

Operation Name Holli-Hills Creative Child Care		Director's Name Stefany Ashton-Flowers	
Child's Full Name		Child's Date of Birth	Home Telephone Number
Child's Home Address		Parent's Home Address (if different than child)	
Is there a custody order on file with The State of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending If Yes is checked, a current copy MUST be attached.			
Date of Enrollment	Date of Withdrawal	Hours and days child will be in care	
Mother's Name	Mother's Cell Number	Mother's Work Number	Mother's Email Address
Father's Name	Father's Cell Number	Father's Work Number	Father's Email Address
Emergency Contact Information: Name, Address, and Phone Number			Relationship
I hereby authorize Holli-Hills Creative Child Care to allow my child to leave the center ONLY with the following persons once their identification has been verified. I have included their name and phone number.			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by Holli-Hills Creative Child Care employees for emergency care and emergency evacuation. I understand Holli-Hills Creative Child Care does not provide any other form of transportation, including off-site field trips.			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to participate in water table play. I understand Holli-Hills Creative Child Care does not participate in any other water activities (i.e. swimming pool, sprinklers)			
<input type="checkbox"/> I acknowledge receipt of Holli-Hills Creative Child Care operational policies including those for discipline and guidance. I understand the Parent Handbook is available on the www.HolliHills.com website.			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to participate in school photographs.			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child's photograph to be uploaded to the www.HolliHills.com website and/or Holli-Hills Creative Child Care Facebook page.			
<input type="checkbox"/> I understand that a morning snack, lunch, and afternoon snack will be served to my child if present when the meals are served at 8:00am, 11:00am, and 2:30pm, respectively.			
<input type="checkbox"/> I understand that the staff of Holli-Hills Creative Child Care are prohibited in participating in outside employment with parents.			
<input type="checkbox"/> I understand that the staff of Holli-Hills Creative Child Care are prohibited in participating in social networking activities with parents and children enrolled (i.e. Facebook, MySpace, Instagram, Twitter)			
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 Medical 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			

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. If not applicable, write N/A.

Signature – Parent or Legal Guardian

Date

Child's Name _____	Date of Birth _____
SCHOOL AGE CHILDREN:	
<input type="checkbox"/> My child attends the following school:	
_____	_____
Name of School and Address	School Ph.#
CHECK ALL THAT APPLY:	
<input type="checkbox"/> His/her immunization and tuberculosis records and hearing and vision screenings are on file at the school and are current.	
<input type="checkbox"/> My child has permission to ride a bus to and/or from Holli-Hills Creative Child Care Center and his/ her school.	
IMMUNIZATION RECORD:	
Please check only one option:	
<input type="checkbox"/> I have provided Holli-Hills Creative Child Care with a copy of my child's most current immunization record. I will also keep my child's immunization record current and provide Holli-Hills Creative Child Care with a copy as needed.	
<input type="checkbox"/> 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.	
VARICELLA VACCINE: 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 had varicella disease (chickenpox) on or about (date) _____ and does not need the varicella vaccine.	
_____	_____
Signature – Parent or Legal Guardian	Date

STATEMENT OF HEALTH (Please check only one)	
<input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.	
_____	_____
Health Care Professional's Signature	Date
<input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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 of Health-Care Professional _____	Address _____
_____	_____
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 _____		DATE _____	

Signature – Parent or Legal Guardian _____

Date _____



Enrollment Agreement

Child's Name _____ Date of Birth _____

My signature verifies that I have seen, read, and understood the policies contained in the Parent Handbook that I have in my possession to be reviewed by me at any time. I understand that a copy of the Parent Handbook can be found on the www.HolliHills.com website.

Parent Signature

Date

I hereby release Holli-Hills Creative Child Care Center and its employees from any liability for any injury to my child that may occur during the care. I hereby give my permission to the teacher in charge, employed by Holli-Hills Creative Child Care Center, to care for my child in case of any emergency and when possible and/or necessary to transport him or her in the event I am unable to assume responsibility at that time. I understand if a child's behavior contributes to cause of injury to himself or others, I may be asked to remove the child from care as stated in the discipline and guidance policy and withdrawal policy of the parent handbook.

Parent Signature

Date

Discipline and Guidance Policy

- ✓ Discipline must be:
 - Individualized and consistent for each child;
 - Appropriate to the child's level of understanding; and
 - 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:
 - Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - Reminding a child of behavior expectations daily by using clear, positive statements;
 - Redirecting behavior using positive statements; and
 - 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:
 - Corporal punishment or threats of corporal punishment;
 - Punishment associated with food, naps, or toilet training;
 - Pinching, shaking, or biting a child;
 - Hitting a child with a hand or instrument;
 - Putting anything in or on a child's mouth;
 - Humiliating, ridiculing, rejecting, or yelling at a child;
 - Subjecting a child to harsh, abusive, or profane language;
 - Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - 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.

Parent Signature

Date

Director Signature

Date



	First Name	M.I.	Last Name	Drivers License Number	Social Security Number
Child				N/A	
Mother					
Father					

Tuition for my child is due by 6:00pm on Monday of each current week as specified in the current rate schedule. If tuition is not received by the center's closing time of 6:00pm on Monday, a \$25 late fee will be charged and my child will not be able to return until the balance is paid in full. (Parent Initials)_____

My child is enrolled: (circle one)

Full-Time

Part-Time 2 full days per week

Part-Time Less than 5 hours each day

Weekly Tuition Amount \$ _____ (Parent Initials)_____

Non-refundable Annual Registration Fee due September 1st \$ _____ (Parent Initials)_____

In the event of an NSF check, a \$40 NSF check penalty will be added to my account. If Holli-Hills Creative Child Care receives 2 or more NSF checks from me, my account will be placed on a "cash or credit only" status and I will only be able to make payments using cash at the center or a credit card on the www.HolliHills.com website. (Parent Initials)_____

Holli-Hills Creative Child Care is licensed by the Texas Department of Family and Protective Services to care for children Monday through Friday from 6:00am to 6:00pm. If I am late picking up my child, a late pick-up penalty of \$5.00 for each minute late will be added to my account. Late penalties must be paid to Holli-Hills Creative Child Care before my child can return to the center. (Parent Initials)_____

Holli-Hills Creative Child Care chooses not to get involved in custody disputes. In the event a court order is on file, Holli-Hills Creative Child Care will not acknowledge which party is responsible for payment of tuition, or any other fees. These arrangements must be coordinated between the two parents. (Parent Initials)_____

In the event I choose to end my relationship with Holli-Hills Creative Child Care and withdraw my child or change my child's schedule, a one week (7 day) notice will be given in writing. If I do not give this notice, I agree to pay the tuition for one full week plus the \$25 late fee if the payment is received late. (Parent Initials)_____

Tuition is due whether my child attends or not. If my child is absent for the entire week, I will receive an absent credit equal to one half my weekly tuition rate. I understand if the tuition is not received by 6:00pm on Monday, the \$25.00 late fee will be charged to my account. (Parent Initials)_____

If at any point my account becomes delinquent, I understand that any credits or discounts will be removed from my account. (i.e. absent credits, multiple week discount, multiple child discount, etc.). (Parent Initials)_____

 Parent Signature

 Date

 Director Signature

 Date