



## Little Owl Learning Academy Enrollment Agreement

**Welcome!** You've made a great choice for your child! We're honored to become a part of your child's early learning experiences—and we're excited to get to know you, your family members, and the other important people in your child's life. This enrollment form ensures that we all have the best start possible. We also need this information to comply with child care licensing regulations. (Please don't hesitate to request a copy of those regulations if you'd like.) We'll also set up a time to review our Family Handbook with you very soon. The most important thing we want you to know is this: We are committed to making your time with us a positive one. Please *call us any time, no matter how small your question may seem—especially in the first few weeks, as your family gets used to a new routine.*

**Welcome again! We're so glad you're here.**

| TELL US ABOUT YOUR CHILD |        |                         |            |
|--------------------------|--------|-------------------------|------------|
| First name               | Middle | Last                    | Nickname   |
| Date of Birth            | Gender | Language spoken at home |            |
| Child's home address     |        |                         | Home phone |

| TELL US ABOUT YOU   |
|---|
| The safety of our children is our top priority. Center staff will release your child only to the parents and guardians listed- or to the other emergency contacts you authorize below.<br>If you do need to authorize a new pickup person by phone you may do so- but we will ask you to answer the two security questions you provide here to verify your identity. For your child's safety, anytime a person we do not recognize comes to pick up your child, we will ask for a government-issued photo ID. |

|                                 |  |            |
|---------------------------------|--|------------|
| Parent/ Guardian                | Relationship to child  | Cell phone |
| Home address                    | Email address  | Home phone |
| Employer and address            | DL number and state  | Work phone |
| Parent/ Guardian                | Relationship to child  | Cell phone |
| Home address                    | Email address  | Home phone |
| Employer and address            | DL number and state  | Work phone |
| Security Questions (2 Required) | Question: _____<br>Answer: _____<br>Question: _____<br>Answer: _____ |            |

| WHO ARE EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD (18 or older)? |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
|  | Authorized Emergency Contact | Authorized Emergency Contact | Authorized Emergency Contact |
| Name   |                              |                              |                              |
| Relationship   |                              |                              |                              |
| Address  |                              |                              |                              |
| Phone  |                              |                              |                              |
| Alternate Phone  |                              |                              |                              |

## Care Information

|        |        |            |           |
|--------|--------|------------|-----------|
| Height | Weight | Hair Color | Eye Color |
|--------|--------|------------|-----------|

Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs. Please indicate if your child receives any special supports such as:

Physical therapy, speech therapy, occupational therapy, applied behavior analysis, mobility devices, communication devices, feeding tube, visual/auditory support, please list: \_\_\_\_\_

Would you like your child's therapist to deliver services at the center?  Yes  No

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

| MY CHILD'S MEDICAL CARE PROVIDER |                       |
|----------------------------------|-----------------------|
| Medical Care provider name       | Practice/ Clinic name |
| Provider Address                 | Phone                 |
| Preferred Hospital/ clinic       |                       |

| MY CHILD'S ALLERGIES   |                |
|--|----------------|
| <input type="checkbox"/> Medications _____   | Reaction _____ |
| <input type="checkbox"/> Food _____  | Reaction _____ |
| _____  | _____          |
| _____  | _____          |
| <input type="checkbox"/> Respiratory _____   | Reaction _____ |
| <input type="checkbox"/> Bee Sting _____   | Reaction _____ |
| Other _____  | Reaction _____ |
| Are any of these allergies severe or life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please speak with your Center Director about completing your Allergy Alert) |                |

### MEDICAL ACKNOWLEDGEMENTS

- Medication** I will provide written permission for center staff to administer medication with written instructions from me or the child's health care provider, a permitted by local childcare licensing regulations. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions)
- Immunizations** I will provide the center with updated immunization information or an exemption for my child.
- Illness** If center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a contagious illness, I understand that my child may return only when he or she is well, as described in the Family Handbook.
- Emergencies** In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center staff to:
  - Consult the physician named above
  - Administer first aid and
  - Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility.
  - Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.

- Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.

**SCHOOL AGED CHILDREN**

Does your child attend school?  Yes  No

Elementary School Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: (210) \_\_\_\_\_

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

I authorize Little Owl Learning Academy to transport my child to and from school as needed:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Schedules/ Tuition Acknowledgements**

**CENTER HOURS**

The center is open from 6:30am to 6:30pm., Monday through Friday.

