

ADMISSIONS APPLICATION



CHILD INFORMATION

Child's First Name

Child's Last Name

Enrollment Date

Child's Home Address

Gender

☐ M ☐ F

Date of Birth / Due Date:

Child's Home Phone Number

GUARDIAN(S) INFORMATION

Guardian 1 (Primary Account Holder)

First Name

Last Name

Address

Cell Phone

E-mail

Place of Employment

Work Phone

Work Address

Guardian 2

First Name

Last Name

Address

Cell Phone

E-mail

Place of Employment

Work Phone

Work Address

EMERGENCY CONTACTS

If parents/guardians cannot be reached, give the name, address and phone number of who to call.

First Name

Last Name

Address

Cell Phone

Relationship

Allowed to Pick-up

☐ Yes ☐ No

First Name

Last Name

Address

Cell Phone

Relationship

Allowed to Pick-up

☐ Yes ☐ No

Parent/Guardian Signature

Date

HEALTH INFORMATION



I understand that La Mère Academy must have a copy of my child's updated immunization records and vision and hearing screening record (if applicable) before my child can start school. A copy must be turned in with this enrollment package (or within a week prior to admission).

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 the healthcare practitioner and communicated to La Mère Academy.

I will obtain a healthcare professional's signed statement and submit it to La Mère Academy.

PATIENT INFORMATION

Child's First Name

Child's Last Name

Date of Birth

Parent's Name

Parent's Phone Number

PHYSICIAN INFORMATION

Physician's Name

Phone Number

Physician's Address

AUTHORIZATION

By signing below, I am hereby authorizing Dr. _____ to release my child's Immunizations Records, Hearing & Vision Screening results, and/or Physicians Statement to La Mère Academy.

Please fax to (512) 355-7770 or e-mail to info@LaMereAcademy.com

- ☐ Immunizations Records
- ☐ Hearing & Vision (if applicable)
- ☐ Physician's Statement

Parent/Guardian Signature

Date

HEALTH INFORMATION & EMERGENCY PERMISSION



To be completed by child's physician

Child's First Name

Child's Last Name

Date of Birth

PHYSICIAN INFORMATION

Physician's Name

Phone Number

Physician's Address

IMMUNIZATIONS

Immunizations	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Booster	Date/Booster
DTP/DTaP/DT					
Polio IPV or OPV					
Measles (Rubeola/Serampion)					
Mumps					
Rubella					
Hib					
Hepatitis A					
Hepatitis B					
TB Test (if required)					
Varicella (see below)					

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 varicella disease (chickenpox) on or about (date): _____
and does not need varicella vaccine.

Staff Signature (When making handwritten copy)

Date

Admission Requirement: One of the following must be presented when your child (under the age of 5 years) is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

- ☐ Doctor'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.
- ☐ A form or written statement from a health service or clinic.
- ☐ A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

Physician's Signature

Date

Parent/Guardian Signature

Date

HEALTH INFORMATION & EMERGENCY PERMISSION



To be completed by child's physician

Child's First Name

Child's Last Name

Date of Birth

HEARING & VISION SCREENING

The Hearing and Vision Screening Program – Texas Health and Safety Code requires that all children enrolled in any public/private parochial, or denominational school or licensed child-care center must be screened or have a professional examination for possible hearing and/or vision problems. **The requirements for hearing and vision screening apply to children who are 4 years old by September 1st.**

Right Eye

Left Eye

Pass?

☐ Yes ☐ No

Right Ear

☐ 1000Hz ☐ 2000Hz ☐ 4000Hz

Left Ear

☐ 1000Hz ☐ 2000Hz ☐ 4000Hz

Pass?

☐ Yes ☐ No

Signature

Date

ELEMENTARY SCHOOL AGE CHILDREN ONLY

My child has a current immunization, vision and hearing screening record on file at the following school:

School Name

School Phone Number

Parent/Guardian Signature

Date

INTENT TO SUBMIT

Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the day care program.

☐ Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility.

☐ My child has an appointment for a physical examination on _____ at _____

I will submit the physician's statement, EPSDT form, or health service or clinic for to the day care facility following the examination.

Parent/Guardian Signature

Date

Note: If medical diagnosis and treatments and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attached to this form.

HEALTH INFORMATION & EMERGENCY PERMISSION



Child's First Name

Child's Last Name

Date of Birth

Does your child have physical problems, mental health disorders or developmental disabilities affecting participation in school activities? (Specify)

☐ Yes ☐ No

Does your child have allergies, food restrictions, or food preferences? (food, medications, insects, etc.)

☐ Yes ☐ No

Are there any special procedures required in caring for your child?

