



### 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 The Lux School		Director's Name Holly Barber-Gatlin	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to <b>call in case of an emergency</b> if parents/guardian cannot be reached			Relationship
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

#### Consent Information

Check All That Apply:

**1. Transportation**

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care       on field trips       to and from home       to and from school

**2. Field Trips**

I give consent for my child to participate in field trips.

I do not give consent for my child to participate in field trips.

Comments

### 3. Water Activities

I give consent for my child to participate in the following water activities:

- water table play   
  sprinkler play   
  splashing/wading pools   
  swimming pools   
  aquatic playgrounds

### 4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- |  |  |
|--|--|
| <input type="checkbox"/> Discipline and guidance                                       | <input type="checkbox"/> Procedures for release of children  |
| <input type="checkbox"/> Suspension and expulsion                                      | <input type="checkbox"/> Illness and exclusion criteria  |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications   |
| <input type="checkbox"/> Procedures for conducting health checks                       | <input type="checkbox"/> Immunization requirements for children  |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices  |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval  |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL),<br>DFPS, Child Abuse Hotline, and CCL website |

### 5. Meals

I understand that the following meals will be served to my child while in care:

- None   
  Breakfast   
  Morning snack   
  Lunch   
  Afternoon snack   
  Supper   
  Evening snack

### 6. Days and Times in Care

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

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### 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	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
 Signature — Parent or Legal Guardian

**Child's Additional Information Section**

List any special needs that your child may have, such as environmental allergies, food intolerances, 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 caregivers should be aware of:

Does your child have diagnosed food allergies?  Yes  No Plan Submitted on \_\_\_\_\_

Child day care 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 Signed

**School Age Children**

My child attends the following school

School Phone Number

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

- walk to or from school or home       ride a bus       be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

- Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

**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.

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 or she is able to take part in the day care program.  
  
\_\_\_\_\_  
Signature — Health Care Professional      \_\_\_\_\_  
Date Signed
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 submit it to the child care operation.

Name

Address of Health Care Professional

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**Requirements for Exclusion**

- 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.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

**Vision Exam Results**

Right Eye 20/      Left Eye 20/       Pass       Fail

\_\_\_\_\_

Signature Date Signed

**Hearing Exam Results**

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

\_\_\_\_\_

Signature Date Signed

**Vaccine Information**

The following vaccines require multiple doses over time. Please provide the date your child received 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)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	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.	

**Physician or Public Health Personnel Verification**

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

\_\_\_\_\_ Signature

\_\_\_\_\_ Date Signed

**Varicella (Chickenpox)**

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 (date) \_\_\_\_\_ and does not need varicella vaccine.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date Signed

**Additional Information Regarding Immunizations**

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

**TB Test (If Required)**

Positive  Negative Date: \_\_\_\_\_

**Gang Free Zone**

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**Privacy Statement**

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

**Signatures**

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed

## 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:  Parent    Caregiver/Employee    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](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](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](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)



## Application for Admission

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Age as of Sept 1, 2022: \_\_\_\_\_ 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	\$1,149.00	
		Part-time 8:30 AM-12:30PM	\$643.00	
Medio Toddler	18 months-23 months	Full-time 6:00 AM-6:30PM	\$1097.00	
		Part-time 8:30 AM-12:30PM	\$623.00	
Medio Two's	24 months-36 months	Full-time 6:00 AM-6:30PM	\$1,054.00	
		Part-time 8:30 AM-12:30PM	\$603.00	
Praescindo Program	3 years-4 years	Full-time 6:00 AM-6:30PM	\$948.00	
		Part-time 8:30 AM-12:30PM	\$543.00	
Montessori Program	3 years-6 years	Full-time 6:00 AM-6:30PM	\$1000.00	
		Part-time 8:30 AM-12:30PM	\$600.00	
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	\$943.00	



# 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 \$125.00 and supply fee of \$175.00 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.**
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.**

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**Parent Name, Printed**

**Parent Signature**

**Date**

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**Parent Name, Printed**

**Parent Signature**

**Date**



## 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

*\*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.

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Name of Child (Printed)

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Name of Parent (Printed)

Signature

Date



## 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 Procure 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.

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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 Procure.
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.

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Parent's Signature