1. The following holidays will be observed; President’s Day, Independence Day, Black Friday, Labor Day, Good Friday, Memorial Day, Thanksgiving, Christmas Week, New Year’s Day, 2 Scheduled training Days, (check your school calendar). We will also have a 2 Hour Early Release and close at 4:pm on the following days: The day before Thanksgiving (AKA: Thanksgiving Eve) and New Year’s Eve. Your Center Director will inform you when your center will be closed for these training days and a reminder of closures due to Holiday’s. The center will be open whenever possible on a regularly scheduled day, except in the case of severe weather we will follow Comal ISD when it comes to closures. **Tuition will NOT be reduced because of center closures due to Holiday, Server Weather or any other type of closing except if closed for renovations. Full tuition is due for all Closings.**

**SCHEDULE ACKNOWLEDGMENTS**

2. **Regular Scheduled Tuition** is based on the child’s regular schedule. I will be charged additional tuition if my child’s attendance increases beyond this schedule. If my child’s schedule changes in any way I will notify the center immediately. **Tuition and fees are not pro-rated for illness, holidays, or emergency closures. Absents and/or Holiday Closings cannot be substituted or transferred to any other day. I agree to pay the full tuition even if my child is absent for one or more days, except for pre-arranged “reservation weeks.”**

**HOLIDAYS**

**Little Owl Learning Academy** observes the following holidays each year: This schedule is subject to change.

|   |  |
|---|--|
| President’s Day   | Labor Day  |
| 4 <sup>th</sup> of July                                   | Good Friday  |
| 2 Training Days per year (Check Academic School Calendar) | Memorial Day                                       |
| 2 Hour Early Release Day Before Thanksgiving              | Thanksgiving                                       |
| Black Friday  | Christmas Week following Comal ISD School Calendar |
| 2 Hour Early Release New Year’s Eve                       | New Year’s Day                                     |

3. **Drop-In Tuition:** You must give Little Owl Learning Academy 24 hours advanced notice when scheduling a drop-in. All rates included Drop-in rates are posted on the Parent Board located in the front office of the daycare. Drop-In rates do not apply when your child is present for a full week due to school closures. School closures rates for After Schoolers who will be attending a Full Week will be charged the Full-Time rate or Part-Time rate depending on how many days your child will be in attendance. If you fail to pick up your child by the times specified, you are subject to our **Late Pick-up Fee of \$15.00 for the first 10 minute and \$1 per minute, after the first 10 minutes, Per-Child.**
4. **Absences:** Please contact the Daycare by 9:00am when your child will be absent as a courtesy to my child’s teacher. There will be no refunds, tuition credits or substitute days if your child is absent. If your child is absent you are still required to pay the full tuition. You will lose that day’s tuition. **There are no substitutes.**
5. **Vacations:** If you go on vacation or take an extended length of time absent from the Daycare, you will be charged a **RESERVATION RATE** listed under your child’s appropriate age located on the rate sheet you received in your welcome packet. You are allowed 4 reservation weeks a year. Once you have used your 4 reservation weeks you will be charges the full-time rate. There are **No substitutes for vacation days.**
6. **Holidays/Server Weather and Other Closings:** There are **No substitutes for Holiday Closings, Server Weather Closings or any other type of closing except if closed for renovations. Full tuition is due for all Closings.**
7. **Child Not Picked Up:** If I fail to pick up my child and/or contact the center, and I or another authorized person cannot be reached within 30 minutes after closing time, center staff may release my child to the custody of child protective services or other local authorities.
8. **Summer Policy:** You can change your child’s enrollment for the summer and transfer to Drop-In rates if you are not going to use our services daily. You can also Disenroll your child for the summer and discontinue your weekly tuition however, when you are ready to Reenroll your child

you will be required to pay the Registration Fee and Curriculum Fee. Also, if you Disenroll your child for the summer you risk losing your child's spot when you are ready to Enroll him/her once again. You must present any changes in writing 30 days prior to the change.

9. **Reservation Week Fee** If you know your child will be absent for a full week, you may use a reservation week instead of paying full tuition. Reservation week fee rates can be found on our Tuition Rate sheet. A Reservation Week is a discounted rate for full week absences with prior notice. You get 4 Reservation weeks a year.
10. **Late Pick-Up:** If you pick up your child past 6:30pm, you will be charged \$10.00 for the ten minute you are late. After 10 minutes you will be charge \$1.00 per minute until your child is picked up. **(There are no exceptions or discounts for late pickup.)** Your account will be charge that day for any late fees accrued due to children being picked up late. If you have multiple children enrolled in the Daycare, the late fees are assessed for **EACH** child.
- 11.

