

# Enrollment Agreement



Date of Application: \_\_\_\_\_

Requested First Day: \_\_\_\_\_

Classroom: \_\_\_\_\_

## CHECK COMPLETED FORMS

### State: OFFICE USE ONLY

- Enrollment Agreement
- Enrollment Policies Agreement
- Preschool Health Statement
- Immunization Record
- Hearing/Vision Screen
- FARE Form

### Center: OFFICE USE ONLY

- Financial Agreements
- Transportation Agreement
- Field Trip Permission
- Child Profile
- ACH Form
- Authorized Pick-Up ID

## CHILD INFORMATION

Child's Name: \_\_\_\_\_ Sex: M F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Yes No Has your child been previously enrolled at Imagine Nation Learning Center?

Yes No Will your child have a sibling enrolled? If yes, sibling's name: \_\_\_\_\_

Yes No Has your child been previously enrolled in a learning center, preschool, day care or group play?

Yes No Is your child potty trained?

Yes No Does your child speak a different language? Specify: \_\_\_\_\_

Yes No Will Imagine Nation transport your child to/from school? If yes, name of School: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### Primary Parent/Guardian

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DL#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Provider \_\_\_\_\_

E-Mail: \_\_\_\_\_ Text Messaging Authorization: Yes No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Secondary Parent/Guardian

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DL#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Provider \_\_\_\_\_

E-Mail: \_\_\_\_\_ Text Messaging Authorization: Yes No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## EMERGENCY INFORMATION

Should my child become ill or suffer an accident, I hereby authorize Imagine Nation Learning Center, to call for, or secure the necessary emergency care of medical attention as deemed necessary by Imagine Nation Learning Center. I understand that an effort will be made to contact myself or the designated persons if possible, before any action is taken. I also understand that any expense incurred will be accepted by me.

Child's Physician: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Emergency Medical Facility: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Please list any continuing treatment for a medical or behavior disorder your child is receiving.

\*Please list any medical problems or chronic illnesses which the school should be aware of.

\*Please list any parent preference dietary restrictions: \_\_\_\_\_

\*Please list any food or drug allergies: \_\_\_\_\_ Reaction(s): \_\_\_\_\_

*\*(Please have your child's physician complete the provided FARE form for any known allergies and please indicate "none known" if applicable)*

**List an individual OTHER than parents/guardians who may be contacted to pick up your child in case of an emergency.**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work Phone : ( \_\_\_\_ ) \_\_\_\_\_

With whom does the child live with? \_\_\_\_\_ Both Parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other (Specify: \_\_\_\_\_)

*\*(If the child does not live with both parents, a copy of the court-ordered custody decree must be maintained in the child's permanent file. The guidelines of the custody decree will be strictly enforced.)*

## AUTHORIZED "PICK-UP" INFORMATION:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ DL#: \_\_\_\_\_

## RECORDS

I understand that I am required to provide a copy of my child's updated shot records. A copy must be turned in with the enrollment packet. I must also provide a written preschool health-statement from my health care professional. If my child is 4 years old by September 1<sup>st</sup>, I must also provide the center with vision and hearing screening results completed by a healthcare professional.

**OR**

My child, \_\_\_\_\_, attends public/private school and has a current immunization and vision/hearing screening record on file at the school.

School Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## REGISTRATION AND SUPPLY

A non-refundable registration fee of \$\_\_\_\_\_ is due and payable at the time of enrollment. I understand when my child is enrolled fulltime and is 18 months – 5 years of age, I am responsible for a \$\_\_\_\_\_ a month supply fee due the 1<sup>st</sup> Monday of every month. Payment Options include Automatic Bank Draft, Cash or Check OR for a convenience fee of \$7.00 per transaction, Credit or Debit Cards.

Applicant understands the importance of and assumes responsibility for notifying the school of any significant changes in enrollment information such as phone numbers, email address, emergency contacts, authorized pick-ups, medical information, custody information, etc.

## TUITION

Tuition is due by close of business on Monday each week. If payment is not received after 6:30pm Monday, I will lose any discounts that may apply and a late payment fee of \$\_\_\_\_\_ will be applied. Failure to stay current in your child's tuition fees may result in the loss of your child's spot in our program and will constitute a default which will entitle our schools to all remedies as prescribed by law including reasonable attorney's fees. The Standard tuition rate is \$\_\_\_\_\_ per week for the \_\_\_\_\_ program. My tuition is \$\_\_\_\_\_ per week. I understand that rates are subject to change with reasonable notice as conditions require. If I choose to change my enrolled program, I will be required to complete a new Enrollment Agreement. There are no deductions for holidays or partial week attendance.