☐ Yes ☐ No

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child's teacher to help your child in these situations? Does your child have any limitations or require any special provisions or accommodations?

List any medical issues that your child may have, such as allergies, existing illnesses, previous serious illnesses, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

The emergency medical procedure for La Mère Academy is:

- Administer First Aid/CPR
- Call emergency medical team, if necessary
- Call parent/guardian
- Call emergency contacts, if necessary
- Have emergency medical team transport child to hospital, if necessary.
- La Mère Academy representative will accompany child to hospital

Cedar Park Regional Medical Center

1401 Medical Pkwy,
Cedar Park, TX 78613
(512) 528-7000

I, _____, give permission for La Mère Academy to seek medical attention for my child in the event of an emergency if I cannot be reached, and to hold harmless and release to La Mère Academy from liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

Parent/Guardian Signature

Date

TRANSPORTATION AGREEMENT & RULES



Child's First Name

Child's Last Name

Date of Birth

I, _____, allow La Mère Academy to transport my child for the following reason(s):

- ☐ Medical Emergencies – child will be transported by EMS team
- ☐ Building Emergencies – if the building should become unsafe, children will be transported to an evacuation site.
- ☐ To school Name of School: _____
- ☐ Field Trip (Individual permission forms will also be signed for each trip)

TRANSPORTATION GUIDELINES & RULES

- It is vital that La Mère Academy, be notified of any changes in the above scheduled transportation. We will assume that the above schedule will be followed unless we receive different instructions from the parent/guardian. **Notify us as quickly as possible (before 1:00pm) if your child does not need afternoon transportation.** Failure to notify us of changes in the afternoon pickup causes confusion and delays in our schedule while we learn the whereabouts of your child. **Failure to adhere to this policy may result in a \$20 charge to your account.**
- In the event that the designated location is unable to receive children, they will be returned to La Mère Academy.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- Follow the driver's instruction.
- Remain seated, facing forward at all times. Feet must remain on the floor at all times.
- Keep the aisle clear – books and bags are tripping hazards and can block the way in an emergency.
- Keep all body parts and other objects inside the bus. Do not throw anything inside or from the bus.
- Talk quietly and use respectful language, be courteous.
- Do not eat or drink on the bus, including gum and candy.
- Wait for the bus to stop completely before undoing the seatbelt and getting up from your seat.
- Do not mark upon, deface or cut the bus seats or otherwise cause damage to the bus. Parents are held responsible for damages incurred by their child.
- Feet must remain on the floor at all times.

The school bus rules and policies were created to ensure the safety of our students. Inappropriate behavior by students on the school bus can cause the driver to divert his/her attention away from the road, compromising the safety of all passengers and to surrounding traffic. Because of this, bus drivers are required to report student discipline issues to the Director. Repeated violations of the rules may include the following disciplinary actions:

- Counsel/re-instruct the student
- Move the student to another seat
- Note to home or call to the parent
- Student suspended from riding the bus

By signing below, I have read and understand the above guidelines and rules. I have reviewed the rules with my child.

Parent/Guardian Signature

Date

HEALTH POLICY



Child's First Name

Child's Last Name

Date of Birth

In our center, we have very specific guidelines for parents to reference regarding health. These policies are intended to be very clear on what health issues make it necessary for your child to be kept out of school. It is our hope that these policies address all concerns from parents and staff. Administered correctly and fairly, they should protect the best interest of all of our children, well and ill, as well as our staff. In order to keep the children healthy and maintain a safe environment, we ask for your help with the following guidelines:

- Please do not send an ill child to school. Small children are prone to infection because their immune systems are not fully developed. One sick child places all other children at risk.
- A child with an axillary (armpit) temperature of 99.4 degrees or greater or an oral temperature of 100.4 degrees must be sent home (per Texas Minimum Standards for Child Care Centers). We ask that the child be kept out of school until he/she has been fever free for 24 hours without fever relieving medicine.
- A child showing signs of the following symptoms will be sent home:
 - Diarrhea or vomiting (twice in 24 hours)
 - Deep or hacking cough or sore throat
 - Continuous runny nose with a yellow or green color
 - Any suspicious rash that has not been diagnosed by a physician
 - Undiagnosed and untreated pink, swollen, matted or runny eyes
- A child may return to school when any of the following occur:
 - Temperature has been normal for 24 hours
 - Active signs of illness (diarrhea or vomiting) have been gone for 24 hours
 - The child's physician releases the child to return to school
 - Please note: A child may return to school with secondary symptoms from cold and flu, as they may linger for several weeks without the child being contagious)
- A child that is taking prescription medications MUST have a release from the physician to return to school.
- All prescribed medications must be left at the front desk with the person in charge. A medication form must be filled out completely and signed by the parent/guardian before any medications can be administered.
- Medications must be in the original container and labeled as follows: child's name, current date, amount of medication to be given, times to be given, expiration date, and any other special instructions.
- For La Mère Academy to administer over-the-counter medication, there MUST be a written release from the physician presented to the center. The release must state the child's name, medication and dosage. It must also be in the original container.
- Medications will only be dispensed by the person or persons designated by the owner or director of the center.
- Parent must keep the child current on immunizations as per the Texas Department of Health and a copy must be supplied to the center.
- Medicine is given at 11am and 3pm daily. To insure your child is included, please coordinate your child's morning dose with these dosage times.

