


# Grapeland ISD



## Early Learning Center

Dear Parents and Guardians,

Welcome to the wonderful world of childcare. This is a very important milestone in your child's life, and we are very excited and honored to be a part of this opportunity. We plan to work closely with you so that together we can make it a special and rewarding time.

Childcare is an exciting and important experience for a child. Many children (and parents) are anxious and unsure of this new adventure. Please feel assured that our center has a very warm and nurturing environment where your child will feel the sense of belonging. We will make every effort to help your child adjust to our new routine. It is important to us that your child feels happy and secure in the center. You will be amazed at how much your child will learn with us at Grapeland ISD Early Learning Center. Your child will develop physically, academically, socially, and emotionally. They will become more responsible and independent as they face new challenges. Their genuine enthusiasm for learning is inspiring. You will soon understand why early childhood development is so important in a child's life. Let your child grow in love and confidence.

To accomplish all this, we need your support. Family involvement is an essential key in your child's success. We are looking forward to many productive years at Grapeland ISD Early Learning Center. Together we can insure the happiness and success of a special little person - your child.

Thanks,

Grapeland ISD Early Learning Center

## CHILD CARE DAILY RATES

### 5 Days per Week (Full Time)

Infant Room (6wks – 12 months) .... \$105.00  
Infant 2 (12 months – 17 months) .... \$ 100.00  
Toddlers (18 months – 2 years) ..... \$ 95.00  
Preschool Three ..... \$ 95.00

Before School Fee ..... \$ 5.00 a week  
School Age Summer Care ..... \$ 100.00  
School Age (Holiday Care) ..... \$ 20.00 (a day)

Drop-Ins ..... this center is not licensed for drop in care.

Registration Fee .....\$ 25.00 (a one-time fee) Non refundable

Supply Fee .....\$ 100.00 (this fee will be due upon registration, and thereafter in January and July) No refundable

Multi -sibling (same house): 10% discount for each additional child

Diapers Supplies by the Center-----\$ 1.00 Each

**\*\*THE CENTER DOES NOT SUPPLY DIAPERS AS A SERVICE, BUT SUPPLIES THEM ONLY WHEN NEEDED!!\*\***

**\*\*EACH ACCOUNT WILL BE CHARGES \$1.00 PER CHILD PER MINUTE AFTER 5:45 P.M. THAT A CHILD REMAINS AT THE CENTER. CORRECT TIME WILL BE DETERMINED BY THE CENTER TIME CLOCK. \*\***

## Hours of Operation:

### 6:45 am – 5:45 pm

### Monday – Friday

# Grapeland ISD Early Learning Center Enrollment Form

For Office Use Only
_____ Date Updated
_____ Entered
_____ Entered

The following information must be completed **BEFORE** a child will be admitted to the Center, all blanks **MUST** be filled in or marked N/A.

Name of Child _____	Sex: M	F	DOB ____/____/____	Age Upon Enrollment _____
Nick Name _____				
Date of Admission ____/____/____	PASSWORD: _____			
Hours in care: _____ AM _____ PM	Days a Week: ___M___T___W___R___F			
Child's Home Address: _____	Home Phone #: (____) _____ - _____			
City: _____	Zip Code: _____			
Child's Social Security No.: _____ - _____ - _____				

Sponsor's Name: _____	Relationship to Child: _____
Social Security No. : _____ - _____ - _____	Driver's License No.: _____
Home address: _____	City: _____ Zip Code: _____
Home Phone #: (____) _____ - _____	Cell Phone #: (____) _____ - _____
Pager #: (____) _____ - _____	Car Tag #: _____
Employer: _____	
Employer's Address: _____ City: _____ Zip Code: _____	

Spouse's Name: _____	Relationship to Child: _____
Social Security No. : _____ - _____ - _____	Driver's License No.: _____
Home address: _____	City: _____ Zip Code: _____
Home Phone #: (____) _____ - _____	Cell Phone #: (____) _____ - _____
Pager #: (____) _____ - _____	Car Tag#: _____
Employer: _____	
Employer's Address: _____ City: _____ Zip Code: _____	
Phone #: (____) _____ - _____ Ext.: _____	

Parent's Marital Status (Circle):    Single    Married    Separated    Divorced    Widowed
If parents are separated/divorced, who has custody of the child? _____
Will the parent <b>NOT</b> having custody of the child be picking the child up from the Center? _____
The Center <b>MUST</b> be given <b>WRITTEN NOTICE BEFORE</b> the child is picked up. Any special instructions: _____

