

Account Agreement

LAST NAME- _____ FIRST _____ MIDDLE _____

HOME PHONE _____

DAD'S PLACE OF EMPLOYMENT _____

BUSINESS PH# _____ BUSINESS ADDRESS: _____

MOM'S PLACE OF EMPLOYMENT _____

BUSINESS PH# _____ BUSINESS ADDRESS: _____

NEAREST RELATIVE _____ PHONE NUMBER _____

The undersigned agrees and understands that the services rendered for child care are subject to the following conditions:

1. All tuitions are due and payable in full on Monday in advance
2. Tuitions not paid by Friday morning will result in a \$20.00 per day late fee until balance is paid in full
3. If tuition is not paid by Friday morning, your child will not be able to attend Planet Kids until the entire balance is paid in full.
4. The customer (parent or guardian), agrees to pay, in the event the account is turned over to an agency or attorney for collection, reasonable fees, plus all attendant collection costs, or court costs.
5. Tuition is to be paid even if your child misses due to holiday, illness, school break, or vacation.

I have read and agree to the tuition and late fee agreement

PARENT'S SIGNATURE _____ **DATE:** _____

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
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 ONLY 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.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:					
Walk home		<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"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:					
3. <input type="checkbox"/> WATER ACTIVITIES:		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"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:		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:

None Breakfast AM Snack Lunch PM Snack Supper Evening Snack

6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

<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:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
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.		
_____ Signature - Parent or Legal Guardian		

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:

ADMISSION INFORMATION

Signature – Parent or Legal Guardian

Date

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

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

Discipline and Guidance Policy for _____

Name of Operation

- ◆ 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 this discipline and guidance policy.

Signature

Date

Check one please:

parent

employee/caregiver

household member of child-care home

Planet Kids
Emergency File Information

Name of Child _____ Date of Birth ___/___/___

Mother's work _____ Work Number _____

Mother's Cell Phone Number _____

Mother's Home address _____

Father's work _____ Work Number _____

Father's Cell Phone Number _____

Father's Home Address (if different) _____

Insurance Carrier _____ Insurance ID # _____

Clinic/Hospital _____ Phone Number _____

Clinic/Hospital Address _____

Child's Physician Name _____ Phone Number _____

Child's Physicians Address _____

Current Medications _____

Any Known Allergies or Special Instructions _____

Planet Kids Learning Center Parent Handbook

Hours of Operation

Our center is a year round full-time pre-school and learning center. We are open from 6:30 a.m.-6:00 p.m. Monday through Friday. We are licensed by the state of Texas to care for children newborn to 14 years of age.

Release Policy

We require all persons who are authorized for us to release your child to, have their full name, home address, and telephone numbers on file. If additional space is needed please add this information to the back of the admissions paper. A photo ID will be needed for verification. We reserve the right to refuse release of your child if we are unable to make a positive ID or if we believe that the person might be of risk to your child.

Illness

We are required to send your child home if he/she has; a temperature of 100.4 (via arm pit), has vomited 2 or more times in the last 24 hours, has uncontrolled diarrhea, abnormal breathing, mouth sores with drooling, a rash or any signs that indicate the child may be ill. A comfortable setting will be provided for your child until you arrive. A Doctor's note will be required if we believe your child's illness is a risk to the other children. Children will not be allowed to return to Planet Kids until they are fever free (without the use of medication) for 24 hours. They must not have had diarrhea or have vomited within 24 hours of their return.

Medication

Staff members do not administer medication. If your child requires medication you will need to make arrangements to come by the center and administer the medication yourself.

In response to critical injury or illness caregivers will

- (1) Contact emergency medical services or take the child to the nearest emergency room
- (2) Give the child first aid treatment or CPR when needed
- (3) Contact the physician identified in the child's record
- (4) Contact the child's parent and
- (5) Ensure supervision of other children in the group.

Parental Notification

You will be notified in writing of any updated information (to include important events)

Notifications will be posted on the front door as well as the sign in sheet at the front desk

Right to Refuse Service

We reserve the right to refuse care to a child who is unable to adjust, sick, recurring improper behavior, or for outstanding debt.

Every effort is made to prevent suspension or expulsion of a child at Planet Kids, However we retain the right to suspend or disenroll a child due to:

1. The child is at risk of causing serious injury to other children or herself/himself
2. Parents exhibit inappropriate behavior towards staff or other children
3. Failure of child to adjust to child care after a reasonable amount of time
4. Ongoing uncontrollable tantrums/angry outburst
5. Ongoing physical (to include biting) or verbal abuse towards staff or other children.
6. Parental failure to pay tuition on time
7. Parental failure to arrive to pick up their child on time
8. Parental neglect to provide appropriate records on time (e.g. short records).

Basic Sleep Requirements for Infants

Infants must be placed on their backs, face up for sleep. Cribs must meet federal regulation Title 16 for safety. Other than tight fitting sheets cribs must be bare for infants under 12 months. If a child falls asleep in a restrictive device the child will be moved to their crib to ensure safe sleeping.

