

### **Admission Information**

Use this form to collect all required information about a child enrolling in day care.

**Directions**: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information				
Operation's Name:		Director's Name:		
Child's Full Name:		Child's Date of Birth:	Child Lives	
Child's Home Address:		Date of Admission:		Date of Withdrawal:
Name of Parent or Guardian Completing Form:		Address of Parent or G	Buardian <i>(if di</i>	fferent from the child's):
List phone numbers below where	parents or guardian may be re-	ached while child is in care		
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:		Custody Documents on File?
In case of an emergency, call:				
Name of Emergency Contact:		Relationship:		Area Code and Phone No.:
Address:				
				following persons. Please list name nated by the parent or guardian after
Name:			Area	a Code and Phone No.:
Name:			Area	a Code and Phone No.:
Name:			Area	a Code and Phone No.:
	Cor	nsent Information		
1. Transportation:				
I give consent for my child to be tr	ansported and supervised by the	he operation's employees (	Check all tha	t apply).
for emergency care	on field trips 🗌 to and from	home 🗌 to and from s	school	
2. Field Trips:				
O I give consent for my child to p	articipate in field trips. $\bigcirc$ I do	not give consent for my ch	ild to particip	ate in field trips.
Comments:				
L				

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3. Water Activities:						
I give consent for	I give consent for my child to participate in the following water activities (Check all that apply).					
water table play	🗌 water table play 🔄 sprinkler play 🔄 splashing or wading pools 📄 swimming pools 📄 aquatic playgrounds					
Is your child able to	o swim without assistar	nce?	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?			
◯ Yes ◯ No						
Do you want your child to wear a life jacket while in or near a swimming pool? Yes No		et while in or near a				
4. Receipt of Written	<b>Operational Policies</b>	:				
I acknowledge receipt	of the facility's operatio	nal policies, including t	those for (Check all that apply).			
Discipline and guid	ance		Procedures for release of children			
Suspension and ex	kpulsion		Illness and exclusion criteria			
Emergency plans			Procedures for dispensing medications			
Procedures for cor	nducting health checks		Immunization requirements for children			
Safe sleep			Meals and food service practices			
Procedures for par	ents to discuss concer	ns with the director	Procedures to visit the center without securing prior approval			
	or and outdoor physical weather conditions	activity including	Procedures for supporting inclusive services			
Procedures for parents to participate in operation activities			Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website			
5. Meals:						
I understand that the	following meals will be	served to my child whi	ile in care (Check all that apply):			
None Brea	akfast 🗌 Morning s	snack 🗌 Lunch [	Afternoon snack Supper Evening snack			
6. Days and Times in	n Care:					
My child is normally in	care on the following o	lays and times:				
Day of the Week	A.M.	P.M.				
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
7 Possint of Parant	a Diabta					

### 7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

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8. Child's Special Care Needs (check	all that apply)		
Environmental allergies		Limitations or restrictions on	child's activities
Food intolerances		Reasonable accommodation	
Existing illness		Adaptive equipment (include	
Previous serious illness			,
	mantha	<ul> <li>Symptoms or indications of complications</li> <li>Medications prescribed for continuous long-term use</li> </ul>	
Injuries and hospitalizations (past 12)	(monuns)		onunuous long-term use
Other:			
Explain any needs selected above:			
Does your child have diagnosed food all	ergies? ()Yes ()No Foo	od Allergy Emergency Plan Subm	itted Date:
Child day care operations are public acc <u>www.ada.gov/resources/child-care-centre</u> may call the ADA Information Line at (80	ers/. If you believe that such an	operation may be practicing disc	
Signature — Parent or Legal Guardiar	 ו	Date Signed	
9. School Age Children			
My child attends the following school:			School Area Code and Phone No.:
My child has permission to (check all tha	t apply):		
walk to or from school or home	ride a bus De released to	the care of his or her sibling unde	er 18 years old
Authorized pick up or drop off locations	other than the child's address:		
Child's required immunizations, visior	n and hearing screening, and TE	3 screening are current and on file	e at their school.
	Authorization For Emer	gency Medical Attention	
In the event I cannot be reached to arran			e to take my child to:
Name of Physician	Address		Phone No.
Name of Emergency Care Facility	Address		Phone No.
I give consent for the facility to secure a	ny and all necessary emergenc	y medical care for my child.	I

Signature — Parent or Legal Guardian	Data Signad	
Signature — Parent of Legal Guardian	Date Signed	

