



### Enrollment Checklist

- Completed Admission Form
- Health Statement from a Health Care Professional
- Copy of updated immunization records
- Emergency Treatment Authorization
- Child Allergy and Health History Form
- Discipline and Guidance policy
- Tuition Rate Sheet
- Sickness Policy Sing -Off Form
- Student Profile
- Absentee Policy

### **ITEMS TO BRING ON THE FIRST DAY:**

#### **Infants**

Diapers/ Wipes/ Ointment

Labeled Formula/ Breast Milk/ Bottles

A complete change of clothes/ Bibs

#### **Toddlers**

Diapers/ Wipes

A complete change of labeled clothes

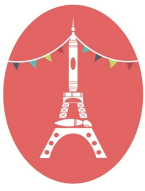
#### **Preschool and Pre K**

A complete change of labeled clothes including:

Socks and shoes

Small blanket

Backpack



ADMISSION FORM

|   |   |
|---|---|
| Operation Name<br>MON PETIT LEARNING CENTER 8:00 am-5:00 pm | Director's Name<br>Dulce Martinez / Patricia Martinez |
|---|---|

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F  
(Last, First) (MM/DD/YYYY)

Address \_\_\_\_\_  
Street Apt. # City Province Postal Code

Telephone (Home) \_\_\_\_\_ How did you hear about us:  Internet  Referred  Flyer  
 Other: \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ , \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_  
(If different from child) Street Apt. # City Province Postal Code

Telephone (Home) \_\_\_\_\_ (Cell #) \_\_\_\_\_ (e-mail) \_\_\_\_\_  
(If different from child)

Work \_\_\_\_\_ (Work #) \_\_\_\_\_  
(Indicate Business Name, Street Address and City)

**Father/Guardian** \_\_\_\_\_ , \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_  
(If different from child) Street Apt. # City Province Postal Code

Telephone (Home) \_\_\_\_\_ (Cell #) \_\_\_\_\_ (e-mail) \_\_\_\_\_  
(If different from child)

Work \_\_\_\_\_ (Work #) \_\_\_\_\_  
(Indicate Business Name, Street Address and City)

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Health Information**

Physician's Name \_\_\_\_\_ (Tel #) \_\_\_\_\_

Physician's Address

\_\_\_\_\_ Street \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Allergies/Medical Condition\* ( please read and fill attached Allergy form)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact Information 1**

**Name**

\_\_\_\_\_

Relationship to child

\_\_\_\_\_

Street Address

\_\_\_\_\_

Cell or Daytime Phone # \_\_\_\_\_

**Emergency Contact Information 2**

**Name**

\_\_\_\_\_

Relationship to child

\_\_\_\_\_

Street Address

\_\_\_\_\_

Cell or Daytime Phone # \_\_\_\_\_

This form contains **Terms of Agreement** as an additional sheet, and forms a binding contract once signed. I/We acknowledge that we have read the terms of agreement and consent to the same and warrant the information set out above is correct.

**Date** \_\_\_\_\_ **Mother/Guardian Signature** \_\_\_\_\_ **Father/Guardian signature** \_\_\_\_\_ **Supervisor/Witness Signature** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Drop Off/Pick Up Authorization

I hereby authorize Mon Petit Learning Center to allow my child to leave the childcare operation **ONLY** with the following persons. Please list the name, telephone number, driver's license number and relationship for each person. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| <b><u>Release Information 1</u></b> | <b><u>Release Information 2</u></b> |
| <b><u>Name</u></b><br>_____         | <b><u>Name</u></b><br>_____         |
| Relationship to child<br>_____      | Relationship to child<br>_____      |
| Driver's License#<br>_____          | Driver's License #<br>_____         |
| Cell or Daytime Phone #<br>_____    | Cell or Daytime Phone #<br>_____    |
| <b><u>Release Information 3</u></b> | <b><u>Release Information 4</u></b> |
| <b><u>Name</u></b><br>_____         | <b><u>Name</u></b><br>_____         |
| Relationship to child<br>_____      | Relationship to child<br>_____      |
| Driver's License #<br>_____         | Driver's License #<br>_____         |
| Cell or Daytime Phone #<br>_____    | Cell or Daytime Phone #<br>_____    |

