Enrollment and Registration Information
Enrollment Registration Information
Sections 1 and 2 must be updated every September and February

Child Information (Please Print Clearly)

Child’s Name___________________________________________ Nickname ______________________________

Child’s Home Address___________________________________________ City________________________ Zip_________

Child’s Age__________ Sex __________ Date of Birth __________

Home Phone_________________________ Home E-mail________________________

Parent/Guardian Marital Status: □ Single □ Married □ Separated □ Divorced □ Widowed

Child’s Primary Residence: □ Mother □ Father □ Both □ Guardian/s

List all family members your child lives with; including names and ages of siblings__________________________

____________________________________________________________________________________________________

Child’s Primary Language____________________ Parent/Guardian’s Primary Language___________________________

Ethnicity: □ Not Hispanic □ Hispanic/Latino

Race: □ White □ Black/African American □ Asian □ Native American or Other Pacific Islander

□ American Indian or Alaska Native □ Some other race □ More than one race

Total Household Income: □ Under $20,750 □ $20,751-$34,599 □ $34,600-$55,349 □ $55,350 and over

The hours of the Early Learning Center will be 6:30am-6:00pm Monday-Friday. To ensure that we maintain our standards of
teacher to child ratio, please indicate the approximate hours you anticipate dropping off and picking up your child each day:

Monday ____ to ____; Tuesday ____ to ____; Wednesday ____ to ____; Thursday ____ to ____; Friday ____ to ____

Primary Contact and Release Persons

Parent/Guardian #1___________________________________________ Relationship to Child________________________

Home Phone_________________________ Cell Phone_________________________ Work Phone_________________________

Home Address___________________________________________________________

E-mail Address_________________________ Driver’s License Number/ State__________________________

Employer_______________________________ Work Hours__________________________

Employer Address_________________________________________________________

Court Ordered Restrictions? _________________________________________________________________

Parent/Guardian #2___________________________________________ Relationship to Child________________________

Home Phone_________________________ Cell Phone_________________________ Work Phone_________________________

Home Address___________________________________________________________

E-mail Address_________________________ Driver’s License Number/ State__________________________

Employer_______________________________ Work Hours__________________________

Employer Address_________________________________________________________

Court Ordered Restrictions? _________________________________________________________________

Parent/Guardian Signature___________________________________________ Date_________________________

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Emergency Contact and Release Persons
Please list the individuals you would like us to contact if we cannot reach you in case of illness and/or an emergency. By checking the box “Emergency Contact and Release” you are indicating that this person will be contacted and be able to transport your child in case of an emergency. Check the box “Release Only” to indicate that this person is only allowed to pick-up your child under normal circumstances. To ensure the safety of your child, all persons on this list will be required to provide a valid driver’s license or other government issued picture ID at the time of pick-up.

Child’s Name________________________________________________ Date____________

Required
Name #1____________________________________ Relationship to Child__________
Home Phone_________________________ Cell Phone_________________________ Work Phone_________________________
Home Address_____________________________________________________________________________________________
E-mail Address________________________________ Driver’s License Number/ State________________________
Employer________________________________________ Work Hours_________________________
Employer Address_____________________________________________________________________________________________
☐ Emergency Contact and Release ☐ Release Only

Optional
Name #2____________________________________ Relationship to Child__________
Home Phone_________________________ Cell Phone_________________________ Work Phone_________________________
Home Address_____________________________________________________________________________________________
E-mail Address________________________________ Driver’s License Number/ State________________________
Employer________________________________________ Work Hours_________________________
Employer Address_____________________________________________________________________________________________
☐ Emergency Contact and Release ☐ Release Only

Optional
Name #3____________________________________ Relationship to Child__________
Home Phone_________________________ Cell Phone_________________________ Work Phone_________________________
Home Address_____________________________________________________________________________________________
E-mail Address________________________________ Driver’s License Number/ State________________________
Employer________________________________________ Work Hours_________________________
Employer Address_____________________________________________________________________________________________
☐ Emergency Contact and Release ☐ Release Only

If you need a person other than one identified above to pick up your child, you must notify the Center in writing, in advance. If you cannot submit authorization in writing, you can provide verbal permission for someone to pick up your child once your personal information has been verified. Any person other than a primary contact will be asked to provide a valid driver’s license or other government issued picture ID before your child is released to them.

Parent/Guardian Signature____________________________________ Date____________

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Emergency/Medical Information

Please make certain all information is complete

Child’s Name_________________________________________________________________________________________________

Physician’s Name__________________________________________________________________________________________

  Phone Number

  Address

Dentist’s Name__________________________________________________________________________________________

  Phone Number

  Address

Preferred Hospital/Clinic Care/Emergency Care_____________________________________________________________________

  Address

Health Insurance Provider____________________________________________________________________________________

  Policy Number

I Do [ ] Do NOT [ ] authorize a designated Lena Pope Staff to transport my child, ___________________________ in a medical emergency to the above named physician or facility.

I Do [ ] Do NOT [ ] consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment and/or hospital care to be rendered to my child, ___________________________ under the general supervision of any physician licensed to practice medicine.

Parent/Guardian Signature_________________________________________________ Date________________

Does your child have any special care needs including an existing illness, previous serious illness or injury, or hospitalizations during the past 12 months? Yes [ ] No [ ]

If yes, please describe:_____________________________________________________________________________________

_____________________________________________________________________________________

Does your child have any diagnosed FOOD allergies? Yes [ ] No [ ]

If yes, please list allergies here:____________________________________________________________________________

_____________________________________________________________________________________

Does your child have any food intolerances (not formally diagnosed)? Yes [ ] No [ ]

If yes, please describe:_____________________________________________________________________________________

_____________________________________________________________________________________

Does your child have any other diagnosed allergies? Yes [ ] No [ ]

If yes, please list allergies here:____________________________________________________________________________
Does your child take any medications and/or treatments prescribed for emergency or continuous long-term use? Yes ☐ No ☐

If yes, please describe: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Important Note:
If your child has been diagnosed with a FOOD allergy, we must have an allergy emergency care plan on file that is signed by a doctor/healthcare professional. Likewise, if your child has any other specific special care issue or diagnosis that may require specialized medical care, you must provide a signed copy of recommendations from your doctor/health care professional.

Is your child up-to-date on all immunizations? ☐ YES ☐ NO

Your child’s immunizations must be current as required by the Texas Department of State Health Services. A copy of your child’s current immunization records is required for admission.

Admission Requirement: One of the following must be presented when your child is admitted to the Center or within one week of admission.

Please check only one option:
1. ___ Health care Professional’s Statement: I have examined __________________ within the past year and find that he/she is able to take part in a day care program.

   Physician’s Signature________________________________________ Date________

2. ___ A signed and dated copy of my child’s physician’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. A signed and dated affidavit stating this is attached.

   Parent/Guardian Signature________________________________________ Date________

Authorization to Release Photos
I grant Lena Pope Home, Inc. permission to use photographs of my child, __________________________ as well as my family and grant permission for any and all publishing, distributing, editing, altering, copying, or exhibiting of this photo in any and all of its publications including website entries without payment or other consideration. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child’s likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

   Parent/Guardian Signature________________________________________ Date________
Parent Enrollment Agreement

In order to record my understanding of my rights and responsibilities as a parent/guardian of ____________________, who is enrolled in the Lena Pope Early Learning Center, I agree to abide by the requirements written below and all policies set forth in the Family Handbook. Should any policies change, I understand that I will be notified by center administration, provided an updated Family Handbook and required to confirm my receiving the updated information.

Please initial each statement and sign and date where required.

Tuition and Fees

_____Registration Fee: I understand that a non-refundable registration fee of $100 shall be paid to secure enrollment of my child.

_____Supply Fee: I understand that an annual supply fee of $75 will be due by September 1st of each year.

_____Tuition Payment: I understand that my weekly tuition in the amount of $______ is due and payable by 6:00pm the Monday of the week of care. I understand that care may not be provided without this advanced payment and that any payments received after this time will be subject to late fees.

_____Late or Unpaid Tuition: If payment is not received when due, I agree to pay a $20 per week late fee. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child from care until my fees are paid in full and provided there is still space available for my child.

_____Late Pick-Up: The Center will be open from 6:30am to 6:00pm Monday through Friday with the exception of holidays and teacher training days. I understand that if I fail to pick-up my child by closing time, I will be charged a late fee of $15 per every 15 minutes or portion of fifteen minute period until my child is picked up. Late fees will be added on to the next week’s bill.

_____Fee Reductions: Each family continuously enrolled in the Center for a minimum of 3 months will receive 5 consecutive days (Monday-Friday) a year, based on date of admission, during which their child can be absent from the Center and not be charged tuition. I understand that in order to receive this benefit, my child cannot be in care at the Center during this 5 day period. I will not be reimbursed if I do not choose to use the 5 days. I further understand that there will be no automatic reduction of fees when my child is absent from the Center for any other reason or period of time.

_____Returned Checks: I understand that there is a fee of $20 for all returned checks. After having two returned checks, I understand that future payments will be received on a cash only basis.

Daily Procedures

_____Meals: I understand that the following meals will be served to my child while in care: Breakfast, Lunch, and Afternoon Snack.

_____Sign In/Sign Out: I agree to sign my child in and out every day using the Center’s attendance and sign in/out procedure. I understand that my child is not permitted to be signed out by anyone who is not authorized, in writing, to do so.