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L boyo att		uirements for Exclusion from		a religious belief on the	
	I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.				
	tached a signed and dated affidavit si denomination that I am an adherent		eening conflicts with the tenets o	r practices of a church or	
		Vision Exam Results			
Right Eye 20	/ Left Eye 20/ OPass	_			
Signature		Date Signe	d		
		Hearing Exam Results			
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail	
Right				🔿 Pass 🔵 Fail	
Left				🔿 Pass 🔵 Fail	
Signature		Date Signe	d		
Admission F	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				
	tted to the child care operation or with				
	are Professional's Statement: I have e e day care program.	examined the above named child w	ithin the past year and find that h	e or she is able to take	
◯ A signed	and dated copy of a health care profe	essional's statement is attached.			
	iagnosis and treatment conflict with t of. I have attached a signed and date		ized religious organization, whic	h I adhere to or am a	
	nas been examined within the past ye f admission, I will obtain a health care				
		e professionalis signed statement a	na submit it to the child care ope		
Name of Hea	Ith Care Professional, if selected	Address of Health Ca	re Professional, if selected		
Signature —	Health Care Professional	Date Signed			
Signature —	Parent or Legal Guardian	Date Signed			

Vaccine Information				
The following vaccines require multip	le doses over time. Please provide the date your child received	l each dose.		
Vaccine	Vaccine Schedule	Dates Child Received Vaccine		
Hepatitis B	Birth (first dose)			
	1–2 months (second dose)			
	6–18 months (third dose)			
Rotavirus	2 months (first dose)			
	4 months (second dose)			
	6 months (third dose)			
Diphtheria, Tetanus, Pertussis	2 months (first dose)			
	4 months (second dose)			
	6 months (third dose)			
	15–18 months (fourth dose)			
	4–6 years (fifth dose)			
Haemophilus Influenza Type B	2 months (first dose)			
	4 months (second dose)			
	6 months (third dose)			
	12–15 months (fourth dose)			
Pneumococcal	2 months (first dose)			
	4 months (second dose)			
	6 months (third dose)			
	12–15 months (fourth dose)			
Inactivated Poliovirus	2 months (first dose)			
	4 months (second dose)			
	6–18 months (third dose)			
	4–6 years (fourth dose)			
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.			
Measles, Mumps, Rubella	12–15 months (first dose)			
	4–6 years (second dose)			
Varicella	12–15 months (first dose)			
	4–6 years (second dose)			
Hepatitis A	12–23 months (first dose)			
	The second dose should be given 6 to 18 months after the first dose.			

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Va	ricella (Chickenpox)
	had chickenpox disease. If your child has had chickenpox, please complete the
statement: My child had varicella disease (chickenpox) on or a	
(	
Signature	Date Signed
Additional Inform	mation Regarding Immunizations
For additional information regarding immunizations, visit the Te immunize/public.shtm.	exas Department of State Health Services website at <u>www.dshs.state.tx.us/</u>
т	B Test (If required)
OPositive ONegative Date:	_
	Gang Free Zone
Under the Texas Penal Code, any area within 1,000 feet of a corganized criminal activity are subject to harsher penalties.	child care center is a gang-free zone, where criminal offenses related to
F	Privacy Statement
HHSC values your privacy. For more information, read our priv	vacy policy online at: <u>https://hhs.texas.gov/policies-practices-privacy#security</u>
	Signatures
	oignataioo
Child's Parent or Legal Guardian	Date Signed
Contra Deciment	Data Cirmad
Center Designee	Date Signed
Physician or Pub	olic Health Personnel Verification
Signature or stamp of a physician or public health personnel ve	erifying immunization information above:
Signature	Date Signed
orginature	Date Signed



# **Application for Admission**

Child's Name:	Nickname:	D.O.B:
Age as of Sept 1, 2023:_	Gender :	
Parent's/Legal Guardian:	Phone:	
Work Phone:	Email:	
Parent's/Legal Guardian:	Phone: :	
Work Phone:	Email:	

## **Educational Programs**

Program	Ages	Coverage	Monthly Tuition	Check Applicable
Novus	6 weeks-17 months	Full-time 6:00 AM-6:30PM	\$1,199.00	
		Part-time 8:30 AM-12:30PM	\$693.00	
Medio Toddler	18 months-23 months	Full-time 6:00 AM-6:30PM	\$1147.00	
		Part-time 8:30 AM-12:30PM	\$673.00	
Medio Two's	24 months-	Full-time 6:00 AM-6:30PM	\$1,104.00	
	36 months	Part-time 8:30 AM-12:30PM	\$653.00	
Praescindo	3 years-4	Full-time 6:00 AM-6:30PM	\$998.00	
Program	years	Part-time 8:30 AM-12:30PM	\$593.00	
Montessori	3 years-6	Full-time 6:00 AM-6:30PM	\$1198.00	
Program	years	Part-time 8:30 AM-12:30PM	\$793.00	
Schola Program	Kinder- 4 <sup>th</sup> grade	After School 3:00 PM-6:30 PM	\$500.00	
			\$550.00	
Summer Schola Program	Kinder-4 <sup>th</sup> grade	Full-time 6:00 AM-6:30 PM	\$953.00	

### **Enrollment Agreement**

I agree to the following:

- 1. The school will open at 6:00 a.m. and will close 6:30 p.m. daily, Monday-Friday. A fee will be charged for any child not picked up before the school's regular closing time. This charge shall be \$20.00 per child for the first 15 minutes and an additional \$5.00 per child per 5-minute period thereafter.
- 2. I am responsible for communicating all contact information updates as well as maintaining an open line of communication during all hours that my child/children are in care.
- 3. The school's non-refundable annual registration of \$175.00 and supply fee of \$225.00 shall be paid upon enrollment and every August thereafter.
- 4. Monthly tuition is due on the first of each month, it will be considered late after the 7<sup>th</sup>, and a late fee of \$50 will be added to the due tuition.
- 5. Monthly tuition fees are non-refundable, and no credit is issued regardless of scheduled school closings and holidays, children's illness, vacation, inclement weather days, and/or "Acts of God". The School will make reasonable efforts to open in inclement weather; however, the School may choose to close at discretion of the school's owners/leadership. Parent's should call the school regarding closures and/or delayed openings.
  \*Please see school calendar for scheduled closures.

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- 6. A fee of \$50 will be charged for checks returned by the school's bank.
- 7. I am responsible for receiving, reading, and abiding all information in The Lux School Community Norms and Expectations.

# The undersigned parent(s) understand the terms of this agreement and agree to be bound by them.

Parent Name, Printed	Parent Signature	Date
Parent Name, Printed	Parent Signature	Date



### **Operational Discipline and Guidance Policy**

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions**: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

#### **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 or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

#### Additional Discipline and Guidance Measures

(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

#### A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
    - (B) What behaviors would warrant the use of these measures; and
    - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

#### Signature

This policy is effective on the following date:

Signed by:

Role:	O Parent	○ Caregiver/Employee	O Household Member	(CH. 747 only)

#### Minimum Standards Related to Discipline

• Title 26, Chapter 746 Subchapter L: http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y

• Title 26, Chapter 747 Subchapter L: http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y

• Title 26, Chapter 744 Subchapter G: http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y



# Multimedia Release

Please complete a separate form for each child in a family.

I give my consent for The Lux School to photograph or video my child and/or me or use photograph(s) or videos of my child or me that were taken in the childcare setting. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on websites owned or sponsored by The Lux School. I give The Lux School permission to publish, exhibit and distribute these materials. Possible uses include educational, training activities, illustration, publicity, advertisement, and marketing. I understand that The Lux School owns the rights to the multimedia material in which I, or my child may appear. The Lux School will assure that it conveys positive images of children and reflect early childhood recommended practice.

Child's Name	Choose One (Circle)		
	Full Use In-House Only* No Photos		No Photos

\**In-House Only* includes photos used in the classrooms and hallways and photos taken for and through daily reporting tools, such as KidReports.

# **Agreement Not to Post Photos of Other Children**

I agree that I will not post nor use any photographs or videos that I take at The Lux School (or at an event sponsored by The Lux School) that include children other than my own child(ren) in print, electronic or social medial or any other form. My agreement extends to photos or videos taken by any member of my family or any visitors that I bring to The Lux School or sponsored events.

Name of Child (Printed)

Name of Parent (Printed)



## **The LUX School Compact**

# At The LUX School, we believe that collaborating and working with our parents and community is necessary to meet our students' needs.

SCHOOL RESPONSIBILITIES:

- 1. Provide a safe and nurturing environment that fosters student success.
- 2. Communicate through Procare and a variety of ways to share school news.
- 3. Inform students and parents of behavior expectations by sending home school wide expectations.
- 4. Offer purposeful meetings and activities for parents and students at flexible times.
- 5. Provide engaging experiences to our students and their families.
- 6. Monitor student academic growth and collaborate with the parent.
- 7. Teach students the importance of showing respect, integrity, and commitment to be the leader he/she is meant to be.

Teacher's Signature

### PARENT AND FAMILY RESPONSIBILITIES:

- 1. Make sure that your child attends school regularly, on time, and is ready to learn.
- 2. Communicate with the school through Procare.
- 3. Encourage students to follow all our campus wide expectations.
- 4. Participate in school activities such as Meet the Teacher, Open House, Trunk or Treat and various activities.
- 5. Help child with homework when assigned.
- 6. Monitor student academic growth and collaborate with his/her teacher.
- 7. Help my child to see the importance of showing respect, integrity, and commitment to be the leader he/she is meant to be.

Parent's Signature



### Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

#### **Rights of Parent or Guardian**

#### A parent or guardian of a child at a child care facility has the right to:

(1) enter and examine the child care facility during the facility's hours of operation without advanced notice;

(2) review the child care facility's publicly accessible records;

(3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;

(4) obtain a copy of the child care facility's policies and procedures;

(5) review, at the request of the parent or guardian, the facility's:

(A) staff training records; and

(B) any in-house staff training curriculum used by the facility;

(6) review the child care facility's written records concerning the parent's or guardian's child;

(7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:

(A) video recordings of the alleged incident are available;

(B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and

(C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;

(8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;

(9) be provided the contact information for the child care facility's local Child Care Regulation office;

(10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and

(11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signed By: Parent or Guardian

Date

#### Resources

Facility Information and Online Compliance History: http://txchildcaresearch.org Child Care Regulation Contact Information: https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation