

School-Age Enrollment Application

(Please Complete one Per Child)



For Office Use Only	
Date of Registration:	____ / ____ / ____
Date of Admission:	____ / ____ / ____

About My Child			
First Name:	Middle Name:	Last Name:	
Nickname:	Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Home Address:	City:	State:	Zip:
Has your child been in child care before? <input type="checkbox"/> Yes Name of Center: _____ <input type="checkbox"/> No		Whom Does the Child Live With? <input type="checkbox"/> Primary Contact Person 1 <input type="checkbox"/> Primary Contact Person 2 <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify): _____	

Primary Contact Person 1:			
First Name:	Last Name:	Relationship to Child:	
Home Address:	City:	State:	Zip:
E-Mail Address:	Place of Employment:	Driver's License Number:	Driver's License State:
Contact Phone # 1:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Contact Phone # 2:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work Mobile Carrier:

Primary Contact Person 2:			
First Name:	Last Name:	Relationship to Child:	
Home Address:	City:	State:	Zip:
E-Mail Address:	Place of Employment:	Driver's License Number:	Driver's License State:
Contact Phone # 1:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Contact Phone # 2:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work Mobile Carrier:

Note: In the event Mini Texans must contact either of the Primary Contact Persons, Mini Texans will call Contact Phone # 1 and then Contact Phone # 2.

Authorization to Pick up Child

I hereby authorize Mini Texans Christian Learning Center to allow my child to leave with the following people.

Primary Contact Person # 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Primary Contact Person # 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Alternate Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone:		Relationship to Child:		
Name:	Phone:		Relationship to Child:		
Name:	Phone:		Relationship to Child:		
Name:	Phone:		Relationship to Child:		

Note: If either Primary Contact Person is NOT authorized to pick up the child, in order to be effective, a copy of the court order must be provided to Mini Texans indicating that the above-named Primary Contact Person is not authorized to pick up the child.

Permissions

I hereby give not give not applicable
 my consent for my child to be released to the care of his/her sibling(s) under the age of 18 years old.
 Name of sibling(s) allowed to pick up my child: _____

Emergency Information

In case of illness or injury, please first contact (please select):	<input type="checkbox"/> Primary Contact Person 1 <input type="checkbox"/> Primary Contact Person 2 <input type="checkbox"/> Other, please specify: _____	
In the event neither Primary Contact Person 1 nor Primary Contact Person 2 can be reached, I authorize Mini Texans Christian Learning Center to contact an Alternate Emergency Contact. The Texas Department of Family and Protective Services requires an Alternate Emergency Contact.		
Name:	Relationship to Child:	
Home Address:	City:	Zip:
Phone:	Alternate Phone:	

Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I give consent to Mini Texans Christian Learning Center to seek emergency medical attention.

 Primary Contact Person's Signature

 Date

Child's Pediatrician

Name:		Phone:
Address:	City:	Zip:

Child Information and Health History

In accordance with the Minimum Standards and Guidelines from The Texas Department of Family and Protective Services, please list special problems or needs, including known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past twelve months, and any medication prescribed for long-term, continuous use, and any other information of which Mini Texans Christian Learning Center should be aware. "If none, please write "NONE".

If your child has a food allergy that has been diagnosed by a Doctor, a food allergy emergency plan for the child must be provided to Mini Texans Christian Learning Center.

Certification of Vision and Hearing and Immunization Records

Primary Contact Person's Statement: My child's vision and hearing record and immunization record is current and on file with the below school.

_____	_____
Elementary School Name	Elementary School's Phone

Elementary School's Address	
_____	_____
Primary Contact Person's Signature	Date

General Release of Liability

Mini Texans Christian Learning Center, their agents and employees shall not be liable or responsible for and shall be held harmless by the undersigned from and against any and all claims and damages of every kind, including, but not limited to, injury or death of any person or persons and for damage to or loss of property arising out of or attributed directly or indirectly to the operations of the center or the performance of the center or its owner or employees in carrying out its center functions and specifically including:

- 1) Transportation to and from the school premises and while off premises for any school related activity. (A transportation permission form will be signed by a primary contact person prior to any child leaving the school.)
- 2) Swimming or other water activities on or off premises. (A swimming or other water activities permission form will be signed by a primary contact person prior to any water activities.)
- 3) Any other activity for which permission for the child's participation has been approved by a primary contact person.

Primary Contact Person's Signature

Date

Enrollment Agreement

Tuition and Fees:

- 1) **School Year Registration Fee:** I understand that an annual, nonrefundable, Registration Fee per child shall be paid.
- 2) **Extended Care Fee:** If my child attends an elementary school and is not in session due to school holiday, etc., I agree to pay an additional fee for each day my child attends the center all day. The additional fee is charged on when, during a school week, my child's school has a scheduled day off.
- 3) **Early Release Fee:** If my child attends an elementary school and is not in session for the full day of school, I agree to pay an additional fee for each day my child attends the center half day. The additional fee is charged only when, during the school week, my child's school is scheduled for a half day of school.
- 4) **Transportation Non-notice Fee:** Due to delays and confusion caused when we cannot locate a child at an elementary school, a \$10 fee will be assessed if a parent fails to call in advance when their child will not require regular transportation from school to Mini Texans.
- 5) **Summer Registration Fee:** I understand that a nonrefundable, Summer Registration Fee per child shall be paid.
- 6) **Payment of Tuition:** I understand that two (2) weeks of tuition is due on the Friday before the week your child is attending the center. For tuition due dates, please visit minitexans.com/events/.
- 7) **Late or Unpaid Tuition:** If payment in full is not received by that Monday after tuition is due, I agree to pay a late payment fee of \$30. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The center cannot guarantee a child's spot when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.
- 8) **Late Pick-Up Fee:** The center is open from 6:30 am to 6:30 pm, Monday through Friday all year, except for center holidays. I understand that if I fail to pick up my child by 6:30 pm, I will be charged a late pick up fee of \$20.00 for the first 15 minutes and \$10.00 for each 5 minutes thereafter, until the child is picked up. This fee is **per child** and will be added to the account.
- 9) **Discounts:** I understand that a sibling weekly tuition discount is provided for families with two or more children enrolled at the same time and are all full-time. The youngest child is at that full-time rate and the remaining child(ren) are at the sibling discount rate.
- 10) **Returned Check Fee:** I understand that a \$25 processing fee will be charged to my account for all return checks. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. Fees will apply each time.
- 11) **Automated Tuition Return Fee:** I understand that a \$10 processing fee will be charged to my account for all declined bank drafts via automated tuition.

Absences, Closings, Holidays and Vacations:

- 1) **Absences:** I agree to notify the center when my child will be absent on any day.
- 2) **Closings due to Inclement Weather:** Mini Texans will be closed if and only if the local school district closes.
- 3) **Holidays:** I understand that the center is closed on the below holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.
 - New Year's Eve (at 3:00 pm)
 - New Year's Day
 - Good Friday
 - Memorial Day
 - July 4th
 - Friday before NISD's 1st Day of School
 - Labor Day
 - Thanksgiving Day
 - Day After Thanksgiving
 - Christmas Eve (at 3:00 pm)
 - Christmas Day
- 4) **Vacations:** If my child is absent for 5 consecutive working days (i.e. Monday through Friday) and is full-time, I will be charged half of that week's tuition so as to reserve his/her enrollment. To receive credit, I must notify the front office prior to the vacation. If my child is part-time, no credit shall be applied for vacations.

Policies and State Licensing:

- 1) **Attendance Tracking:** I agree to sign my child in and out every day using the school's sign in and sign out procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom each day.
- 2) **Illness:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the center and I understand that my child will be re-admitted according to the Illness Policy in the Parent Handbook.
- 3) **Photographs, Videos and Audio Tapes:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings.
- 4) **Not Authorized Pick Up:** If a Primary Contact Person is NOT authorized to pick up the child due to a court proceeding, I must provide a copy of the court order for it to become effective at Mini Texans.
- 5) **Withdrawal from Program:** I understand that I must provide a two week written notice of withdrawal from the program. If notification is not provided, I agree to pay all tuition and fees for two weeks, whether or not my child attends. My child is eligible for re-enrollment after 4 weeks and there is no outstanding balance on the account. When re-enrolled, I will be required to pay a new Registration Fee and Supply Fee.
- 6) **Tuition and Fees are Non-Refundable:** I understand that all tuition and fees are non-refundable. Tuition and Fees are established on annual basis and I agree that I will not receive a refund, credit or any other allowance for the center holidays, absences or center closings due to inclement weather.
- 7) **Parent Handbook:** I have downloaded the Parent Handbook from the Mini Texans website under Enrollment. I have read and understand its contents and policies and agree to abide by them.

Primary Contact Person's Signature

Date

Payment Options

Tuition is due in advance of services. Please choose one of the following two tuition payment options by initialing:

I will prepay tuition **in full every two (2) weeks** (a late fee of \$30 will be applied the Tuesday after tuition is due if tuition has not been paid in full). (*Default*)

I will prepay tuition **in full on the 1st weekday of the month** (a late fee of \$30 will be applied on the 4th if tuition has not been paid in full). Please remember some months have five weeks.

Please choose one of the following two **payment methods** by initialing:

Automated Tuition via Tuition Express – Safe and secure debit. Automated Tuition Enrollment Form may be found at the Mini Texans website under Forms. (*Preferred*)

Check or money order (cash and temporary checks are not accepted)

Financial Agreement - I have read and agree to the terms in this financial agreement. I understand that regular contracted tuition is due regardless of child attendance. I also acknowledge that I am responsible for possible additional charges and/or fees as stated in the terms of this financial agreement that are not covered under my tuition contracted amounts.

Primary Contact Person's Signature

Date