I have read and fully understand the policies regarding health at La Mère Academy.

Parent/Guardian Signature

Date

EMERGENCY CARE PLAN FOR CHILD WITH SEVERE ALLERGIES/ASTHMA



Child's First Name

Child's Last Name

Date of Birth

Parent/Guardian Name

Emergency Phone Number

Physician's Name

Phone Number

ALLERGIES/ASTHMA INFORMATION

Primary Health Provider's Name

Phone Number

Asthma Specialist's Name (if any)

Phone Number

Allergy to:

Known Triggers for Asthma (check all that apply)

- | | | | | |
|---|--|---------------------------------------|--|---|
| <input type="checkbox"/> Colds | <input type="checkbox"/> Mold | <input type="checkbox"/> Exercise | <input type="checkbox"/> Tree pollens | <input type="checkbox"/> Room deodorizers |
| <input type="checkbox"/> House | <input type="checkbox"/> Dust | <input type="checkbox"/> Strong odors | <input type="checkbox"/> Grass/flowers | |
| <input type="checkbox"/> Excitement | <input type="checkbox"/> Weather changes | <input type="checkbox"/> Animals | <input type="checkbox"/> Smoke | |
| <input type="checkbox"/> Food (specify): _____ | | | | |
| <input type="checkbox"/> Other (specify): _____ | | | | |

Activities (for which this child has needed special attention in the past – check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Field trip to see animals | <input type="checkbox"/> Outdoors on cold or windy days | <input type="checkbox"/> Sitting on carpets |
| <input type="checkbox"/> Running hard | <input type="checkbox"/> Playing in freshly cut grass | <input type="checkbox"/> Pet care |
| <input type="checkbox"/> Jumping in leaves | <input type="checkbox"/> Kerosene/wood stove/heated rooms | <input type="checkbox"/> Recent pesticides application in facility |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Art project with chalk/glue/fumes | <input type="checkbox"/> Painting or renovation in facility |
| <input type="checkbox"/> Other (specify): _____ | | |

Can this child use a flowmeter to monitor need for medication in child care?

☐ Yes ☐ No

Personal best reading

Reading to give extra med dose

Reading to get medical help

How often has this child needed urgent care from a doctor for an attack of asthma?

In the past 12mos?

In the past 3mos?

Typical Signs and Symptoms – child's asthma episodes (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sucking in chest/neck | <input type="checkbox"/> complaints of chest pain/tightness |
| <input type="checkbox"/> Face red, pale or swollen | <input type="checkbox"/> Restlessness, agitation | <input type="checkbox"/> Gray or blue lips or fingernails |
| <input type="checkbox"/> Grunting | <input type="checkbox"/> Dark circles under eyes | <input type="checkbox"/> Flaring nostrils, mouth opening (panting) |
| <input type="checkbox"/> Breathing faster | <input type="checkbox"/> Persistent coughing | <input type="checkbox"/> Difficulty playing, eating, drinking, talking |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Other (specify): _____ | |

Parent/Guardian Signature

Date

EMERGENCY CARE PLAN FOR CHILD WITH SEVERE ALLERGIES/ASTHMA



Child's First Name

Child's Last Name

Date of Birth

Parent/Guardian Name

Emergency Phone Number

Parent/Guardian Name

Emergency Phone Number

REMINDERS IN ASTHMA SITUATIONS

1. Notify parents immediately if emergency medication is required.
2. Get emergency medical help if:
 - the child does not improve 15 minutes after treatment and family cannot be reached
 - after receiving a treatment for wheezing, the child
 - is working hard to breathe or grunting
 - is breathing fast at rest (>50/min)
 - has trouble walking or talking
 - has nostrils open wider than usual
 - won't play
 - has gray or blue lips or fingernails
 - cries more softly and briefly
 - is hunched over to breathe
 - is extremely agitated or sleepy
 - has sucking in of skin (chest or neck) with breathing
3. Child's doctor and child care facility should keep a current copy of this form in child's record.

