



STUDENT FILE PACKAGE

TO BE RETURNED AFTER FILLED OUT AND SIGNED

STUDENT FILE PACKAGE

- This package contains all the necessary forms to enroll your child at LifeFamily Learning Center.
- Please, read carefully and make sure to fill every form as requested.
- If you have any questions, please call our office at 512-220-6381 and we will assist you promptly.
- The information you are sharing with our center will remain in your child's file and is considered confidential.
- The Emergency Contact personnel listed will be shared with teachers, so they can contact you as needed, and check names and follow our protocol at pick-up time.
- You are responsible for updating contact information at anytime there is a change of address, phone number or emergency or pick-up contacts at the front desk or e-mail the Director at careen@life.family or simply use the Drop box at the reception area.
- Thank you for choosing LifeFamily Learning Center as your child's school. Have a great school year!

ADMISSION INFORMATION		DIRECTOR: Caren Vera Ph: 512-220-6381 ext 303 caren@life.family	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission		Date of Withdrawal	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Mother's E-mail Address	Father's E-mail Address	Guardian's E-mail Address	Additional E-mail Address
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play	
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: LifeFamily Learning Center Handbook		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input checked="" type="checkbox"/> Evening Snack (at 5:30PM)			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
Dell's Children Hospital	4900 Mueller Blvd, Austin, TX 78723	512-324-0000
I give consent for the facility to secure all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

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) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

EXPLORERS SCHOOL AGE CHILDREN:

☐ My child attends the following school:

Name of School and Address

School Ph.#

CHECK ALL THAT APPLY:

☐ His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current.
Vision and Hearing screening records are also on file.
Name of sibling(s): _____

My child has permission to:

☐ ride a bus, and/or

☐ walk to or from school or home,

☐ be released to the care of his/her sibling(s) under 18 years old.

IMMUNIZATION RECORD:

☐ I have provided the childcare operation with a copy of my child's most current immunization record.x

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. ☐ **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above-named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature

Date

2. ☐ A signed and dated copy of a health care professional's statement is attached.

3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

Signature - Parent or Legal Guardian

Date

***ONLY FOR CHILDREN 4 years or older, check N/A if your child is younger than 4 years old.**

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

If you provide the Center with a copy of shot records, skip this part, but fill out all personal information, sign and date.

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)

☐ Positive

☐ Negative

Date:

Signature or stamp of a physician or public health personnel verifying immunization information above.

Signature

Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about _____ and does not need varicella vaccine. (date)

Parent's signature

Date

☐ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at

www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date



MEMO OF UNDERSTANDING: TUITION AND FEES

Child: _____ Parent: _____

Amount of first month's tuition: _____ (does not include enrollment fee)

Amount of tuition thereafter (until a change in my child's status): _____

I understand that a one-time enrollment fee of \$175 is required at the time of registration.

I understand that tuition is due on or before the first day of each month and is considered late after the 10th of the month. After the 10th, a \$25 late fee will be assessed to my Learning Center account. If tuition remains unpaid by the first day of the following month, my child's enrollment will be terminated.

I will receive a bill for each month's tuition and fees (if any) in the mail approximately two weeks prior to the first of each month.

Payment of tuition and fees can be made by check, money order, cashier's check or credit/debit card at the front desk of the lobby or placed in the drop box provided in the lobby. Payment can also be made by signing up on the automatic payment plan. I will avoid making payments in cash.

If a check should be returned for insufficient funds, a \$25 returned check fee will be added to my account, and I may be required to make future payments via money order, cashier's check, or credit card.

I understand that a supply fee of \$100 is to be paid each year, and that this fee will appear on a bill that I receive in the mail.

I understand that if my child withdraws for any reason, I will not receive a refund of any tuition or fees.

Parent's Signature

Date



MEMO OF UNDERSTANDING: TUITION AND FEES

Workforce Solutions: Child Care Services-Subsidized Tuition

*** If your child-care is subsidized by CCS, please read carefully and sign this form.**

Child: _____ Parent: _____

Amount of first month's Parent Fee: _____

Amount of Parent Fee thereafter (until a change in my child's status): _____

I understand that my Parent Fee is due on or before the first day of each month and is considered late after the 3rd of the month. On the 3rd day of each month CCS Financial Department will be notified that we haven't yet received your payment.