### Arrival Departure Schedule

My Child will normally attend Mon Petit on the following days and times:

| Mark each day your child will be at Mon Petit | Estimated Arrival Time | Estimated Departure |
|---|------------------------|---------------------|
| <input type="checkbox"/> Monday               |                        |                     |
| <input type="checkbox"/> Tuesday              |                        |                     |
| <input type="checkbox"/> Wednesday            |                        |                     |
| <input type="checkbox"/> Thursday             |                        |                     |
| <input type="checkbox"/> Friday               |                        |                     |

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Authorization for Emergency and Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize Mon Petit Learning Center and the person in charge to take my child to:

|   |                       |
|---|-----------------------|
| Name of Physician                       | Physician's Address   |
| Phone Number                            | City, State, Zip Code |
| Name of Emergency Medical Care Facility | Phone Number          |
| Emergency Medical Care Facility Address | City, State, Zip Code |

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

|   |
|---|
| Child's Name _____, _____<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last Name</span> <span>First Name</span> </div> |
| <b>ALLERGIES</b><br>What is your child's allergy (Food, Medical, Drugs, Stings, etc.)? – What is the reaction? - Explain in Detail:<br><hr/> <hr/> <hr/>    |
| Is your child taking any regular allergy medications?<br><hr/> <hr/>  |
| How should the staff respond to your child's allergy situation, if it should it arise?<br><hr/> <hr/>   |
| <b>FOOD ALLERGIES</b> - What food substitutes can be served to your child?<br><hr/> <hr/>   |

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Any special requirements for diet, rest, exercise?

History of communicable diseases including any other health problems?

Is your child taking any regular medication?

### Immunization Records (check one)

|  |                   |
|--|-------------------|
| <input type="checkbox"/> I have provided Mon Petit Learning Center with a copy of my child's most current immunization records and will continue to provide the center with the updated copy as my child receives additional immunizations.  | Parent's Initials |
| <input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached a copy of an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. | Parent's Initials |
| 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 has had Varicella (chickenpox) disease on or about date _____ and does not need varicella vaccine.  | Parent's Initials |

**I understand that Mon Petit Learning Center must have a copy of my child updated immunization records before my child can start school.** A copy must be turned in with this enrollment package (or within 48 hours of my child's start date.) I also understand that if my child's immunization records are not up to date, I will be sure my child receives the appropriate immunizations within the time frame set by Mon Petit Learning Center.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Health Care Professional Statement (Infants through Pre-Kindergarten)

If your child does not attend Pre-Kindergarten or school away from the child-care center operation, Mon Petit Learning Center must have a health care professional statement on file. Your Physician can sign the statement below:

#### To be filled out by child's physician:

I have examined the above named within the past year and find that he/she is physically able to take part in the child care program.

Physician's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the signed health care professional statement upon enrollment.

### Vision and Hearing Screening ( 4 years old only)

As required by the Texas State Law, all children who are 4 years old as of September 1<sup>st</sup> of the current year must be examined and results must be on file at Mon Petit Learning Center.

|   |                   |
|---|-------------------|
| Please check one  |                   |
| <input type="checkbox"/> I have provided a copy of child's vision and screening results to Mon Petit        | Parent's Initials |
| <input type="checkbox"/> The physician has completed and signed the screening results form                  | Parent's Initials |
| <input type="checkbox"/> My child is not required to complete the vision and hearing screening at this time | Parent's Initials |

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**DISCIPLINE AND GUIDANCE POLICY FOR MON PETIT LEARNING CENTER**

Discipline must be;

1. Individualize and consistent for each child.
2. Appropriate to the child's level of understand; and
3. Directed towards teaching the child acceptable behavior and self-control.

A caregiver must 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 by 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 1 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
- Punishment associated with food, naps or toilet training
- Pinching, biting, or shaking 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 child in a locked or dark room, bathroom, or closet with the door closed
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas administrative code, Title 40 chapter 46 and 47, subchapters L Discipline and Guidance TDPRS-CCL September 2003.

