

Enrollment Packet Cover Sheet

Please read through and fill out this enrollment form completely and return it to the office a week prior to your child's first day. Please do not leave any portions blank. If a question does not apply to your child, please fill in the answer with N/A, no or none. Also, please plan to visit the classroom at least one time for a minimum of one hour prior to your child's first day.

We must have a current copy of immunizations (or a notarized affidavit from Health Services if you postpone or opt out of immunizing). State requirements for immunizations may be found at <http://www.dshs.state.tx.us/immunize/school/>

We also must have a well child statement signed by your child's doctor.

If you have listed any allergies, illnesses or medical conditions that require special arrangements or that medication be administered at school; additional paperwork will be required. Please check with the Director if you have any questions.

Please note parental consent will be required for certain activities specified in this packet. If you have any questions about this, please check with the Director immediately. There are also activities that parents have the option of giving consent for outlined in this packet. Please read this section carefully, as additional requirements will be necessary should you not give consent for your child to participate in these events.

If you have any questions about the enrollment process or your child's transition into our program, please let us know. Thank you and welcome to CDC!!!

Enrollment Checklist (please initial each box upon completion):

- Current Immunization record* or Notarized Affidavit
- Enrollment Application filled out completely and returned **one week prior** to first day (Include Doctor's Address and Phone Number)
- Signed Health Statement (Well Child) from Doctor
- Additional Medical or Individualized Documents (if any specific conditions, illnesses, allergies, medical needs, etc. were listed on page 1 of this packet.)
- Login created through SmartCare as all payments must be made through the online portal
- At least one additional (one-hour) visit to the classroom **prior** to the first day

**Children's Discovery Center
3521-A Convict Hill Rd.
Austin, TX 78749
Phone (512) 899-2267
CDCSouthSchool@gmail.com**

ENROLLMENT PACKET

PLEASE WRITE ALL INFORMATION LEGIBLY. THIS WILL BE OUR MAIN REFERENCE FOR YOUR CHILD'S HEALTH, EMERGENCY CONTACT, PERMISSION AND RELEASE INFORMATION.

CHILD'S INFORMATION:

Child's Name: _____ Child prefers to be called: _____
 Date of Birth: _____ / _____ / _____ Child's Home Phone: _____
 Child's Home Address: _____ City: _____ Zip Code: _____

LEGAL GUARDIAN'S INFORMATION:

Name: _____ Email Address: _____
 Cell Phone: _____ Occupation: _____
 Texas Driver's License No.*: _____ Place of Business: _____
 Social Security No.*: _____ Business Phone: _____

Name: _____ Email Address: _____
 Cell Phone: _____ Occupation: _____
 Texas Driver's License No.: _____ Place of Business: _____
 Social Security No.: _____ Business Phone: _____

*At least one driver's license and social security number is required for enrollment.

In case of an emergency and legal guardians cannot be reached, please contact one of the following people: (You must provide at least ONE emergency contact, with an address, per Texas requirements. Please list local friends and relatives. Only list one person per address. Additional emergency contacts can be added on the last page.)

Name: _____ Phone 1: _____ Phone 2: _____
 Address: _____ City: _____ Zip Code: _____

Name: _____ Phone 1: _____ Phone 2: _____
 Address: _____ City: _____ Zip Code: _____

FOR THE RELEASE OF YOUR CHILD

The child shall only be released to the parents or people listed in the space below *and* anyone I have listed as an emergency contact. I agree to notify the center if anyone other than these people will be picking up my child. Names and phone numbers of people allowed to pick up my child when in the care of Children's Discovery Center:

OFFICE USE ONLY			
<input type="checkbox"/> Allergy	<input type="checkbox"/> Alt. Snack	<input type="checkbox"/> Field Trip	<input type="checkbox"/> Transportation
<input type="checkbox"/> Therapist	<input type="checkbox"/> No Snack	<input type="checkbox"/> Opt Out	<input type="checkbox"/> Pet Handling <input type="checkbox"/> Pool

HEALTH & SAFETY INFORMATION

What arrangements have been made for childcare when your child is ill and you are unable to leave work at any particular time?

Does your child have any medical conditions we should be aware of? (i.e. allergies to food or insects, asthma, existing illnesses or conditions, developmental delays, previous illnesses or injuries, long-term prescriptions, surgeries or hospitalizations that occurred in the past 12 months, etc.)? **In order to provide individualized or specialized medical assistance to your child, we require additional documentation from a licensed physician. Failure to provide this information may delay or prevent your child's enrollment into our program. Ask a Director for more details.**

Starting in the 1-year-old classroom, CDC will provide a morning and afternoon snack. **We require written approval and/or instructions from your physician or licensed dietician, in order to serve a special diet (anything other than our snack menu) to your child.** You may also opt to provide your own snacks in lieu of our snack menu. By doing so, you acknowledge that CDC is not responsible for meeting your child's daily food needs. If you choose to **opt out of school provided snacks**, and provide your own snacks from home, please sign below:

➤ _____
Signature of Parent or Legal Guardian

Please check box if your child is currently working with a developmental therapist or specialist, or if they are in the process of a developmental assessment. CDC encourages integrative therapy but requires written authorization and preapproval of these visits before school-therapy sessions begin. See the "Integrative Therapy" section of our handbook for specific information regarding these prerequisites.