Meals

We will serve a light nutritional breakfast between 8:00 a.m. ending at 8:30 a.m. Lunch will be served between 11:00 a.m. and 12:00 p.m. an afternoon snack will be provided at 3p.m.. If your child arrives at the center after any of the meal times specified above you will need to provide your child with that meal.

Immunization Requirements

Every child's immunization record must be kept current. A certified copy from your child's physician will be kept on file. If your child has been seen by his physician within the last 12 months you may provide us with a copy. Your doctor may fax this information to us. Fax # 830-249-7404.

Vision and Hearing Screening

The Special Senses and Communication Disorders Act requires a screening or a professional examination for possible vision and hearing problems for children 4 years old (by Sept 1st) and up

Enrollment Procedure

The center must have all admission forms completed and on file before the child will be admitted. Please notify the office personnel if changes to any of these items occur. This is necessary in order to stay in compliance with state regulations.

Water Activities

Water activities are not allowed with the exception of occasional field trips for the after schoolers during the summer. Parents will be notified of water related field trips and be required to sign a release at the time of the field trip.

Field Trips

Field trips are planned throughout the summer for our school aged children. The Director will provide the information for all of the field trips. Field trips are to be paid for in advance if required. Written permission will be required in order for your child to attend the field trip(s).

Animals

Because of unknown disease or parasites carried by animals Planet Kids Learning Center does not allow animals to be brought into the center.

Insect Repellant/Sunscreen-

Please provide insect repellent/sunscreen if you would like your child to have it applied to their skin before playing outside. We will apply according to the labeled directions. Please label the container with your child's full name.

Open Door Policy

The center has an "open door" policy. We invite you to drop in at any time without prior approval to observe your child, the building, the premises, and the equipment. Your comments and suggestions are always welcome.

Parents Review of Policies and Procedures

A parent handbook is supplied with the enrollment packet for parents to review and discuss any concerns regarding the policies and procedures for Planet Kids.

Parent Participation

There are many different ways in which parents can participate at Planet Kids. Parents may volunteer to attend trips, read in the classroom, and/or coordinate special events. Parents may donate items or do maintenance work. Any parent who volunteers will be required to pay for and secure all criminal background checks, as required by our licensing regulations. Any person, including parents, with felony convictions, sex offender convictions and/or open investigations into any criminal activities will not be permitted to volunteer in the classroom, or on field trips.

The most recent licensing inspection report

The report is posted on the information wall in the foyer.

A copy of the minimum standards is available

The standards are available for review in the office or online through the Department of Family Services website PRS Website-www.dfps.state.tx.us

Local Licensing Office-210-337-3399

PRS Child Abuse Hotline-1800-252-5400

DFPS Website-www.dfps.state.tx.us

Emergency Preparedness Plan

The Plan is available upon request from the Director. In the event of a relocation emergency staff will relocate your child to Town and Country Manor 625 N. Main, Boerne, Tx. 78006 (830) 249-3085. In the event of flooding the children will be relocated to 1st Baptist Church 631 S. School St., Boerne, TX. 78006 (830)249-2527

Fire drills are conducted monthly and storm drills as well as lock down drills are conducted every three months.

In the event of an emergency a voicemail message will be left on our phone (830 -249-5922) giving pertinent information as to the emergency and necessary relocation information. We will attempt to post the information on the front door as well, however; in a true emergency we may not be able to get it posted on the door.

BREAST MILK

You have the right to provide breast milk for your infant to be given throughout the day, or you may come to the day care and breastfeed your infant at the center. A comfortable place with a seat in a private location will be provided for you.

POLICY: MANDATED REPORTING OF SUSPECTED CHILD ABUSE AND/OR NEGLECT

Under the Child Protective Services Act, mandated reporters are required to report any suspicion of abuse or neglect to the appropriate authorities. The employees of Planet Kids Learning Center are considered mandated reporters, under this law. The employees of Planet Kids learning Centers are not required to discuss their suspicions with parents prior to reporting the matter to the appropriate authorities, nor are they required to investigate the cause of any suspicious marks, behavior or condition prior to making a report.

Under the Act, mandated reporters can be held criminally responsible if they fail to report suspected abuse or neglect. We at Planet Kids Learning Center take this responsibility very seriously and will make all warranted reports to the appropriate authorities. The Child Protective Services Act is designed to protect the welfare and best interest of all children.

As mandated reporters, the staff of Planet Kids Learning Center cannot be held liable for reports made to Child Protective Services which are determined to be unfounded, provided the report was made in “good faith.” Causes for reporting suspected child abuse or neglect include, but are not limited to:

- Unusual bruising, marks, or cuts on the child’s body
- Severe verbal reprimands
- Dropping off or picking up a child while under the influence of illegal drugs or alcohol

Staff and volunteers will be alert to the physical and emotional state of all children. When any sign of injury or suspected abuse is detected, the director will be notified immediately and a report will be made to the appropriate authorities.

Staff annual training will include information about the signs of Child Abuse and the appropriate procedures for responding to the suspicion of abuse.