My signature verifies that I have received and read a copy of this discipline and guidance policy.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_



## Tuition Policy

Tuition is paid on a weekly basis. Weekly payments should be made by Friday before services are rendered. Payments are due every Friday before closing time. A late fee of \$15.00 will be applied for the week if a payment is not received **by Monday morning.**

Mon Petit observes holidays during the year. Parents will be charged for a full week of tuition during those weeks. Due to rising costs we have to raise tuition on occasion. The notice of tuition increase will be published in the monthly newsletter at least one month before the increase goes into effect. There is a registration fee of \$50.00 that is due at the beginning of each school year in August or at the time you enroll your child. The curriculum and supply fee is \$100.00 and it is due in August and January.

### Tuition is due every Friday.

#### Other Fees and Services

|  |   |
|--|---|
| <u>Registration Fee ( Non Refundable )</u> | <u>\$75 per family</u>                  |
| <u>Supply Fee ( Non Refundable )</u>       | <u>\$100 ( 12-24 months )</u>           |
| <u>Curriculum Fee due Annually</u>         | <u>\$100 ( 2 through Kindergarten )</u> |
| <u>Summer Camp Fee</u>                     | <u>\$50/ OR \$75 per family</u>         |

- 10% discount off total fee for FULL TIME siblings.
- All fees are due in advance and are NON-Refundable.
- There is a \$25.00 charge for any returned check from the bank.
- We reserve the right to terminate services if balances are outstanding for more than 2 consecutive weeks.

| <u>PROGRAM</u>  | <u>WEEKLY TUITION</u> | <u>M/W/F<br/>8am-5pm</u> |
|---|-----------------------|--------------------------|
| <u>Infants (3 -18 months)</u>   | \$280                 | \$245                    |
| <u>Toddlers (18-24 months)</u>  |                       | \$225                    |
| <u>Two Year Old Program</u>   | \$225                 | \$180                    |
| <u>Early Childhood Program<br/>Three Years Old</u>                    | \$215                 | \$170                    |
| <u>Preschool Program<br/>Four and Five Years</u>                      |                       | X                        |
| <u>*Half Day Program<br/>(Students enrolled in public<br/>school)</u> | N/A                   | N/A                      |
| <u>Before &amp; After School</u>                                      | X                     | After School only \$80   |

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Sickness Policy

If a parent is called at work and is requested to take the child home due to illness, we ask that the child be picked up within 2 hours of the call being made, failing to do so an emergency contact for the child will be called.

**Fever** **Children with temperature of 100.0 degrees or higher** Our duty is to inform you when this happens and we expect you will take him or her home till the fever subsides.. If a child is sent home with a fever, he/she must be free of fever for **24 hours before returning to the center.**

**It is important** to contact your physician if your child:

- is excessively cranky, fussy or irritable
- is excessively sleepy, lethargic or unresponsive
- is persistently wheezing or coughing
- has a fever higher than 38 °C (101 °F)

**Diarrhea** Diarrhea occurs if a child's bowel movements increase in number and change to an unformed or watery consistency. We will notify you if your child has one or more episodes of diarrhea, or diarrhea with fever, vomiting, or blood in the bowel movement. Your child can return when the bowel movements are back to normal, and accompanied by a doctor's note if treated by a doctor.

**Flu & Cold** It is the wish of this childcare center that if your child has a flu or serious cold that you do not permit your child to attend the center until the flu or cold is gone. This is also for the sake of the other children in the center.

**Ear or Eye Infection** Children must be excluded from care until 24 hours after antibiotic treatment has begun.

**Head Lice** Children with head lice must be excluded from care until after treatment. Children will be examined upon re-entry for compliance.

**Vomiting** Your child will be sent home and can return after vomiting has stopped.

**Chicken Pox** Your child can return accompanied by a signed doctor's note.

**Strep Throat** Children with strep throat must be excluded from care until 24 hours after treatment has begun.

**Any other sickness** Your child can return when fully recovered and if required, accompanied by a signed doctor's note.

**Other signs of possible illness include rashes, wheezing, or unusual lethargy.**

**Please note:** No medication be administered unless accompanied by a signed doctor's note and parent's authorization using the Medication Authorization and Administration Form.

**The staff at Mon Petit will take all appropriate measures to ensure the health and safety of the sick child and to NOT compromise the health and safety of other children as well as staff. Therefore when you do receive a call about your sick child, it is expected that you will take the appropriate action immediately.**

If your child has developed a communicable disease, please let us know as soon as possible. If your child becomes ill at the center, she/he must be picked up by the parent or other authorized persons as soon as possible. This requirement is for the consideration of your child as well as for the other children and staff. All parents are required to sign-off on the Sickness Policy Sign off Form.

I, \_\_\_\_\_ have read, understood and will abide by the above stated Sickness Policy.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**STUDENT PROFILE**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

**FAMILY INFORMATION**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Does the child have any siblings?  Yes  No

Provide sibling(s) names and ages: \_\_\_\_\_

**OTHER PERSONAL INFORMATION**

Does your child nap?  Yes  No How long? \_\_\_\_\_

Child's bed time: \_\_\_\_\_ Wake up time \_\_\_\_\_

Does your child have any condition(s) that will hinder their full participation in our program?

\_\_\_\_\_

Please list any serious accidents or surgeries that your child has had:

\_\_\_\_\_

Concerns you have about your child's development: \_\_\_\_\_

Do you have any concerns regarding your child's vision, hearing, or speech? If so please explain:

\_\_\_\_\_

**HELP US GET TO KNOW YOUR CHILD**

Please list any pets you child has: \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

What does your child enjoy doing with Mom \_\_\_\_\_

What does your child enjoy doing with Dad \_\_\_\_\_

Does your child play well alone?  Yes  No

In groups?  Yes  No

Preferable behavior control method: \_\_\_\_\_

Has your child been cared for by someone other than immediate family? \_\_\_\_\_

If so, who and how often \_\_\_\_\_

Please name the previous attended pre-school or child-care facility? \_\_\_\_\_

Please list three words that describe your child: \_\_\_\_\_

What are your expectations for our center? \_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please read the following information and check all that apply and initial each statement below:

|   |                   |
|---|-------------------|
| <p><b><u>Parent Handbook</u></b><br/>I/We have received a copy of the Mon Petit Learning Center's Operational Manual and understand the policies and had the opportunity to ask questions about the policies.</p>   | Parent's Initials |
| <p><b><u>Neighborhood Excursions/Field Trips/Programs ("Activities")</u></b><br/>I/We acknowledge that my/our child participates in the Center programs and will from time to time be taken on supervised neighborhood walks, field trips and other events outside the Center premises.<br/><input type="checkbox"/> I hereby GRANT permission for my/our child to participate in such Activities<br/><input type="checkbox"/> DO NOT GRANT permission for my child to participate in field trips</p> | Parent's Initials |
| <p><b><u>Center Program/Pictures</u></b><br/>I/We hereby grant permission for my child and its work to be included in evaluations, pictures and videos connected with the Center Learning program.<br/><input type="checkbox"/> I hereby GRANT permission for my/our child to take pictures and videos connected with the Center Learning program.<br/><input type="checkbox"/> DO NOT GRANT Mon Petit to take pictures of my child</p>   | Parent's Initials |
| <p><b><u>Sunscreen Lotion Application</u></b><br/>I/We hereby grant permission for the staff at the Center to apply sunscreen lotion to my child<br/><input type="checkbox"/> DO NOT GRANT Mon Petit to apply sunscreen lotion to my child</p>  | Parent's Initials |

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Terms of Agreement

### It is hereby agreed that the parents will:

1. Pay all the fees, at all times, as applicable, in advance, according to the schedule of fees and policies current or may be declared by the Center from time to time. \_\_\_\_\_ **initials**
2. Mon Petit Learning Center provided a copy of the absenteeism policy. \_\_\_\_\_ **initials**
3. Provide the Center with notice in writing of their intention to withdraw the child not less than two weeks prior to such withdrawal. Failure to give such notice can result in a charge of two weeks' fees in lieu of notice and full charge for fees until such notice is received and period of notice is passed. \_\_\_\_\_ **initials**
4. Provide the Center with a medical physical certificate prior to the admission of the child and prior to the readmission of the child following such child's absence due to infectious disease. \_\_\_\_\_ **initials**
5. Notify the Center immediately should the child contact any infectious disease. \_\_\_\_\_ **initials**
6. Notify the Center immediately should any change of address, employment or other enrollment information occur for either parent. \_\_\_\_\_ **initials**

### It is further agreed as follows:

7. The parents will be responsible for all bank and collection charges plus all legal fees and disbursements on a solicitor and his own client basis incurred by the Center in the collection of fees or the enforcement of any of the terms of this agreement. \_\_\_\_\_ **initials**
8. The Center shall not be responsible for any loss or damage to the clothing or the property of the child while such child is in attendance at the Center or participating in its programs. \_\_\_\_\_ **initials**
9. Should any occasion arise requiring the child to be taken to the hospital for emergency treatment of any kind and for any reason irrespective of cause, and contact with the parent has not been possible, your permission to act as temporary guardian is required by the Center in order to avoid any delay in such treatment being received, on the understanding that the Center will be held blameless from any situation arising from such treatment. \_\_\_\_\_ **initials**
10. I understand that the school reserve the right to dismiss my child if it is determined that (1) my child's needs cannot be met (2) he/she has not adjusted to group care (3) his/her behaviors become disruptive to the program or become a problem that poses an unsafe situation for the child and other children and (4) if I, the parent, becomes uncooperative. \_\_\_\_\_ **initials**
11. The Center must be informed of any special requirements (including food, life-threatening allergic and other dietary restrictions) arising from any ethnic or religious customs to prevent infringement due to lack of such knowledge. \_\_\_\_\_ **initials**
12. Waiver of any provision hereof by the Center shall apply only to the provision waived and shall not affect the validity of the contract or subsequent enforceability of the provision waived. \_\_\_\_\_ **initials**
13. No amendment of the terms of this agreement shall be binding upon the Center unless consented to by the Center in writing. \_\_\_\_\_ **initials**

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

14. Breach of any terms of this agreement or regulations, from time to time published, may result in immediate cancellation of enrollment and forfeiture of any fees paid. \_\_\_\_\_ **initials**

15. The word " Learning Center" as used in this agreement shall be deemed to refer to Mon Petit Learning Center.  
\_\_\_\_\_ **initials**

16. The word "Parents" as used in this agreement shall be deemed to refer to the signatures on the first page hereof and applied to those signatories no matter what relationship to the child. \_\_\_\_\_ **initials**

17. The "Child" as used in this agreement shall be deemed to refer to the person named on the first page hereof and enrolled in the Center pursuant to this agreement. \_\_\_\_\_ **initials**

18. The parents will also abide by any allergic restrictions imposed by the Center due to any other enrolled child. \_\_\_\_\_ **initials**

19. Mon Petit provided Kimochis Curriculum \_\_\_\_\_ **initials.**

20. The parents will abide by the current Center Policies and Procedures and the Parent Handbook, or any changes to policies that may be declared by the Center from time to time. \_\_\_\_\_ **initials.**

**Please Note:** A non-refundable registration fee of \$50.00 is charged per child enrolled to offset administrative costs.

This form contains Terms of Agreement as an additional sheet, and forms a binding contract once signed. I/We acknowledge that we have read the terms of agreement and consent to the same and warrant the information set out above is correct.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature (Mother/Guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature (Father/Guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature Supervisor/Witness**

**Parent's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

Dear Parents,

This is a reminder of our policy regarding absenteeism. We understand that children get sick and can not attend the center due to health reasons. At Mon Petit Learning Center we want to do our best to work with our families when children are out.

- If your child will be absent, we ask for an early morning call that day as to the reason and expected duration
- If your child is absent more than three consecutive days due to illness, a doctor's note is required, explaining the reason.
- Mon Petit Learning Center does not prorate absences, personal vacations, emergency closures or holidays. If your child will be absent for an extended period of time, you may withdraw your child and not be liable for regular tuition payments. If you intend to re-enroll your child after the absence, a \$50.00 registration fee must be paid.

Once again, we want to work with all our families.

Mon Petit Learning Center  
Dulce Martinez/Director  
Patricia Martinez /Assitant Director

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_