

_____ App/Reg Fee Paid
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_____ Date of Check

Not Your Ordinary Day Care

216 S FM 1660, Hutto, TX 78634
512-759-9949
www.nyodc.com

Application for Enrollment

Date of Enrollment _____

Name of Child _____ Sex ___ M / F _____ Date of Birth ___/___/___

Address _____ Zip _____ Phone (____) _____

Mother's Name _____ Employer _____ Wk # (____) _____ Cell # (____) _____

Father's Name _____ Employer _____ Wk # (____) _____ Cell # (____) _____

Email Address _____

Required Pick-up Authorizations:

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Required Emergency Contacts:

Name _____ Relationship _____ Address _____ Phone (____) _____

Name _____ Relationship _____ Address _____ Phone (____) _____

Newborn – After Schoolers

Remember to consider your child's age as of August 1st or the school year for which you are applying.

<p>Infants - 17 mths</p> <p>_____ M/W/F</p> <p>_____ T/TH</p> <p>_____ M-F</p>	<p>2 - 3 yrs</p> <p>_____ M/W/F</p> <p>_____ T/TH</p> <p>_____ M-F</p>	<p>Tuition Rate:</p> <p>\$ _____</p> <p><input type="checkbox"/> week <input type="checkbox"/> month</p>
<p>18 - 24 mths</p> <p>_____ M/W/F</p> <p>_____ T/TH</p> <p>_____ M-F</p>	<p>4+ yrs</p> <p>_____ M/W/F</p> <p>_____ T/TH</p> <p>_____ M-F</p>	

Does your child have any problems such as allergies, existing illness, previous serious illness or injury, any medication prescribed for long-term continuous use and/or any other information our staff should know? _____ **If YES, please attach a report.**

This is an application only and should be submitted with a non-refundable application/registration/supply fee. If classes are full, this application will remain on our waiting list until an opening is available. When you are notified of an opening, you will have 48 hours to accept and submit your tuition. If you do not respond within 48 hours your application will be returned to the waiting list.

Non-discrimination Policy

NYODC admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school.

_____ Initial – I understand that the registration/supply fees and any deposits are **non-refundable**.

_____ Initial – I understand that there is a required written **30-day notice of enrollment withdrawal or schedule/program change request** regardless of attendance. Students removed without notice will be billed 30 days of tuition at the agreed upon rate unless other arrangements are approved by the management of NYODC. Any past due accounts for 90 days may be submitted to agencies for collections. This registration form constitutes a contract for 30 days of paid tuition commencing on the first day of enrollment.

Signed _____ Date _____

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Good Health Statement

Child's Name _____ Date of Birth _____

THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN

Is the child free from communicable disease? YES NO

Is the child able to participate in group care? YES NO

Please list any medications and/or drugs taken regularly by the child:

Other special physical or medical conditions:

The above information is correct as of:

Date

Physician information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____

Physician Signature: _____

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Statement of Policy Understanding

I, _____ parent/guardian of
Parent name

_____ have read the Not Your Ordinary Day Care Handbook.

Child's name

I understand the policies and will comply with the written document.

Parent(s) Signature

Date

Discipline and Guidance Policy for

Not Your Ordinary Day Care

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:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Employee/Caregiver	<input type="checkbox"/> Household member of childcare home

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA

**If I cannot be reached to make arrangements for
emergency medical care for my child at the time of an
illness or accident, I give my permission for:**

Si en caso de alguna enfermedad o accidente no me
pueden localizar para arreglar atención médica de
emergencia para mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director Nombre del Dueño o Director del Centro de Cuidado de Niños LaReka Richardson, Not Your Ordinary Day Care

to take my child (or children):

a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

to:

a:

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

or to:

o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

**I give consent for necessary emergency treatment
when my child is in the care of this physician or
hospital or clinic.**

Doy mi consentimiento para el tratamiento médico
necesario estando mi niño bajo la atención de este
doctor u hospital o clínica.

Signature-Parent or Legal Guardian
Firma-Padre o Tutor

Date/Fecha

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Voluntary Photo Release Form

Not Your Ordinary Day Care frequently updates our website and internal computer monitors with random pictures of our school, students and staff in classroom settings.

I, _____ as parent of _____

allow or do NOT allow

Not Your Ordinary Day Care permission to use school setting photographs of my child on their website and/or within the school.

Parent(s) Signature

Date

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Allergy Alert

MY CHILD IS ALLERGIC TO:

Foods: _____

Medicine: _____

Animals/Insects: _____

Plants: _____

Child's Name: _____

Child's Teacher: _____

Tell Me About You...

Do your child(ren) have any allergies? Yes No If yes, please explain fully.

Is your child currently on any medications? Yes No If yes, list medications

Please give any information about your child which may be helpful in his or her experience in a group setting. For example, playing, eating and sleeping habits, fears, likes or dislikes.

Please tell us about your child's previous daycare experience.

Please tell us anything else you would like us to know about your child.