HEALTH & ADMISSION REQUIREMENTS

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 she/he is physically able to take part in the day care program.

➤ _____
Physician's Signature

_____ Date

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.

A form or written statement from a health service or clinic.

If you do not have any of the above:

LEGAL GUARDIAN'S HEALTH STATEMENT: My child, _____, has been examined within the past year by a licensed physician and is physically able to participate in the program provided by Children's Discovery Center. And, within the next 2 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.

The date of his/her last physical examination: _____

Name and address of Physician OR address of the EPSDT Screening Site: _____

➤ _____
Signature of Parent or Legal Guardian

EMERGENCY MEDICAL AUTHORIZATION

In the event I cannot be reached to make arrangements for emergency medical treatment for my child, _____, I hereby authorize any staff member of The Children's Discovery Center or other capable adult or emergency medical attendant to transport my child to the nearest medical facility and request any necessary medical treatment in the event of an emergency. I request that he/she is taken to the following medical centers, if possible, for treatment: _____.

Physician's Name: _____ Telephone: _____

Address: _____

The hospital or emergency facility I prefer is:

Name: _____ Telephone: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Since we will spend a considerable amount of time with your child during the week, we feel it is important to know as much about him/her as possible. This is especially helpful to the teacher during the first few weeks of school. The teacher can utilize this information in making the child's adjustment easier. This is also important when the child is feeling ill or just homesick. Please tell us about your child likes, dislikes, habits, pacifiers, favorite stuffed animals, or any other pertinent information that might help make the transition to our school a little easier.

Has your child ever been in a group setting? If so, please describe:

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Children's Discovery Center South was recommended by: _____

Are legal guardians living together, separated or divorced: _____

If separated or divorced, who has custody of the child: _____

Please list home address and phone number of other legal guardian: _____

Pets: (name, type, color, etc...): _____

Child's preferences: (i.e. snacks, games, songs, etc...): _____

Child's dislikes or fears: _____

Does your child have any birthmarks or scars, and where: _____

Please describe any behavior challenges you've experienced and the discipline policy you use at home:

If your main language at home is not English, please list important words for us: (Bathroom needs, food, mom, dad, etc.) _____

ORIENTATION & PARENT HANDBOOK

Prior to my child's enrollment: I toured the center, I returned to visit with the classroom teachers for at least one hour, I met with the directors, and I was able to ask questions to which I was provided answers and/or support resources. Furthermore, I have received a copy of the Children's Discovery Center Parent Handbook. I have read and understand all of its listed terms and policies. I understand I may obtain an additional copy of the Handbook at any time from the Director or by visiting the school's website www.DiscoverySchools.com I also understand if I have any additional questions or concerns, it is my responsibility to contact a director or teacher at any time.

➤ Signature of Parent or Legal Guardian

RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt and agree to the facility's operational policies, including but not limited to the following sections in our Handbook:

<input type="checkbox"/> Our Program	<input type="checkbox"/> Scheduled Events
<input type="checkbox"/> In the Classrooms	<input type="checkbox"/> Family Involvement
<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Arrival and Departure Process
<input type="checkbox"/> Attendance	<input type="checkbox"/> Enrollment and Tuition (paid through SmartCare)
<input type="checkbox"/> Food	<input type="checkbox"/> Contract of Deposit and Account Agreement

ADDITIONAL INFORMATION & AGREEMENTS

When my child, _____, is brought to Children's Discovery Center, I agree to always leave him/her with a staff member, to avoid using my cell phone during drop-off and pick-up, to acknowledge the arrival with that staff member (do not let your child in the gate and leave without talking to a staff member!) and to sign the sign-in sheet provided by the teacher.

I agree to provide this completed application along with a current record of immunizations for my child and all necessary documentation as required by the Department of Human Services to the director of Children's Discovery Center at least one week PRIOR to the first day of enrollment. I also agree to follow the immunization guidelines required by the Department of Human Services as outlined in the CDC Preschool Handbook while enrolled in this facility. I agree to update all immunization records with the Directors accordingly (email: CDCSouthSchool@gmail.com). I realize that I may not be permitted to enroll without immunization records.

I understand that when withdrawing my child from the program, at least a thirty-day advance is required prior to the expected date of withdrawal. The obligation for full payment of tuition and other fees will continue until the date indicated by the written notice (email is preferred for the time stamp). When notice is adequately provided, and all accounts are paid in full, CDC will be able to refund the \$150 deposit payment. If less than thirty-days' notice is given, I will still be responsible for tuition and fees for the thirty-days following your notice of withdrawal and my deposit will no longer be refundable. Should CDC have to go through a collection process for outstanding balances, I understand and agree to pay all related and reasonable for agency or attorney, plus all attendant collection costs or court costs.

