



ADMISSION INFORMATION

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.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

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

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 _____

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

_____ Signature – Parent or Legal Guardian

_____ Date



ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

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)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
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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 (date) _____ and does not need varicella vaccine.

Parent's signature	Date
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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



ADMISSION INFORMATION

TUITION CONTRACT & POLICY STATEMENT

REGISTRATION

A non-refundable registration fee is required yearly at time of registration.

TUITION

Tuition is based on 33 weeks during the school year divided equally into 9 monthly payments and **remains the same regardless of absence or holidays** (school closures have already been deducted from total number of weeks in the session.)

Tuition is to be paid on the 1st class day of the month. Any payment made after the 10th of the month will be charged a 25.00 late fee payable immediately. There is a \$ 25.00 NSF fee. **If enrollment is terminated, a withdrawal form is required 30 days prior and a final month tuition is due.** Failure to give notice will result in forfeit of final month's tuition.

WITHDRAWALS AND REFUNDS

There is a **two-month minimum** for all classes. One-month notice from the first of the month is required to discontinue any enrollment. Withdrawal must be done in writing and will not be accepted over the phone. Withdrawal must be received by the Director. **Withdrawal must occur within the first 7 days of the month of the month prior to withdrawal. No withdrawals will be accepted after March 30th.**

To with draw from classes a parent must:

1. Inform the Director in person.
2. Complete and sign a withdrawal form provided in the office.
3. Emailing the director will also be permitted.

All pre-paid classes are not eligible for a refund.

Blessed Educational Environments LLC reserves the right to withdraw any student without notice. In such a case a pro-rated refund for classes will be given within 30 days of the withdrawal.

I understand and accept these policies and procedures for payment to Blessed Educational Environments LLC.

Signature of Responsible Party

Date

Office Use:

Reg fee paid _____ ck# _____ received by _____ paid online _____ date _____

Tuition monthly _____ School and class location _____



Discipline and Guidance Policy for LOLKDO

- ◆ 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; 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 signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

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