MEDICATION FOR ROUTINE AND EMERGENCY TREATMENT OF ASTHMA

Name of Medication			
Routine or Emergency			
When to use (symptoms, time of day, frequency, etc.)			
How to use (by mouth, by inhaler, with or without spacing device, nebulizer, with or without dilution, diluting fluid, etc.)			
Amount (dose) of medication			
How soon treatment should start to work			
Expected benefit for the child			
Possible side effects, if any			
Date instructions were last updated by child's doctor			
Parent/guardian's permission to follow this medication plan			

Parent/Guardian Signature

Date

EMERGENCY CARE PLAN FOR CHILD WITH SEVERE ALLERGIES/ASTHMA



Child's First Name

Child's Last Name

Date of Birth

ALLERGIES – SIGNS OF AN ALLERGIC REACTION

Systems

Symptoms

Mouth	itching and swelling of the lips, tongue, or mouth
Throat	itching and/or a sense of tightness in the throat, hoarseness and hacking cough
Skin	hives, itchy rash, and/or swelling about the face or extremities
Gut	nausea, abdominal cramps, vomiting, and/or diarrhea
Lung*	shortness of breath, repetitive coughing, and/or wheezing
Heart*	"weak" pulse, "passing out"

*Can potentially progress to a life threatening situation. The severity of symptoms can quickly change.

TO BE COMPLETED BY HEALTH CARE PROVIDER

If reaction is suspected give immediately:

Treatment Prescription #1

Dosage

Description of Procedure

Treatment Prescription #2

Dosage

Description of Procedure

Precautions and/or possible adverse reactions

Call rescue squad/emergency responders?

☐ Yes ☐ No

Other pertinent information

NOTE: In the case of a severe allergy to bee stings, the provider will attempt to quickly remove the stinger by scraping with a fingernail or other object.

Physician's Signature

Date

I give my permission for the provider to follow this plan of care prescribed by the physician. I also give my permission to call the health care provider(s) listed above for any additional medical information about my child. I understand that a photo of my child, including my child's name and specific allergies and treatment may be posted to this form.

Parent/Guardian Signature

Date

INFANT CARE PLAN



Child's First Name

Child's Last Name

Date of Birth

Today's Date

Instructions to Parents/Guardians:

- Bottles must be pre-mixed (if applicable), labeled with child's full name, current day's date and ready to be served.
- Disposable Nurser Bags must be refrigerated or frozen, stored only with the amount of milk for one feeding, labeled with the child's full name and date of collection.
- Update diet information as needed or every 30 days. Use a new form or initial/date changes on this form.

Child Diaper Size

What is the maximum time you will allow your baby to sleep?

Does your child take pacifier?

☐ Yes ☐ No

Child's diet includes: (check all the applies)

<input type="checkbox"/> Breast Milk	<input type="checkbox"/> Formula	<input type="checkbox"/> Whole Milk
<input type="checkbox"/> Juice	<input type="checkbox"/> Water	
<input type="checkbox"/> Strained Food	<input type="checkbox"/> Baby Food	<input type="checkbox"/> Table Food

Does your child self-feed?

☐ Yes ☐ No

Feeding	Time of Day	Type, Approximate Amount of Food & Temperature (Room/Warm)

Does your baby use a Sleep Sack? *We can only use sleep sacks that have arm holes.* ☐ Yes ☐ No
Form 2550 Operational Policy on Infant Safe Sleep must attached separately

Do you want us to wake up your baby for feedings? ☐ Yes ☐ No

Can your baby roll over? ☐ Yes ☐ No

Diapering: If any creams, ointments, powders, or lotions are needed, a medical authorization form from the front desk must be signed. Would you like for us to use diaper cream on every diaper or apply as needed? Additional comments:

Additional Instructions (Please include where baby sleeps at home, so teachers can help them better adjust):

Regarding infant sleeping practices, La Mère Academy follows the recommendations of the SIDS Alliance. Children cannot be swaddled at school under any circumstances and can only sleep in their crib.

I understand it is my responsibility to keep La Mère Academy updated, in writing, as my child's needs change or **every 30 days**, and that it is La Mère Academy policy that bottles are held, not propped, during feeding & that bottles are discarded within an hour after warmed.

Parent/Guardian Signature

Date

CHILD PROFILE



Child's First Name

Child's Last Name

Date of Birth

This profile for children ages 1 and up will help your child's teacher get to know your child better. As your child grows and develops, changes should be noted or added to this form to keep your child's teachers in touch with the growth and development of your child. We need your input on any changes taking place outside of school that may affect your child while in our care. Your input will also help with your child's adjustment to the new classroom. A new form is required with each classroom transition. Thank you for your cooperation.