I understand CDC observes the AISD calendar for holidays and that tuition is not prorated for these holidays, teacher in-service days (a yearly calendar is published by or before every summer) or weather-related closings.

Parent/Teacher conferences will be held to review your child's learning portfolio. Additional events will be offered frequently. Parental involvement is essential to our school and to the quality of your child's education, so we ask that you take an active role. We will be sending different forms of communication home daily and we encourage parents to spend as much time as they can at our school. Entrance conferences may be required based on individual needs.

I understand that from time-to-time CDC will update their website, www.DiscoverySchools.com and marketing materials with current photos of the center, children and families that attend. I agree to allow my child's photo to be used for promotional purposes on these marketing materials.

I understand that unless otherwise indicated my child will automatically be signed up for CDC's Lunch **Pizza** Program (children are served child-size slices of cheese pizza weekly for a fee. Families may bring additional sides for their child to eat with their pizza). If you do not wish to allow your child to participate in this program, please indicate that here and please tell us why (IE lactose intolerant, vegan, etc.):

I would like to opt OUT of the Pizza Program described above.

Reason: _____

I understand when I sign below that I am acknowledging the center's policies and procedures and I agree to abide by them for so long as my child is enrolled in The Children's Discovery Center.

I will bring in this Application of Enrollment at least one week PRIOR to my child's first day of school

➤ Signature of Parent or Legal Guardian

REQUIRED PARENTAL CONSENT

Water play, nature hikes, and outspending time outside are all regular parts of our child-centered and nature-based program. Close supervision and safety procedures are always when practiced when executing our curriculum and parents may review the procedures at any time with a Teacher or Director.

When an activity is offered to a classroom, if a child chooses to participate, they will not be excluded from the activity. Therefore, parental consent for the following activities is a required step in the enrollment process.

WATER ACTIVITIES: I hereby give / do not give my consent for my child to participate in the following water activities:

Sprinkler Play, Splashing Pools, Wading Pools, Other Bodies of Water Provided by the Facility*

*Water tables, sinks, and the children digging out a river or lake in the sandbox are some of the forms of "other bodies of water".

➤ Signature of Parent or Legal Guardian

HIKES AND WALKS:** I hereby give / do not give my consent for my child to participate in the following:

Nature hikes along the Greenbelt and other areas adjacent to our campus

Walks in the neighborhoods surrounding our campus

**Further explanation of these activities is outlined in the 'Nature Hikes and Neighborhood Walks' section of the Preschool Handbook.

➤ Signature of Parent or Legal Guardian

OPTIONAL PARENTAL CONSENT

Please indicate your consent with a check mark or your initials in the spaces below accordingly.

FIELD TRIPS*: I hereby give / do not give my consent for my child to participate in Field Trips.

TRANSPORTATION*: I hereby give / do not give my consent for my child to be transported and supervised by facility's staff: on field trips, to and from home, to and from school

OPTING-OUT: If you do not give consent for your child to participate in field trips, please indicate why:

*Children over 12 months of age will be allowed to participate in field trips with their classroom, with parental consent. CDC does not exclude children from activities that are offered to the group or class. Therefore, if you do not give consent for your child to participate in field trips, **your child will have to stay home during the scheduled event**. Furthermore, if you do not give consent for your child to be transported and supervised by staff for field trips, then you will be required to arrange your own ride and supervision for your child during the fieldtrip. If you cannot arrange your own transportation and supervision, then you will have to keep your child at home during the scheduled outing. They will not be allowed to be 'left behind' while the rest of the group participates in the event.

➤ Signature of Parent or Legal Guardian

SWIMMING POOL**: I hereby give / do not give my consent for my child to swim in the above ground pool located at CDC.

OPTING-OUT: If you do not give consent for your child to swim once they are 3 years of age, please indicate why:

**Children under the age of 3 years will not have access to the swimming pool. Once your child turns 3 years old, they may have access to our pool but will need parent's permission to swim. Our pool is 4' deep and meets all state and local regulations. All pool teachers are Water Rescue Certified and C.P.R. certified. Children will be required to wear floatation devices in the pool unless the parent notifies the teacher that the child is ready to take a supervised swim test. Please talk to the Director for specific information regarding pool safety and regulations

➤ Signature of Parent or Legal Guardian

PET HANDLING***: I hereby give / do not give my consent for my child to interact with the classroom pets.

***Often, we have classroom pets (such as gerbils, rats, etc.) in our school-age classroom. Our pets will always be kid-friendly and will have been examined and given the stamp of approval from a licensed veterinarian. All children, staff and families will be expected to treat every animal in our program with kindness and respect.

➤ Signature of Parent or Legal Guardian

PARENT COMMENTS: (please write below or use back of sheet if more space is needed):