Your child will only be released to a responsible individual (friend or relative), at least 18 years of age, unless the release is to a sibling and only then with written instructions. Please list below those individuals that your child may be released to both in the case of an emergency or in the parent's absence.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
TX DL#: \_\_\_\_\_ Car Tag#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_  
Cell Phone #: ( ) - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
TX DL#: \_\_\_\_\_ Car Tag#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_  
Cell Phone #: ( ) - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
TX DL#: \_\_\_\_\_ Car Tag#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_  
Cell Phone #: ( ) - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
TX DL#: \_\_\_\_\_ Car Tag#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_  
Cell Phone #: ( ) - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
TX DL#: \_\_\_\_\_ Car Tag#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_  
Cell Phone #: ( ) - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
TX DL#: \_\_\_\_\_ Car Tag#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_  
Cell Phone #: ( ) - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
TX DL#: \_\_\_\_\_ Car Tag#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_  
Cell Phone #: ( ) - \_\_\_\_\_

**MEDICAL INFORMATION:**

\* Does your child have any special care needs? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\* Does your child have allergies? \_\_\_\_\_ (The Center **MUST** have the written instruction of a physician/registered/licensed dietician for special diets. Please make sure the specific foods that your child is allergic to are named.) If so, describe: \_\_\_\_\_

\* Does your child have an existing illness? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\* Has your child ever had a serious illness or injury? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\* Does your child have any disabilities? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\* Has your child been hospitalized during the past 12 months? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\* Does your child have any prescribed medication for continuous, long-term use? \_\_\_\_\_ If so, please describe: (A physician's statement will be required for the Center to administer medication that is to be given over a long-term period.) \_\_\_\_\_

\* Does your child have frequent: \_\_\_\_\_ Ear infections? \_\_\_\_\_ Colds? \_\_\_\_\_ Sore Throats?

If so, please describe: \_\_\_\_\_

**CHILD'S PHYSICIAN:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

AND/OR

**EMERGENCY CARE FACILITY: Houston County Medical Center**

Address: 1100 Loop 304 East

City: Crockett Texas Zip Code: 75835

Phone No.: (936) 546-3862

**AUTHORIZATION FOR THE FOLLOWING - Check All That Apply:**

**SCHOOL-AGE CHILD:**

I/We hereby \_\_\_\_\_ give \_\_\_\_\_ do not give - permission for my/our School-age child to be released from Grapeland ISD Early Learning Center to the care of his/her sibling that is under the age of 18 year of age.

**TRANSPORTATION: Emergency Evacuation**

I/We hereby \_\_\_\_\_ give \_\_\_\_\_ do not give - my/our consent to Grapeland ISD Early Learning Center to provide for any transportation for my/our child in an emergency evacuation away from the Center conducted and supervised by the Center's staff. I/We understand that in the event of an emergency I/we will be notified of the point of relocation as soon as possible.

**PHOTOS:**

Throughout the year, the Center will take photos/videos of children participating in different activities. These photos/videos are for Center use only. Should the newspaper do an article and ask that a photo accompany the article, you will be notified and asked to give permission for the picture of your child to be published.

I/We hereby \_\_\_\_\_ give \_\_\_\_\_ do not give - my/our consent for my/our to be photographed.

**WATER ACTIVITIES:**

I/We hereby \_\_\_\_\_ give \_\_\_\_\_ do not give - my/our permission for my/our child to participate in water activities conducted and supervised by the Center's staff. I/We understand that the water activities for my/our child will be age appropriate and conducted in accordance with the current Minimum Standards.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCIPLINE AND GUIDANCE POLICY for Grapeland ISD Early Learning CENTER:**

\* Discipline will be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

\* A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which included at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

\*There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My/Our signature verifies that I/we have read and received a copy of this discipline and guidance policy.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check one please:

\_\_\_\_\_ Parent    \_\_\_\_\_ Employee/Caregiver    \_\_\_\_\_ Household member of child-care home

**GENERAL INFORMATION:**

For Office Use Only  
\_\_\_\_ Date Updated  
\_\_\_\_ Entered  
\_\_\_\_ Entered

What are your child's know fears: \_\_\_\_\_  
\_\_\_\_\_  
(such as storms, animals, loud noises, etc.)

Previous group experiences: \_\_\_\_\_

Brothers and Sisters:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

**PARENT - CENTER AGREEMENT:**

I/We understand that the Center closes at 5:45 P.M. , and that I/we will pay a late fee of \$1.00 per minute, per child each time I/we are after 5:45 P.M. picking my/our child/children up from the Center.