List any nicknames your child may have:

List the names and ages of other children in your family.

Has your child had previous daycare/preschool experiences? (Explain)

☐ Yes

☐ No

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

What does your child most enjoy doing?

Does your child play with other children?

☐ Yes

☐ No

Do you consider your child shy or outgoing?

What are your child's favorite toys?

How many hours of sleep does your child usually receive at night?

Does your child take a nap? How long?

Does your child need a favorite item (such as a blanket or stuffed animal) for a nap? Type?

Is your child "potty trained"?

☐ Yes

☐ No (Diaper Size):

What words are spoken in your home for toileting?

CHILD PROFILE



Child's First Name

Child's Last Name

Date of Birth

Does your child have allergies? Explain:

Does your child have any special medical or physical needs?

Water Activities

I give ☐ do not give ☐ permission for my child to participate in (check all that apply):

☐ Splash Pad ☐ Water Table

What language(s) is spoken in your home?

What holiday does your family celebrate?

Do you have pets at home? If yes, please list the type of pet and name.

Does anyone else care for your child?

Do you have a special interest or hobby you would like to share with the children?

Are you available to help us with field trips or other special events?

☐ Yes

☐ No

Additional notes or comments:

Parent/Guardian Signature

Date

GANG FREE ZONE



Child's First Name

Child's Last Name

Date of Birth

WHAT IS A GANG-FREE ZONE?

A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. The gang-free zone is within 1000 feet of your child care center. For more information about what constitutes a gang-free zone, please consult sections 71.028 and 71.029 of the Texas Penal Code.

HOW DO PARENTS KNOW WHERE THE GANG-FREE ZONE ENDS?

The area that falls within a gang-free zone can vary depending on the type of location. The local municipal or county engineer may produce and update maps for the purposes of prosecution. Parents may contact their local municipality or court house for information about obtaining a copy of a map if they choose to do so.

WHAT IS THE PURPOSE OF GANG-FREE ZONES?

Similar to the motivation behind establishing drug-free zones, the purpose of gang-free zones is to deter certain types of criminal activity in areas where children gather by enforcing tougher penalties.

Parent/Guardian Signature

Date

ACKNOWLEDGEMENT AND RECEIPT OF FAMILY HANDBOOK



Child's First Name

Child's Last Name

Date of Birth

The registration of a child is considered an acceptance, on his/her part and on the part of his/her families or guardians, of the terms and conditions of the Family Handbook and all of our School's rules and regulations, including the School's judgment on disciplinary sanctions or dismissal of a child.

The rules and regulations contained in this Handbook are not meant to be comprehensive. Rather, they presuppose the good will and judgment of a child in all circumstances in which he/she may find himself/herself and are subject to the School's ultimate discretion, judgment and interpretation.

Children and families or guardians are asked to familiarize themselves with all of the information contained in this Family Handbook and to sign this form.

We have read, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook as posted online (www.LaMereAcademy.com) or as they may be changed from time to time by the school.

Parent/Guardian Signature

Date

ACKNOWLEDGEMENT & RECEIPT

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY



Child's First Name

Child's Last Name

Date of Birth

Praise, positive reinforcement, and redirection are effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from the La Mère Academy Parent Handbook and the NAEYC Code of Ethics.

At La Mère Academy we use a method of 'redirection' to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior.

"Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children." (NAEYC Code of Ethics – Principle-1.1)

I do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Parent/Guardian Signature

Date

INTERNET PHOTO AGREEMENT



Child's First Name

Child's Last Name

Date of Birth

Technology has allowed La Mère Academy to give parents the opportunity to monitor their child's classroom through computers, video and the Internet. By enrolling your child in La Mère Academy, you agree to allow your child's image to be on the Internet.

To access this service certain standards must be maintained at all times:

1. Access codes (issued to those parents wishing to avail themselves of this service) are used to limit access to the images of our children, but you should realize that this system works through the Internet. Authorized access permits access by that person to the images of all children within the field of view of the camera, including your child, whose image cannot be excluded, even if you choose not to utilize this internet service.
2. You agree not to (or permit any other person to) divulge, reproduce, print or save, in any way or on any medium, any images, prints or video images of any portion of the center's premises or any of the center's children without prior consent of the center. This involves security of the center and the children and should always be observed.
3. Unauthorized access to the image of your child could occur as a result of a breach of the internet or a breach of security by holders of access codes. Although all available measures are taken to prevent any unauthorized access, this is beyond the center's control, and we do not guarantee against such unauthorized access.
4. You agree that our method of assigning access codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices, shall be all that is required of the center in safeguarding your children's video images, and that no other or different safeguards of internet video images of the children or the premises shall be expected or required of the center.
5. Your signature below constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with respect to your children, your express waiver of all Rights of Privacy in connection therewith, as well as your agreement that you expressly assume all risks involved in furnishing such images, and your release of the center from any and all liability for any damage of any nature arising or resulting from its furnishing of this service, whether negligent or not.
6. Other parents may photograph children at the center. Photographs may also be posted within the center. I give my permission for my child to be photographed. I hereby waive my right to inspect and/or approve the finished portrait, photograph, video or other electronic imagery, advertising copy or printed matter that may be used in conjunction with such photographs, video or electronic imagery for the eventual use to which it might be applied.

You agree that only those persons, if any, listed below shall be given an access code. You agree that it is solely your responsibility to instruct each such person regarding the provisions of this agreement and to take from each such person their express agreement to:

- not divulge the access code to any other person
- abide by all the provisions of this agreement.
- Listed below are persons (first and last names) for whom Access Codes are requested:

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

Parent/Guardian Signature

Date

REGISTRATION FEE & DEPOSIT AGREEMENT



Child's First Name

Child's Last Name

Date of Birth

This agreement covers the use and purpose of the registration fee to reserve a space of enrollment.

Start Date

This registration fee is nonrefundable, no exceptions.

- This deposit is intended to reserve a space for said child, guaranteeing said child a spot at La Mère Academy, and will be fully credited to his or her account on the agreed stated date provided above, or on the first day that care is provided as agreed upon by La Mère Academy and Parent/Guardian.
- This deposit agreement guarantees a space for said child, and does not guarantee the tuition rate, as tuition rates may change without prior notice.
- Should you not be able to start on the agreed start date provided above, you must contact La Mère Academy via email or written notice **2 weeks prior** to the agreed start date provided above. You may contact La Mère Academy via email at info@LaMereAcademy.com or by mail at La Mère Academy, 16600 Ronald W. Reagan Blvd., Leander, TX 78641.
- You may only reschedule an agreed-on start date **one time** other than the agreed start date above. Subsequent changes will incur an additional \$100 fee per change.
- Start dates other than the initial start date mentioned above are not guaranteed, and deposits will not be refunded should space not be available for a requested future date.
- By signing this agreement, you agree to the conditions above and agree to forfeit the registration fee if the child does not attend as stated above.

Once enrolled, half of a month tuition will be required as deposit. The deposits will be applied to the final month of attendance with proper one calendar month notice for dis-enrollment. A calendar month notice must be given by the 24th day of the prior month in order for the deposit to be applied timely prior to the next month's invoice being generated. Families are eligible to receive their deposit applied only after completing six months of enrollment.

By signing below, I am agreeing to La Mère Academy Registration Fee and Deposit Agreement and agree to forfeit the deposit if proper notice isn't given.

Parent/Guardian Signature

Date

ADMISSIONS AGREEMENT



Child's First Name

Child's Last Name

Date of Birth

Please familiarize yourself with La Mère Academy policies and procedures outlined in our Family Handbook and this Enrollment Agreement. Please take time to read these policies and discuss with the center director any questions you may have. A parent **initial** is required next to each policy as an acknowledgement that you have been informed of these policies and that you agree to comply with La Mère Academy policies, procedures, and terms, including the disciplinary procedures outlined in the Family Handbook.

FINANCIAL POLICIES

☐ A non-refundable registration fee is required upon enrollment. Another registration fee will be due if the child is withdrawn and then re-enrolls.

☐ All tuition is billed on 1st of the month for the upcoming month. All tuition fees are published and there are no special arrangements for tuition fees. Center Directors do not have the authority to discount published tuition fees. Tuition is due on 5th of the month. All tuition is payable in advance.

☐ Tuition is considered late if not paid by 5th of the month at 6:00 PM. All accounts will be assessed an automatic late fee of \$35.00. An additional charge of \$10 per day starting on 8th will be added to the account daily until the balance is paid. Failure to pay on time is considered serious. Families whose account is in arrears by the 15th, will be asked to dis-enroll their child until payment is made in full. Any cost associated with collection of past due amounts will be paid by the customer.

☐ No tuition credit will be given for days absent due to weather, illness, holidays, or vacation. Children attending part time may not switch days to make up for days absent or closed for Holidays.

☐ A 5% multi-child discount applies to the fee charged for the oldest child if 2 children are enrolled from a family. For families with three or more children, a 10% discount off of the oldest child's tuition is provided. The multi-child discount does not apply to all part time programs or other discounts.