If assistance is needed, some local available options are;

Texas Department of Family and Protective Services- 830-249-8779

Hill Country Crisis Council- 830-249-8379

DAILY HEALTH CHECK

Staff will perform a daily health check on each child upon drop off every morning. The daily check will examine whether or not the child has: Fever or elevated body temperature of 100.4°, skin rashes or unusual spots. If rash, fever or any other signs of illness are present your child will not be allowed to attend Planet Kids that day and may not return until the child has been symptom free for 24 hours. Staff will be given instruction on what to look for with signs of illness.

Vaccine Preventable Diseases

Planet Kids Learning Center Employees are not required to have any immunizations at this time. TB testing is not required in Kendall County. We do however strongly recommend the annual flu immunization.

Gang Free Zone Designation

Certain gang related criminal activity or engaging in organized criminal activity within 1000 feet of Planet Kids Learning Center is a violation of this law and is therefore subject to increased penalty under state law.

Tuition Policy

A tuition contract must be signed before your child (ren) may attend. Payment for services may be made weekly, semi-monthly or monthly. When making monthly payments, count the Mondays in the month and that will tell you how many weeks to pay for. All tuition is due in advance. Parent/guardian failure to make payments under the prescribed terms in the agreement will be refused services. Past due tuition and late fees will have to be paid in addition to the advance tuition before your child (ren) will be readmitted. The fee for paying after Monday is \$15.00. **Tuition is not refundable.**

Returned Check Fee

A charge of \$35.00 will be assessed for all returned checks. Cash is required as payment for a returned check. If a second check is returned, you will need to replace it with cash, and thereafter tuition payments must be made in cash.

Bad Weather

Planet Kids follows the Boerne ISD severe weather policy. We will contact parents if the need to close arises. Parents keep in mind that Boerne is known to flood with heavy rain, and that preventative measures might be best. No refunds on tuition will be provided when the center follows this policy.

Withdrawals

A one week notice of withdrawal is required. Parents are responsible for the payment of the tuition for the one week period even if the child is withdrawn early. If we have not been given any notice and you wish to re-enroll your child, you must pay the registration fee again. Legal action will be taken on any outstanding debt.

Other Information

Any additional information we may have for you throughout the year will be provided via in person, telephone, displayed on front door or sign in sheet.

Emergency Drills

Emergency drills are held monthly to acquaint your child with evacuation procedures. Fire drills are practiced monthly. Severe weather drills and intruder alert drills are every 3 months.

Programs Available

Newborn, Toddler, Pre-School and After School/Summer care programs are available. All classes are full time Monday through Friday. Tuition is based on the age of the child. Newborn through five years has a one time \$90.00 registration fee with a recurring supply fee (18months & up) each August (usually \$50.00) Six years and up has a \$45.00 registration fee with no recurring supply fees.

Naptime

A state required two-hour nap period is provided for the children after lunch. A sanitized and clean sleeping mat will be provided for each child. The parent should furnish a small beach towel sized blanket and **small** pillow. Please label with your child's name. We ask that each Friday these items be taken home for laundering. If your child is removed from school due to illness, we ask that you also remove all extra items from cubbies and sleeping items and sanitize them at home.

Late Pick-Up

You will be charged a late arrival fee of \$15.00 if you arrive 5 minutes after our closing time of 6:00 p.m. This fee is expected to be paid upon arrival. If you are more than 15 minutes late the fee doubles.

Arrival Cut Off

Please have your child/children here before 11:00 a.m..

Holidays

We are closed for the following holidays:

New years Day

Good Friday

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Friday after Thanksgiving Day

Christmas Eve

Christmas Day

**SMOKING IS PROHIBITED ON THE PLANET KIDS LEARNING
CENTER PREMISES OR THE TRANSPORTATION VANS.**

Parent Handbook Acknowledgement

I have read Planet Kids Learning Center's "Parent Handbook". I understand and agree with all of the terms and conditions. I understand that at any time I may ask to see a copy of the parent handbook. I understand that policies in this handbook can change at any time with notice given to me in writing of the changes. Please submit signature page with enrollment packet, keep the handbook for your records.

Parental Guardian Signature _____

Date: _____

I, _____, authorize Planet Kids Learning Center to apply payment for service to the below listed credit card. This service provides automatic payment withdrawal every Monday (weekly) or the first Monday of the month (monthly).

Payment made by credit card/debit card, the customer authorizes Planet Kids Learning Center to charge the below listed credit card the recurring tuition charges for Planet Kids Learning Center.

Card Number: () () () ()

Card Type: () ex: mc/visa/dis

Exp Date: () () mo/yr

Home Phone Number: () _____

Customer Signature: _____ Date: _____

Dear Parents;

We will be adding updated pictures to our website and pictures will be added to Facebook routinely. Therefore, we ask that you sign a release allowing your child to possibly be included in the pictures. Your child's name will not be included.

Thank you for your cooperation,
Cheryl Kiner, director
Planet Kids

Child _____

Parent Signature _____

Date _____