I/We agree to pay tuition on time.

- \_\_\_\_ Weekly (On \_\_\_\_\_ of each week)
- \_\_\_\_ Every Two Weeks (On every other \_\_\_\_\_)
- \_\_\_\_ Monthly (On \_\_\_\_\_ of the month)

I/We understand that if my/our payment is not received in the Office Manager's office or in the payment box by 7:30 AM of the next business day following the agreed upon date there will be a late fee accessed my/our account at the following rate:

**\$ 5.00 first late day**  
**\$1.00 each additional day until payment is received**

**\*\*It is of uppermost importance that a parent contact the Office Manager immediately if the above arrangements need to be changed or are unable to be kept. The Center is unable to assist if the Center is unaware of a need.\*\***

I/We have read the current Parent Handbook and agree to abide by the requirements stated therein.

Grapeland ISD Early Learning Center and the parents understand and agree that:

- (1) This agreement is a contract binding for both the Center and the Parent.
- (2) This contract may be terminated by either parent or the Center upon written notification of intention at least **two weeks in advance**, or by mutual agreement of both parties.
- (3) If payment is two weeks past due, my/our child may be dropped from the roll unless other arrangements have been made with the Office Manager.

Sponsor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Manager: \_\_\_\_\_ Date: \_\_\_\_\_



**EMERGENCY MEDICAL RELEASE:**

**TO WHOM IT MAY CONCERN:**

(1) I/We hereby authorize Grapeland ISD Early Learning Center to provide transportation for my/our child to and from the emergency room and/or doctor's office.

(2) I/We hereby authorize the bearer of this form to authorize medical treatment by the emergency room physician or who he/she deems necessary for my child.

Parent's Health Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Primary Insured: \_\_\_\_\_

**NAME OF CHILD**

**KNOWN MEDICATION ALLERGIES**

\_\_\_\_\_  
\_\_\_\_\_

**NOTARIZED Signature of Parent (s)** \_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to be before me this \_\_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_\_

**Notary Public Seal:**

**Notary Public:** \_\_\_\_\_

**SCHOOL AGE CHILD IMMUNIZATION RECORD:**

My/Our school age child's immunization record and tuberculosis test record is current and is on file at the school my child attends.

\_\_\_\_\_  
(Name of School Child Attends)

( ) \_\_\_\_\_  
(School Phone No.)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

ALL IMMUNIZATIONS REQUIRED FOR CHILD'S AGE MUST BE COMPLETED BY THE DATE OF ADMISSION OR HAVE A WRITTEN STATEMENT FROM A PHYSICIAN STATING THAT IMMUNIZATION WILL BE BROUGHT UP TO DATE WHEN MEDICALLY FEASIBLE.

**IMMUNIZATION RECORD:**

Vaccines:		Date Given (MM/DD/YY)	Validation Doctor of Clinic
DTP/DT/DTap:	#1		
DTP/DT/DTap:	#2		
DTP/DT/DTap:	#3		
DTP/DT/DTap:	#4		
DTP/DT/DTap:	#5		
Polio: Oral: ___ IPV: ___	#1		
Polio: Oral: ___ IPV: ___	#2		
Polio: Oral: ___ IPV: ___	#3		
Polio: Oral: ___ IPV: ___	#4		
MMR:	#1		
MMR:	#2		
Varicella:	#1		
Hib:	#1		
Hib:	#2		
Hib:	#3		
Hib:	#4		
Hepatitis B:	#1		
Hepatitis B:	#2		
Hepatitis B:	#3		
Hepatitis B:	#4		
PCV/PPV/	#1		
PCV//PPV/	#2		
PCV//PPV/	#3		
PCV//PPV/	#4		
Hepatitis A	#1		
Hepatitis A	#2		

**HEALTH STATEMENT:**

Child's Name \_\_\_\_\_  
 has been examined within the past twelve (12) months and is physically able to participate in the activities of the child care and/or preschool program.

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date of Examination

\_\_\_\_\_  
 Physician's Address

\_\_\_\_\_  
 Physician's Phone Number

**DOCUMENTATION OF  
 VARICELLA ILLNESS:**

This is to verify that

\_\_\_\_\_  
 (Name of Student)

had varicella disease (chicken pox)  
 on or about

\_\_\_\_\_  
 (approximate month/date/year)

and does not need the varicella  
 vaccine.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Relationship to student)

\_\_\_\_\_  
 (Date of Signature)