☐ A supply fee will be charged at the beginning of the school year (August) or prorated after August to replenish supplies, cover field trip costs, purchase academic materials and replace damaged/broken toys and books.

☐ La Mère Academy reserves the right to make changes to rates and fees at any time. When there is a rate change, currently enrolled families will take affect the following Sunday after the child's birthday and the most current published tuition rate will apply. If the child's birthday falls on a Sunday, then the most current published rate will apply that Sunday.

☐ Half of a month tuition will be required as deposit. The deposits will be applied to the final month of attendance with proper minimum 30 days' notice for dis-enrollment. A charge of up to half a month tuition will be incurred for improper notification

☐ See La Mère Academy Academic School Calendar for holidays and school closures. Normal tuition will be charged for the week the holiday occurs. If the holiday falls on a Saturday, we will be closed the Friday before. If the holiday falls on a Sunday, we will be closed the following Monday. Children attending part time may not switch a scheduled attendance day because of holiday closures.

ADMISSIONS AGREEMENT



Child's First Name

Child's Last Name

Date of Birth

A FULL-CALENDAR-MONTH WRITTEN NOTICE is required for all withdrawals: notice must be given by the 24th day of the month in writing to a member of management or e-mailing billing@lamereacademy.com. **The last day of enrollment will be the last day of next calendar month.** Informing teaching staff is not considered adequate notice. I understand that if I fail to do so; half month of tuition plus any overdue balance on my account will be collected by a collection agency or through small claim court of which I will be liable for all court costs. Families are eligible to receive their deposit applied only after completing six months of enrollment.

I agree to pay the current monthly tuition rate throughout my child's enrollment including the a month withdrawal notice period.

Cash is not accepted. I understand automatic payment can be set up using bank draft, debit card, and credit cards through KangarooTime.

Infant, toddler and early preschool: If I decided not to utilize the diaper service provided by La Mère Academy, I understand I will need to provide whatever disposable diapers necessary for my child. I understand that only disposable diapers are permitted in the center.

For school age care, I understand that there is a \$20 fee for not notifying La Mère Academy that you've made other pick up arrangements for your child at school by 1:00 PM the day of.

We close at 5:30 PM and we ask that parents be respectful of that closing time. We ask that if a parent is going to be late they call the center to inform the office staff. \$20 fee is assessed for the first 5 minutes, plus \$2.00 per minute afterwards per child. All late pickup fees must be paid in cash who arrive after 6:00 PM. The child may be dis-enrolled if tardiness is a continual problem. If we are unable to reach a parent or guardian after 30 minutes, we must call Child Protective Services (CPS).

There is a \$35.00 returned check fee that will be charged for any check returned by the bank. All the fees associated with collection will be the responsibility of the parent. The amount of the returned check and check fee will be added to the parent account. At any time the center may refuse payment by check and require a cashier's check. The family will not be allowed to have their child attend the center until returned check and all fees are paid.

VACATION POLICIES

The school will be closed the week before school start for heavy housecleaning and housekeeping activities and allow the staff to prepare the classroom for your child for the new school year. Please refer to La Mère Academy academic calendar.

Our school is closed during the holidays to allow our staff to enjoy the holidays with their family.

Should a family's plans call for them to be away for longer than one week during the academic year, their financial obligation will remain the same. We are not able to credit or pause enrollment for long absences to accommodate overseas travel.

If our School must close due to unexpected circumstances, such as inclement weather, then full payment of tuition is required. We reserve the right to close any additional days as needed and full tuition payment is expected.

ADMISSIONS AGREEMENT



Child's First Name

Child's Last Name

Date of Birth

GENERAL POLICIES

All Enrollment Information and forms must be submitted one (1) week before the child's first day of attendance. I agree to keep the center informed as to changes in telephone numbers, addresses, and changes to health conditions of the child.

All Medical and Immunization forms must be provided on the child's first day of attendance and updated as prescribed by the Texas Department of Human Services.

Parents and authorized persons must escort their child in and out of the center and deliver the child to the proper classroom. Preschool students will need to be dropped off at the front desk after 8:30 AM to keep the classroom disruptions at the minimum. No drop-off after 10:00AM will be accepted. EVERY CHILD MUST BE SIGNED IN AND OUT EVERYDAY BY USING THE KANGAROOTIME AT THE FRONT DESK or through the app on the mobile phone.

La Mère Academy hours of operation are from 7:00 AM to 5:30 PM, Monday through Friday, excluding the major holidays identified in this agreement and closing due to inclement weather or virus outbreak.

