



# Admission Information

# 2018

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A Place Where Children Learn & Explore Through Play & Technology

**Email** \_\_\_\_\_

4614 Belle Park Drive, Houston, TX 77072  
www.computerkidsdaycare.com  
info@computerkidsdaycare.com  
281 498 4933  
Hours Of Operation : 6.30am to 7pm

# ADMISSION INFORMATION

Form 2935

Operation Name <b>Computer Kids</b>		Director's Name <b>Ann McLean</b>	
Child's Full Name		Child's Date of Birth /	Gender F / M
Child's Home Telephone No.			
Child's Home Address / Zip code			
Date of Admission		Date of Withdrawal	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>			
1. <input type="checkbox"/> <b>TRANSPORTATION:</b>	I hereby <input checked="" type="checkbox"/> give <input type="checkbox"/> do not give	- consent for my child to be transported and supervised by the operation's employees:	
<b>Walk home</b>	<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips	<input type="checkbox"/> to and from home	<input type="checkbox"/> to and from school
2. <input type="checkbox"/> <b>FIELD TRIPS:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in Field Trips:	
<b>Parent's Comments:</b>			
3. <input type="checkbox"/> <b>WATER ACTIVITIES:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in Water Activities:	
	<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools	<input type="checkbox"/> swimming pools	<input type="checkbox"/> water table play
4. <input type="checkbox"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>	I acknowledge receipt of the facility's operational policies including those for discipline and guidance.		
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
6. <b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
<b>Signature - Parent or Legal Guardian</b>		

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

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

**Signature - Parent or Legal Guardian**

**Date**

# ADMISSION INFORMATION

**SCHOOL AGE CHILDREN:**

My child attends the following school:

\_\_\_\_\_

Name of School and Address School Ph.#

**CHECK ALL THAT APPLY:**

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:  walk to or from school or home,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_

Health Care Professional's Signature Date

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4.  **My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.**

**Name and address of health care professional:**

\_\_\_\_\_

**Signature - Parent or Legal Guardian** Date

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

\_\_\_\_\_

**Signature – Parent or Legal Guardian**

\_\_\_\_\_

Date

# ADMISSION INFORMATION

## HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
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Signature or stamp of a physician or public health personnel verifying immunization information above. \_\_\_\_\_

Signature Date

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.

\_\_\_\_\_

Parent's signature _____	Date _____
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I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

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**Signature – Parent or Legal Guardian**
**Date**

**Parent Email Address:** \_\_\_\_\_

# ADMISSION INFORMATION

## Discipline and Guidance Policy for Computer Kids

- ◆ Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
  
- ◆ A caregiver may 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 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 one 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:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of Computer Kids operational, discipline and guidance policy.

\_\_\_\_\_  
**Signature**

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

**Check one please:**

- parent       employee/caregiver       household member of child-care home

# ADMISSION INFORMATION

## FINANCIAL AGREEMENT

I, \_\_\_\_\_ would like to enroll my child, \_\_\_\_\_ at COMPUTER KIDS.

I hereby agree to pay a *weekly / monthly* tuition of \$\_\_\_\_\_ with no deduction for absences, holidays or vacations except in the case of an extended illness of the child for which I will notify the director. I agree to pay a late fee of **\$25.00** if tuition is not paid two days after the due date. Tuition and late fees must be paid by Friday the week it is due in order for your child to return to COMPUTER KIDS the next week. NO EXCEPTIONS.

I agree to pay a registration fee of \$\_\_\_\_\_ at the time of enrollment and a curriculum fee of \$\_\_\_\_\_, to be renewed each September 1<sup>st</sup>. This is a non-refundable fee.

Hours of operation are from **6:00 AM to 7:00 PM** Monday to Friday. I agree to pay a late pickup fee of **\$2.00** per minute for each child left in the center after **7.05 P.M.**

I agree to pay **50%** of the *weekly / monthly* tuition if my child is absent for the entire week OR your child is sick ,on vacation the 50% hold the sport for your child .if not, the center dis-enrolled your child, if tuition fee is not paid ,when resuming back to the center you have to re-register again .The registration fee is non-refundable If my child is here any part of the *week / month*, I understand the entire weekly tuition is due. For those that has been in school for one year one week tuition will be giving for free during vacation. The registration fee is annually

I will be making tuition payments by (check one):  Money Order  Credit Card  \*Check  
Payments made late will require following:

**Driver's License #:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

\*There will be a late charge of **\$35** for each check returned by the bank unpaid.

In case of withdrawal of my child from Computer Kids, I agree to give one week's notice. If this notice is not given, I agree to pay, in addition, the tuition specified above.

If the management at Computer Kids determines that my child cannot adjust to the school's program, the child will be withdrawn after a week's notice, and this agreement will be terminated. If the child is putting himself in danger or deemed a danger to other children, I agree to remove him/her at the advice of the Director.

Fees are subject to change in order for us to improve our services. Parents will be notified of changes in writing.