**SCHOOL AGE PROGRAMS:** My tuition is \$\_\_\_\_\_ per day my child attends when the local public does not hold classes. I understand that my winter/spring/summer break tuition is \$\_\_\_\_\_ plus any cost of field trips.

## LATE PICK-UP CHARGES

The center is open from 6:00 am to 6:30 pm, Monday through Friday all year, except holidays listed in the Family Handbook. If a child is left after closing, an administrator will attempt to contact the parents first, then will proceed to the listed emergency contacts to pick up the child. I understand that I will be charged a late pick up fee of \$\_\_\_\_\_ per every 15 minutes or portion of a 15-minute period, per child, until the child is picked up. This fee must be paid at the time of pick up.

## WITHDRAWAL

Should it become necessary to withdraw your child for any reason, be sure you have reviewed the withdrawal procedures listed in the Parent Handbook. A two week written notice is required when withdrawing. Verbal notice will not be considered a withdrawal notification. A charge of up to two weeks will be incurred for improper notification.

## RETURNED CHECKS

I understand I will be charged a fee of \$\_\_\_\_\_ if my check is returned for non-sufficient funds and my check will be resubmitted electronically up to three times. If more than two checks are returned within a calendar year, I will be required to make future payments by money order, credit card or cash.

## VACATION CREDITS

We encourage families to take advantage of Vacation Credits if your child is going to be out for an entire week. Vacation Credits reduce your weekly tuition payment by 100%. The Vacation Credits must be taken in full week increments. There is no credit given for single days. Regular tuition must be paid when your child attends any part of the week. Vacation Credit requests must be submitted in writing to the Center Director two weeks prior to use. Each family will receive one vacation credit per year, per child. See Center Director for vacation credit details.

## ILLNESS

I understand that if my child is ill, including but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature (*see parent handbook for details*), severe headaches, upset stomach, pink eye or diarrhea, he/she cannot be accepted into the center until well. Children must be fever free for 24 hours (*without fever reducing medications*) before returning to the school. In the event my child has a communicable disease, a release from a medical source may be required before my child re-enters the school. Imagine Nation will notify me if a reportable disease has been introduced into the school.

## MEDICATION

Medication will only be administered once a day and all medications must be signed into the front desk. **No medication may be placed in the child's bag.** Only medication specifically labeled as a prescription with doctor's name, child's name, and dosage procedures will be administered. The school will only administer over the counter medications according to the directions on the label. When the directions indicate "ask doctor," the school requires written authorization from my child's physician, Benadryl or its generic form will not be administered.

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

**SIGNING IN AND OUT**

I understand that it is my responsibility to escort my child in and out of the school as well as sign my child in and out of the center. I understand that staff members will escort my child into the center when being transported from school by district or Imagine Nation transportation.

**PERMISSION TO APPLY SUNSCREEN, LOTION, AND CREAMS**

I authorize permission for staff to apply sunscreen, diaper rash cream, bug spray, and lotions to my child, when needed, each day they attend school. I understand that, 1) I am to provide the sunscreen, lotion, and/or cream labeled with my child’s name, and 2) Only the items I provide will be applied to my child.

I DO grant permission: \_\_\_\_\_ I DO NOT grant permission: \_\_\_\_\_

**PHOTOGRAPHY/VIDEO/SOCIAL MEDIA RELEASE**

I authorize permission to Imagine Nation Learning Center, its agents, affiliates and licensees to make, reproduce, publish and otherwise use photographs, videos, and/or sound recordings of my child for the purpose of illustration, advertising, and publicity, in any manner or in any form, including broadcast, print, electronic, and social media. I agree to indemnify, defend and hold harmless Imagine Nation Learning Center, its agents, affiliates, licensees and employees from claims arising from or relating to the use of the videotape/photograph or sound recordings of my child and hereby waive release, and discharge any claims I may have against Imagine Nation Learning Center, its agents, affiliates, licensees and employees arising from such use. I understand that my child will not be identified without written consent. I understand that this approval may be revoked at any time by written request to the management of the school my child attends.