La Mère Academy inclement weather and virus policy includes the ability to open late, close early, or not open at all due to severe weather or a major virus outbreak. In case severe weather/virus outbreak notification of delayed opening, or not opening at all will be on our website (LaMereAcademy.com) and through the voice mail system at the school. If the decision is made to close the school early, the management will contact families by telephone and email. Decisions to close the school will be made by assessing the safety and well-being of the children, parents, and staff. Tuition will not be adjusted due to necessary delays or closures associated with severe weather or major virus outbreak.

I understand that I am totally responsible for any special diet required for my child. If my child's diet consists of formula taken from a bottle; I will have to provide the school the appropriate number of bottles for my child each day. Each bottle will be clearly labeled with my child's name and date.

All parents will be required to sign written permission forms for all field trips sponsored by La Mère Academy. No child will be allowed to participate in field trips without a signed permission form. I understand that I will need to sign a permission slip for each field trip (older children only).

To insure that my child is able to participate in all activities and events, I will make sure that my child has closed toed shoes.

La Mère Academy does not provide a change of clothing should your child's clothing become soiled. Please provide at least 2 complete sets of change of clothing for them in their cubby and labeled with child's name. I agree to label all items brought into the center and understand any item brought into the center not labeled will be labeled by the child's teacher. Labeling needs to consist of first and last name.

ADMISSIONS AGREEMENT



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Children attending before school program must be dropped off no later than 7:10 AM. After this time they will miss the bus runs and not be bused or taken to their school. If your child needs breakfast, he/she needs to be at the center by 7:00 AM.

I understand that the center has a specific policy regarding the administration of medicine. I agree to provide the center with all required information in accordance with this policy. Medicines, including over-the-counter, are administered only as prescribed by a licensed physician. Medications is administered twice a day at 11 AM and 3PM.

I understand that if my child is ill, including but not limited to a severe cough, undetermined rash or spots, temperature over 100.4 degrees, 24 hours fever free, severe headaches, upset stomach, pink eye or diarrhea, the child cannot be accepted into the center until well. In the event my child has a contagious disease, a release form from a medical source may be required before my child re-enters the center.

Should my child become ill or suffer an accident of any nature, the center shall undertake to contact me immediately and shall be authorized to secure such medical attention and care for the child as may be necessary (the parent will assume responsibility for all billing.)

I will need to pick up your child(ren) within 2 hours of being notified of a sickness or as detailed by the state licensing department.

La Mère Academy is a NUT FREE school; this includes peanut butter snacks, candy or any other product containing peanuts, or cooked in peanut oil.

Please DO NOT park in front of the porte-cochere (covered parking). Please park your vehicles in the allotted parking spaces to not block the entry way for other parents to enter and exit the facility. Parking at the front has a 15-minute limit.

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.

Screenshots and screen recording directly or indirectly are prohibited. Violation will result in lost access. Access will be restored after 72 hours on the first violation. Access will be restored after 7 days on the second violation. Access will be revoked after the third violation.

La Mère Academy does not have the right to withhold my child from any parent having custody or joint custody. If there is a current court order stating that one parent may not have access to a child, the school must have a copy in the child's file. La Mère Academy cannot deny any parent access to their child without such an order. The center cannot become involved in custody disputes. My child will be dis-enrolled if such disputes occur.

I understand policy changes are required from time to time. Minor changes will be emailed in the school newsletter.

I acknowledge that I have been advised of the policies of La Mère Academy and have initialed each policy. By doing so I agree to follow La Mère Academy policies.

Parent/Guardian Signature

Date

TOPICAL OINTMENT & CREAM AUTHORIZATION



Child's First Name

Child's Last Name

Date of Birth

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Classroom

All topical ointments and creams must be current, in its original container and labeled with the child's full name. Follow state guidelines for new authorization (Texas – every 12 months). If guidelines are not stipulated, all authorizations must be updated every 12 months.

Sunscreen Product Name

Expiration Date (mm/dd/yyyy)

Disposal of Leftover Ointment

☐ Returned ☐ Discarded

Insect Repellent Product Name

Expiration Date (mm/dd/yyyy)

Disposal of Leftover Ointment

☐ Returned ☐ Discarded

Non-Prescription Ointment Product Name

Expiration Date (mm/dd/yyyy)

Disposal of Leftover Ointment

☐ Returned ☐ Discarded

Other (Specify)

Expiration Date (mm/dd/yyyy)

Disposal of Leftover Ointment

☐ Returned ☐ Discarded

Other (Specify)

Expiration Date (mm/dd/yyyy)

Disposal of Leftover Ointment

☐ Returned ☐ Discarded

Other

Parent/Guardian Signature

Date