I have read, understand and agree to abide by this agreement and the policies outlined above. I have discussed questions or clarification requests with the Director, Director Designee or Administrator. \_\_\_\_\_

**Parent's Signature**

**Date**

*Ann Mclean*

Director's Signature

Date

# ADMISSION INFORMATION

11/14/2012

## Payment (Late Fees) Policy

Dear Parents,

Thank you for your business. We are very excited about our progress. I wish you could come in sometimes to watch your kids on the computer; we are shocked at the outstanding progress they have made since the term began. I hope you are able to notice this progress too. Please help us to spread the word so we can grow our enrollment. It is very expensive to maintain the facility and the software that we use. Our fees are very low in comparison to our costs and for us to continue to provide the same level of service, we depend on parents paying on due dates and adhering to our payment policy.

### Payment Policy

I would like to bring to your attention that all fees are due on Mondays with no deduction for absences, holidays or vacations except in the case of an extended illness of the child for which you have notified the director. A late fee of **\$25.00** will be assessed if tuition is not paid two days after the due date. Tuition and late fees must be paid by Friday the week it is due in order for your child to return to COMPUTER KIDS the next week. NO EXCEPTIONS.

Hours of operation are from **6:00 AM to 7:00 PM** Monday to Friday. A late pickup fee of **\$2.00** per minute for each child left in the center after **7.05 P.M** will be assessed.

**50% of the weekly tuition is due if your child is absent for the entire week OR your child is sick.** On vacation the 50% hold the sport for your child. If not, the center will dis-enroll your child and you need to reenroll with registration fees, when resuming back to the center. The registration fee is non-refundable. If your child is here any part of the *week / month* the entire weekly tuition is due. **The registration fee is annually**

\*There will be a late charge of **\$35** for each check returned by the bank unpaid.

In case of withdrawal of your child from Computer Kids, You agree to give one week's notice. If this notice is not given, you agree to pay, in addition, the tuition specified above.

If the management at Computer Kids determines that your child cannot adjust to the center's program, the child will be withdrawn after a week's notice, and this agreement will be terminated. If the child is putting himself in danger or deemed a danger to other children, you agree to remove him/her at the advice of the Director.

Fees are subject to change in order for us to improve our services. Parents will be notified of changes in writing.

I have read, understand and agree to abide by this agreement and the policies outlined above. I have discussed questions or clarification requests with the Director, Director Designee or Administrator.

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

*Ann Mclean*

\_\_\_\_\_  
Director's Signature

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

\_\_\_\_\_  
Date

# ADMISSION INFORMATION

## MEDIA CONSENT FORM

I/We, the parents and/or guardians of \_\_\_\_\_ (child's name)

hereby consent to the current or future use of this child's name and/or likeness by COMPUTER KIDS for the following purposes:

- The child's likeness may be used for marketing and informational purposes, which include, but are not limited to, **advertising flyers, brochures, website, social media (facebook and Youtube)** and the like.
- The child's likeness, first name, and portfolio may be used for professional development purposes, such as workshops or presentations, and during enrollment interviews.
- The child's likeness and full name may be used in center newsletters, group-made books, cubby tags and other labels in the child care program, and other materials that will not be made public.

I/We hereby also agree to waive any right I/We might have to any compensation, fees, or other benefits.

I/We hereby represent that I/We have the legal right to issue such consent.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

COMPUTER KIDS will make every effort to protect the privacy of the child and his/her Family, and to keep the child's and his/her family's name from the general public.

Provider: **Computer Kids Daycare**



# ADMISSION INFORMATION

## Parent's Financial Agreement

### Enrollment Fees

Enrollment fees include registration and supplies which are non-refundable

Registration fees \$50.00 per Family  
Supply fees \$30.00 or \$50 per Child

Registration and Supply fees are for the full school year (August to May)

### Tuition

Weekly tuition is due and payable on Monday of that week.

### Late Fees:

If Tuition is not paid by due dates, a \$25 late charge is added for the first late day. A late charge of \$5 per day is then added to each late day after that.

### Please note the following:-

- ✚ There will be no fee adjustment for holidays, vacation or other missed days.
- ✚ 50% discount will be given if child is absent for the whole week
- ✚ Additional charges may be assessed for fieldtrips, uniforms and photography
- ✚ A fee of \$35 will be charged for returned checks

### Withdrawal Policy

A written policy of intent to withdraw a child from the Center must be submitted a week in advance. Unused full week paid tuition will be prorated and refunded. If a week's notice is not received, neither tuition nor fees will be refunded.

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Beginning \_\_\_\_\_, my child \_\_\_\_\_

Will attend Computer Kids

Hours attended will be from \_\_\_\_\_ to \_\_\_\_\_ on

Monday, Tuesday Wednesday Thursday Friday (please circle days needed)

For the rate of \$\_\_\_\_\_ a week

I understand and agree to abide with the policies and procedures as stated in the parent handbook and the above service contract. I also understand that from time to time, Computer Kids administration may implement or change policies as needed. I understand that I will be notified of any such changes.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Administrator/ Director Signature \_\_\_\_\_ Date: \_\_\_\_\_