I will receive a letter from CCS reminding me that I am solely responsible for making my payment on time.

I will be notified of the last day to make the payment before my child-care be terminated by CCS.

I will receive a bill for each month's Parent Fee in the mail approximately two weeks prior to the first of each month.

Payment of parent fees can be made by check, money order, cashier's check or credit/debit card at the front desk of the lobby or placed in the drop box provided in the lobby.

If a check should be returned for insufficient funds, a \$25 returned check fee will be added to my account, and I may be required to make future payments via money order, cashier's check or credit card.

I understand that I will not be charged any additional fee by the center, according to agreement made by Workforce Solutions and LifeFamily Learning Center.

I understand that if my child withdraws for any reason, I will not receive a refund of my parent fee, unless determined by Workforce Solutions caseworker and formal documentation will be requested.

Parent's Signature

Date

DISCIPLINE AND GUIDANCE POLICY

Discipline must 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 include 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.
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have read and received a copy of this Discipline and Guidance Policy.

Signed _____ Date _____

Check one, please:

Parent

Employee/Caregiver

Household Member of Child-Care Home



ENROLLMENT AGREEMENT

This agreement is between LifeFamily Learning Center and

This agreement begins on _____, as the child's admission date.

I have read the policies set forth in the Parent Handbook and all my questions have been answered satisfactorily. I agree to abide by all the rules and regulations provided in the Handbook.

I also release the Center, its Owners, and Staff from any liability for injury or damages of any kind other than resulting from gross negligence.

Parents or Guardians

Signed _____ Date _____

Signed _____ Date _____

The Center, LifeFamily Learning Center

Signed _____ Date _____

- **A two-weeks previous written notice is required in case of withdrawal.**

Notice of withdrawal date _____ Withdrawal date _____



PHOTOGRAPH CONSENT AND RELEASE

Child: _____ **Parent:** _____

I agree and give my permission to LifeFamily Learning Center to photograph my child during their stay at their facilities and participation in any special events.

I also agree to release the use of my child's photograph for labeling in the classroom, to illustrate activities my child has participated on, for decoration purposes during special events, for the Yearbook publication and distribution to all families in the Learning Center, for sharing exclusively with other parents at LifeFamily's Website Parents Log-In.

I also agree to voluntarily waive any rights to such photographs as for compensation, copyright and privacy rights and any right to approve them.

According to Licensing Minimum Standards, LifeFamily Learning Center agrees not to use children's photographs in any manner of public advertisement, in any harmful way, never to embarrass or humiliate a child or a family. We commit to keeping those pictures in files only accessible to LifeFamily Learning Center staff and to discard any printed versions as children leave our Program.

Parent Signature

Date

Director's Signature

Date



PARENT ORIENTATION

As part of my child's enrollment process, I have been provided orientation by LifeFamily Learning Center administrative staff. This orientation included the following:

- A copy of the LifeFamily Learning Center's Parent Handbook, where I can find:
 - Program Philosophy and Goals of the Center
 - Curriculum Goals
 - Steps to enrollment
 - Family Participation
 - Arrival and Departure policies, including after-closing fees, and releasing a child to someone for the first time
 - Parent and Center Communication Policies, including conferences
 - Financial Policies, including information about tuition and fees and late payments and refunding
 - Absence Policy
 - Clothing guidelines
 - Safety Policies including Inclement weather policy, fire safety and emergency procedures, and medical emergency procedures
 - Termination of agreement guidelines
 - Snack Menu Planning and Nutrition Standards
 - Information on how to update contact information
- A Tour of the facility,
- Meeting with the Director,
- A tour of your child's classroom and short meetings with the teachers
- A copy of classroom package (if applicable)

Name and Signature

Date

Student File Check List

*for LFLC Office Administrator

Child's Name: _____

- ☐ Admission Information (3 pages, completed)
- ☐ Memo of Understanding: Tuition and Fees
- ☐ Discipline and Guidance Policy
- ☐ Enrollment Agreement
- ☐ Photograph Consent and Release
- ☐ Automatic Tuition Payment (optional)
- ☐ Immunization Records
- ☐ Parent Orientation Signed Form

10 pages total

Start Date: _____

Classroom: _____

Received on: _____

By: _____