**TUITION AND FEE INFORMATION**

**TUITION**   **DAILY DROP-IN RATE**  **WEEKLY**  **MONTHLY** **M, T, W, T, F**

- **Tuition** is billed out on **Friday** for the following weeks tuition. ACH payments are processed the same day. If paying by cash, you must pay balance owed at drop-off on the first day of the week that your child is scheduled to attend. Tuition subject to change with a 2-week notice.
- **Late Payment Fee** All tuition is due in advance. In-center tuition payments are due by drop off on Monday morning. If tuition is not paid on time, a late fee of **\$15.00** will be charged to your account on Wednesday of said week.
- **Registration Fee** A nonrefundable registration fee of \$175.00 and Curriculum Fee of \$60.00 is due at the time of enrollment. Family registration is \$200.00 and Family curriculum fee is \$90.00 **due Annually**. These fees are subject to change.
- **Curriculum Fee:** There will be a curriculum fee charges annually for full time, Part-Time and After Schoolers. These fees are subject to change.
- **Reservation Week Fee** If you know your child will be absent for a full week, you may use a reservation week instead of paying full tuition. Reservation week fee rates can be found on our Tuition Rate sheet. You are allotted 4 reservation weeks per year.
- **Late Pick-up Fee** A late pickup fee of **\$15.00** per child for the first minute will be assessed when parent is one minute late and **\$1.00** for every minute after the first 10 minute. This fee will be assessed when a child is left beyond the center's operating hours. The late pick-up fee is not an agreement to provide after-hours service.
- **Additional Fees** Your child may have the opportunity to participate in special programs or in-house field trips with an additional fee.

**Financial & Other Terms**

**FINANCIAL ACKNOWLEDGMENTS**

1. **Payment Authorizations** I authorize Little Owl Learning Academy (LOLA) to:
  - Use my tuition and fee payment checks to initiate electronic debits to my checking account.
  - Attempt to collect on returned checks up to two additional times.
  - Electronically debit my account for the amount of any returned item and a returned item fee in the maximum amount allowed by state law.
  - Initiate one-time ACH debits to my checking account for nay amounts owed that become past due (upon written notice from the center.)

My payment authorizations will remain in effect until I give the center written notice to terminate the authorization.

2. **Financial Obligations**

As the parent/guardian signing this Enrollment Agreement all amounts due are my responsibility. Overdue accounts may be referred to a collection agency. I am responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.

Payments from families with prior unpaid returned checks must be in the form of a money order or cashier's check. Families with returned check activity may be subject to immediate termination of services.

Any prepaid balance of \$25 or less which remains at the time of my child's disenrollment will not be refunded unless requested in writing within 90 days.

**Two week's written notice is required prior to the last day of attendance. If I do not give two weeks' written notice of withdrawal, I agree to pay full tuition and fees due for the final two weeks regardless of my child's attendance.**

**PHOTOGRAPHY OF CHILDREN**

I give permission for my child to be photographed and videoed in the center during program functions. I understand that photographs/videos may be taken by center staff or by other parents/guardians, and I consent to the use of these photographs/videos for communications purposes, such as communication with families and internal business communications. Parent/Guardian Initials \_\_\_\_\_

**OTHER TERMS**

**Assessments and Screenings**

I give permission for my child to participate in early learning assessments and screenings administered by LOLA. The results of these assessments will be used by LOLA to measure my child's progress and may be used to evaluate, market and update LOLA's programs. I will have access to all results of these assessments

**Babysitting:**

We don't encourage private babysitting by our staff. If you hire any of our employees, however, how that works is solely between you and the employee. LOLA is not responsible for those services.

**Communications**

I give LOLA permission to communicate with me by telephone, text, e-mail, or other means. I understand LOLA's privacy policy applies to the information I provide.

**Resolving Disputes**

We do not expect any disagreements. However, we agree that, in the unlikely event we have one we can't resolve, any dispute or claim will be submitted to nonbinding mediation before beginning arbitration, litigation, or any other proceeding. We agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. All parties to the mediation will share equally in its costs.

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

**I have read, understand and accept all of the terms in this Agreement. I will promptly update any information provided for this in this Agreement if any information changes. Center management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled by the center without prior notice if, in the sole opinion of the center, it is in the best interest of the child or the center. We reserve the right to alter policies and/or program at any time. The terms of this Agreement, including the tuition and fees, are subject to change in whole or part by the center with 30 days' notice.**

This Agreement will begin on  .

|                                  |             |   |             |
|----------------------------------|-------------|---|-------------|
| <b>Parent/Guardian Signature</b> | <b>Date</b> | <b>Director/Administrator Signature</b> | <b>Date</b> |
|----------------------------------|-------------|---|-------------|

|                        |   |
|------------------------|---|
| <b>OFFICE USE ONLY</b> | <input type="checkbox"/> Immunization Information |
|                        | <input type="checkbox"/> Statement of Health      |
|                        | <input type="checkbox"/> Family Handbook          |

This contract is subject to changes at any given time.