_____Illness: I understand that I will be notified should my child become ill while in care and that I will pick my child up promptly or make arrangements for an authorized emergency contact person to pick up upon notification of illness. If my child contracts a contagious disease, I agree to notify the Center and I understand that my child will only be re-admitted according to the criteria stated in the Family Handbook.

_____Interviewing Children and Inspecting Records: I understand that the Texas State Department of Family and Protective Services (TDFPS) has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the Center, to make provisions for the independent medical examination by a licensed physician or any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by the Center.

_____Withdrawal from Program: I understand that I must provide a two week written notice of intent to withdraw my child from the Center’s services. If this notification is not provided, I agree to pay full tuition for two weeks, whether or not my child attends.

Holidays, Absences and Closures

_____Holidays: I understand that the Center will be closed on major holidays as well as a minimum of two additional teacher training days (fall and spring). The holiday schedule and teacher training days will be announced by September 1st of each year for

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the following calendar year. If a holiday falls on a Saturday, it will be observed the Friday before. If a holiday falls on a Sunday, it will be observed the Monday following.

_____Absences/Vacations: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for any absences including illness.

_____Emergency Closing/Inclement Weather: I understand that it is Lena Pope Home’s intention to be open and provide child care services every weekday of the year, excluding holidays and teacher training days, but that inclement weather, natural or national disaster or a major building issue may disrupt services from time to time. I understand that it is my responsibility to contact the Center to ensure that it is open during inclement weather/natural disaster. I realize that in the event the Center is closed for one of the above mentioned reasons, I am still responsible for my child’s tuition.

Policies and Regulations

_____Policies and State Regulations: I understand that the policies contained in this document are not all-inclusive and that my child, my family members, authorized agents and I are bound by TDFPS state child care standards, the Family Handbook, and all other Lena Pope Home policies which may be modified any time without notice.

_____Family Visits/Conferences: I understand that it is Lena Pope Home’s intention to provide the best care possible for my child. This includes the active participation of the family in the child’s learning. With this knowledge, I agree to allow Lena Pope Early Learning Center staff to make a minimum of one home visit a year by appointment to get to know my family and learn more about my child. Furthermore, I agree to participate in parent conferences which will be of benefit to my child and our family.

_____Family Handbook: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by the same.

We do not discriminate based on disability in the admission/enrollment or implementation of our services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided hereunder, is available from the Center Director.

Parent/Guardian Signature_______________________________________________ Date__________

Parent/Guardian Signature_______________________________________________ Date__________
Lena Pope Early Learning Center
“A Little About Me!” Form

Name of Child_________________________________________________________

First          Last

Nickname__________________________________ Birth date________________________

You know your child better than anyone else in the world! We want to get to know them, too! You live with them every day and are uniquely qualified to share your child’s interests, strengths, and development with us. Please take time to complete this profile in order to help us get to know your child. What you share will help us to meet his/her individual needs and to provide them the best possible care.

1. What would you like most for your child to experience with us?_________________________________________________________

2. What does your child enjoy doing the most?_____________________________________________________________________

3. What are your child’s favorite toys?____________________________________________________________________________

4. With whom does your child live? Please list the names, ages, and relationship to your child.

   Adults:          Name___________________________________________ Relationship__________
                     Name___________________________________________ Relationship__________
                     Name___________________________________________ Relationship__________
                     Name___________________________________________ Relationship__________

   Children:        Name___________________________________________ Age__________
                     Name___________________________________________ Age__________
                     Name___________________________________________ Age__________
                     Name___________________________________________ Age__________
                     Name___________________________________________ Age__________

5. Other than yourself or another parent/guardian, who is your child closest to?__________________________________________

6. What is the primary language spoken in your home?________________________________________________________

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7. Does your child have a pet? If so, what is his/her name?

8. What foods does your child like best?

9. Describe your child’s appetite:

10. Does your child sleep through the night?

11. What time does your child typically go to bed? Wake up?

12. Does your child nap? Typically, how long do they nap?

13. Does your child have allergies or intolerances? If so, please list all allergies including food, insects, etc.

14. Has there been any diagnostic testing for a behavior or learning difficulty or developmental delay? If so, please provide details

15. When did your child begin to use language?

16. How does your child express anger or frustration?

17. Does your child have any particular fears?

18. How does your child comfort themselves?

19. Does your child have a special item that comforts them?

20. Does your child have any behaviors that concern you?

21. What guidance (discipline) methods do you use with your child?

22. How would you describe your child’s personality?
23. What do you most enjoy about your child? ____________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

24. What else would you like us to know about your child? _____________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

25. What qualities do you expect in your child’s teachers and in Center administration? ______________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

26. Do you or does anyone in your family have special talents or hobbies you would like to share with the
   children? ________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

Parent/Guardian Signature _____________________________________________ Date __________