I DO grant photography permission: \_\_\_\_\_ I DO NOT grant photography permission: \_\_\_\_\_

I DO grant social media permission: \_\_\_\_\_ I DO NOT grant social media permission: \_\_\_\_\_

**I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES: (please initial)**

\_\_\_\_\_ All program activities, including the use of indoor and outdoor equipment.

\_\_\_\_\_ Water-related activities supervised by my child’s school.

\_\_\_\_\_ Transport to and from the Elementary school my child attends.

\_\_\_\_\_ Any scheduled field trips in age-appropriate classes.

I, \_\_\_\_\_, agree that I have read and understand the terms and agreements listed herein. I am in receipt of an agree to comply with all of the policies and procedures set forth in the Parent Handbook and Addendums, and agree to the provisions which are incorporated herein, by reference and are a part hereof.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Director: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Drive by  Website  Google  Referral : \_\_\_\_\_  Other: \_\_\_\_\_

*The information contained on this for must be verified annually or when a situation changes, such as a phone number. For subsequent years, parents/guardians must validate by signing below.*

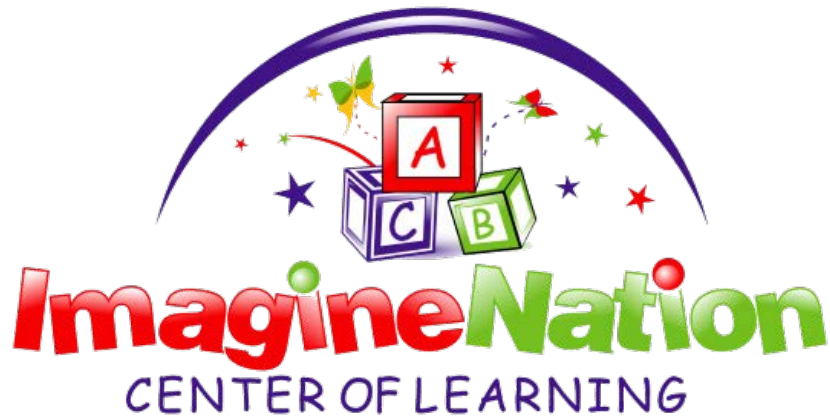
I have verified that all the information on this form is accurate and up-to-date:

\_\_\_\_\_ Initial Date verified: (mm/dd/yy) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_\_ Initial Date verified: (mm/dd/yy) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_\_ Initial Date verified: (mm/dd/yy) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_\_ Initial Date verified: (mm/dd/yy) \_\_\_\_\_ Relationship to child: \_\_\_\_\_



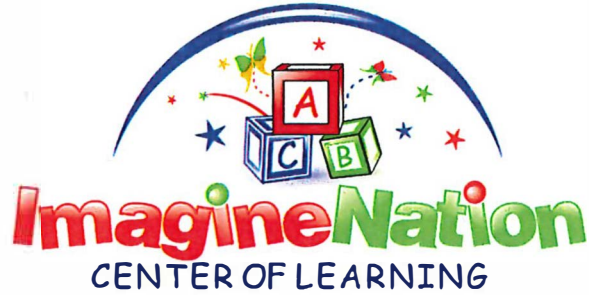
Welcome to Imagine Nation Learning Center! We are so glad you have chosen to join our program.

An administrator will review the following information with you upon enrollment. If you have any additional questions, please see the front desk or contact us at 817-522-6355.

- **Our Parent Orientation includes:**
- **Tour of the Facility**
- **Introduction of Teaching Staff**
- **Parent Handbook link provided**
- **Review of our policy for arrival and late arrival.**
- **Benefits of a consistent early arrival time are discussed**
- **Opportunity to stop into the class so you and your child can become comfortable with the new classroom**
- **An explanation of Texas Rising Star Quality certification is provided**
- **Provide any assistance needed related to CCMS elements during enrollment**
- **Overview of where family support resources and activities in the community will be posted**
- **Provide a resource for Child Development and developmental milestones**

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

**Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Imagine Nation Learning Center Family Handbook

To access our Family Handbook please follow these few steps:

- Visit our website: <https://imaginationcenter.com/>
- Go to the “Locations” tab and select your location
- Scroll down to the “Enrollment Forms” section and that is where you will find a link to our on line Family Handbook



