



Grandma's Garden

Child Care Center

Tiffany Monnin, Director



281-789-7026



Date of Admission:					
Child's Last Name:		Child's First Name		Date of Birth	
Home Address:		City		St	Zip
Hours/Days Child will be in care:		Check meals to be served: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <small>*If a meal and/or snack is provided from home, then the parent understands that Grandma's Garden is not responsible for its nutritional value or for meeting the child's daily food needs.</small>			
Mother	1. Parent's Name & Home Address:		Parent's SSN:		Cell Phone:
			TDL:		Email:
Father	1. Parent's Employment & Address:		Work Phone:		Other Phone:
Father	2. Parent's Name & Home Address (if different):		Parent's SSN:		Cell Phone:
			TDL:		Email:
Father	2. Parent's Employment & Address:		Work Phone:		Other Phone:
Other Emergency Contact Name & Address			Phone		Relationship to Child:
I hereby authorize Grandma's Garden to allow my child to leave ONLY with the following people. Children will only be released to a parent or a person designated by the parent/guardian after ID verification:					
Authorized Pick-up #1		Authorized Pick-up #2		Authorized Pick-up #3	

PARENT PERMISSION - CHECK ALL:

TRANSPORTATION: I hereby give do not give - consent for my child to be transported and supervised by the operations employees: in case of emergency on field trips to/from school

FIELD TRIPS: I hereby give do not give my consent for my child to participate in field trips.

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

PHYSICIAN INFORMATION & 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 transport my child to the following facility:

Tomball Regional Medical Center <i>Name of Emergency Medical Care Facility</i>	605 Holderrieth Blvd.; Tomball, TX 77375 <i>Address</i>	(281) 401-7500 <i>Phone #</i>
<i>Name of Physician</i>	<i>Address</i>	<i>Phone #</i>

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian



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SCHOOL AGE CHILDREN:

Name, address and phone number of the school your child attends:

School Name

School Address

Phone Number

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

My child has permission to ride the bus to and from the school above.

EMERGENCY MEDICAL PROCEDURE:

- Contact EMS services, if needed
- Contact parent or emergency contacts if unable to reach parent
- Direct medical attention from child's doctor or on-call doctor from hospital if non-emergency and parents are unable to transport child to services themselves.

PHYSICIAN STATEMENT REQUIREMENT:

One of the following must be presented when your child is admitted

- A signed and dated copy of a health care professional's statement is attached.
- 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.
- Provide an annual hearing and vision screening results for children 4 years and up.
- My child has been examined within the past year by a health care professional and is able to participate in the day care program. I will obtain and provide a signed statement within 12 months to the child-care operation.

IMMUNIZATION REQUIREMENTS:

All children attending the center must have a copy of their current immunizations on file. Check ONE of the following:

- A record of my child's current and up-to-date immunizations is attached or available thru IMMTRAC (Texas Immunization Registry website).
- 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.
- My child cannot be vaccinated or follow the mandated schedule due to a health-risk. I have attached a signed statement from my child's physician stating that the "required vaccines pose a significant risk to the health and well-being of the child or a member of the household."

SPECIAL NEEDS:

Does your child have physical, emotional, mental or developmental special needs that would limit the child's participation in the center's programs and activities? Yes No

Does your child have any allergies? Yes No

Does your child have a serious illness or injury (past or current) or been hospitalized over the last 12 months? Yes No

Is your child on any continuous, long-term medication? Yes No

Does your child require any specialized medical assistance (helmet, leg braces, etc)? Yes No

Are there any special procedures or practices required in caring for your child? Yes No

Please explain 'yes' answers above (may require doctor statement):



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OPERATIONAL POLICIES / PARENT HANDBOOK ACKNOWLEDGEMENT AND PHOTO RELEASE:

- I acknowledge that the Grandma's Garden Parent Handbook, which includes the center's operational policies, including those for discipline and guidance has been made available to me online (www.grandmasgarden.biz)
- I authorize Grandma's Garden to use photographs/videos taken of my child for use on display, in promotional materials, on the website or Facebook, for distribution to center parents, classroom projects, internal identification and on a password protected photo-sharing website. (cross off items not approved)

TUITION POLICY AND FEES:

All weekly tuition is due on Monday and is considered late Tuesday evening. Tuition not paid by this time will incur a \$35 late fee. All monthly tuition is due by the fifth day of the month. Tuition received after the fifth of the month will incur a late fee.

One Time Registration Fee: \$100.00/\$150.00
 Supply Fee: \$50.00¹
 Late Pick-up \$1.00/minute

Tuition \$ _____ per week / month²
 Family Discount (if applicable) \$ _____

¹ Supply Fee is per child and due each September 1st

² Tuition rates are subject to change at our discretion.

**Grandma's Garden DOES accept subsidized childcare through Workforce Solutions. Please contact them directly to apply.

PLEASE NOTE: Tuition is NOT discounted for partial attendance or holidays.

I understand that if tuition is not paid on Friday, Grandma's Garden cannot provide care until the balance is paid in full.

Signature _____ Date _____

RESPONSIBILITIES:

Grandma's Garden Responsibilities:

- Communicate with our parents about all activities and progress of their child.
- Be available to meet with parents about concerns, questions, and child development issues that they may have.
- Provide two hot meals and one snack each day.
- Provide transportation to and from school and on planned field trips with parental permission. Provide necessary transportation forms and advanced notice of trips in a timely manner.
- Notify parents if their child becomes sick or injured at school. Notify all parents if there is a communicable disease outbreak at the school.
- Contact the parents if they have not yet arrived to pick up their child by the scheduled closing time. If we cannot contact the parents we will try to contact the family's emergency contacts. If we cannot reach anyone by 7:30pm Grandma's Garden will follow the guidelines provided by the state of Texas and contact the Texas Department of Family and Protective Services.
- In the event your child becomes ill or injured during the time that he or she is in the care of Grandma's Garden, the center shall contact you immediately and shall be authorized to secure such medical attention and care for the child as may be necessary.
- As a participant in Child and Adult Care Food Program, Grandma's Garden receives federal cash assistance to serve healthy meals to your child. Meals served must meet nutrition requirements established by the USDA. Please see attached documents for more information.
- Follow all State of Texas Child Care Licensing Standards.

Parent's Responsibilities

- I will pay the tuition, registration, curriculum, and special activity fees as agreed on and understand that registration fees are non-refundable.
- Provide all necessary information pertaining to administering medicine to my child.
- Update all forms and contact information when needed.
- I will escort my child into and out of, and sign my child in and out of the center
- If my child is in diapers, I will provide disposable diapers, wipes, creams, or ointments for my child and label them with my child's name. I will provide extra clothes during potty training in case of an accident.
- I will provide Grandma's Garden with the appropriate number of bottles or sippy cups necessary for my child and have them labeled with my child's first name & last initial as per state regulations.
- Notify the center of any special needs my child may have while in their care.
- Notify the center TWO WEEKS in advance if my child will no longer be attending the center in order to open a spot for another child. Any outstanding fees will be paid at the time of withdrawal.



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ENROLLMENT AGREEMENT PARENT SIGNATURE:

I acknowledge that the Grandma's Garden Parent Handbook including the center's operational policies has been made available online and I agree to abide by the policies found there and in this enrollment application. I have filled out the enrollment application to the best of my ability with correct information and will inform the center of any changes. All enrollment/admission information will be updated annually.

Parent Signature _____ Date _____