child's classroom is included in this agreement.

Your Name

Your Signature

Today's Date

Your Name

Your Signature

Today's Date

INFANT SCHEDULE AND PARENT AGREEMENT

Name of Child Care Provider: Nurture N' Nature

Name of Infant: _____

Date of Birth: _____

Parent's Name: _____

Feeding Schedule

_____ Breast Milk

_____ Formula - Name of Infant Formula _____

_____ Parent prepares formula _____ Provider prepares formula

_____ Regular Milk

I want my infant child to be fed according to the following schedule:

Each Parent must choose one of the following options for his/her infant:

_____ 1. I will supply breast milk for my child.

I accept the provider's offer to supply other meal components.

_____ 2. I accept the provider's offer to supply other meal components for my child.

Signatures on this document imply that both parties understand:

- Children 6 months of age and under must be held during all bottle feedings (417.12(m)).
- Microwave heating of infant food and formula is prohibited by regulation (417.12(k)(2)).
- The Child Care Provider must make every effort to accommodate the needs of a child who is breast-fed (417.12(1)).

Sleeping/Napping Schedule

Parent's Signature _____ Date _____

Providers Signature _____ Date _____