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
 Start Date: \_\_\_\_\_

1. Has your child had previous preschool experience?  YES  NO
2. Does your child have any particular fears?  YES  NO **Please Explain.**
3. Does your child play well with other children?  YES  NO
4. Does your child have any particular allergies?  
 Nuts  Dairy  Wheat  Gluten  Pollen  Pet Hair  Insect Bites/Stings  
 Other: \_\_\_\_\_
5. **Does your child take a nap?**  YES  NO **How long?** \_\_\_\_\_  
 At our school, there is a daily quiet time when children are expected to nap. If they are unable to nap, they will read or work on a quiet activity during that time.
6. Does your child have a special item he/she needs in order to go to sleep?  YES  NO
7. Is your child potty trained?  YES  NO
8. What words does/will your child use to go to the bathroom? \_\_\_\_\_
9. What is the primary language that is spoken in your home? \_\_\_\_\_
10. Do you have a problem with your child celebrating any holidays?  YES  NO  
 If yes, please explain.

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

_____	_____
_____	_____

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



## PRESCHOOL HEALTH STATEMENT

Child's Name: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

Enrollment/Start Date: \_\_\_\_\_

My child has been examined within the past year by a health professional and is able to participate in the child care program. Prior to admission, I will obtain a health care professional's signed statement and will submit it to Imagine Nation Learning Center.

I have examined the above named within the past year and find that he/she is able to take part in the child care program.

Physician's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's

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

**Status Of:**

Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

X

Parent Sign and Date

To be completed by a healthcare professional prior to enrollment:

OR

A signed affidavit from the parents or legal guardian stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization of which the parent is an adherent or member.

X

Parent Sign and Date





## TRANSPORTATION AGREEMENT

I **allow** Imagine Nation Learning Center to transport my child, \_\_\_\_\_, for the following reasons:

Medical Emergency- Child would be transported by EMS team in an emergency vehicle.

To School Name of School: \_\_\_\_\_ Begins at: \_\_\_\_\_

From School Name of School: \_\_\_\_\_ Ends at: \_\_\_\_\_

Field Trips (ages 4 and older) individual permission forms will also be filled out for each trip.

I **do not allow** Imagine Nation Learning Center to transport my child, \_\_\_\_\_, for any reason without my written permission.

- It is vital that Imagine Nation Learning Center 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 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. Failure to adhere to this policy will result in a \$5 charge to your account.
- In the event that the designated location is unable to receive children, they will be returned to Imagine Nation Learning Center.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- Your child must be at the center no later than \_\_\_\_ am to be transported to school in the mornings. If your child needs breakfast, he/she needs to be here by \_\_\_\_ am.

X

\_\_\_\_\_  
Parent Sign and Date



## Hearing and Vision Screening

The Vision and Hearing 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 vision problems. **The requirements for vision and hearing screening apply to children who are 4 years old by September 1<sup>st</sup>.**

Vision	R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Screener's Signature:			Date:	
Hearing	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass  <input type="checkbox"/> Fail
R				
L				
Screener's Signature:			Date:	



### AUTOMATIC PAYMENTS

We would like to offer you the convenience of automatic tuition payments. You will no longer have to remember to make your tuition payments. Your payment will be safely and securely processed on its scheduled date through our ACH processing center. Please complete the form below to begin your automatic payments.

#### Automatic Draft from Bank Account

I authorize **Imagine Nation Learning Center** to withdraw funds to pay for childcare tuition and/or other childcare related fees that are due and payable.

Parent Name/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Bank/Credit Union Name: \_\_\_\_\_

**Please include a voided check.**

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Start Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Weekly     Bi-Weekly     Monthly

\_\_\_ Monday    \_\_\_ Tuesday

Your **Monthly Activity Fee**, Discoverers through Imagineers, \$15 or Creators through Inventors, \$25 will be drafted on the 1<sup>st</sup> week of every month. Please initial if desired. \_\_\_\_\_

I authorize Imagine Nation Learning Center to alter the withdrawal amount listed on the contract to reflect discounts and additional charges such as field trips. I will be notified by phone or during check in of any substantial changes prior to their occurrence.

Please initial if desired. \_\_\_\_\_

A collection failure will incur a NSF bank charge of \$33.00 that will be added to your account.

This authorization will remain in effect until, you notify Imagine Nation Learning Center in writing to terminate such transactions Notices must be received at a minimum of 5 business days in advance of the termination date.

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

Date: \_\_\_\_\_