PRESCHOOL ENROLLMENT AGREEMENT

Please fill out one complete enrollment form per child

Texas Rising Star
Four out of four star certification

General Information

Operation's Name: Language And Art Centers known as Language Arts Academy **Date** ___/___/202__			
Child's full name:	**Date of birth**	**Age**	☐**Female** ☐**Male**
Child's home address:	**City**	**State**	**Zip code**
Child's Nickname:	**Child lives with?** ☐ Both Parents ☐Mom ☐ Dad ☐Guardian		**Court documents on file?** ☐Yes (we need a copy) ☐No

This agreement is between Language And Art Centers(Language And Art Centers, and _____

_____

(Parent/Guardian's name completing this form).

Address of Parent or Guardian: *(if different from the child's)*:	**City**	**State**	**Zip code**

List phone numbers below where parents or guardian may be reached while child is in care:

Parent 1- full name	Parent 1- cell phone #	Parent 1- work number #
Parent 1- email address	Parent 1- Driver's License #	State
Parent 2- full name	Parent 2- cell phone #	Parent 2- work number #
Parent 2- email address	Parent 2- Driver's License #	State
Guardian- full name	Guardian - cell phone #	Guardian - work number #
Guardian – email address	Guardian - Driver's License #	State

Did your child attend another day care/preschool? ☐ Yes ☐ No	**Reason for leaving?**

In case of an emergency, call (other than parent):

Name of emergency contact:	Relationship:	Phone #
Full address:		

Release of child

I authorize Language Arts Academy to release my child to leave the school **only** with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID

Name	Relationship with the child	Phone #
Name	Relationship with the child	Phone #
Name	Relationship with the child	Phone #

This is a legal contract/agreement. All pages of the agreement are binding. You are entitled to a copy of the agreement and any other papers you sign/initial. This agreement is binding as soon as you sign it.

This agreement is for 10 months starting the first day of attendance _____ until _____

Initials

📝 Consent Information

1. 🚙 **Transportation Consent**

I give consent for my child to be transported and supervised by Language Arts Academy staff in the following situations:

☐ Emergency Care ❌ Field Trips *(currently not offered)* ❌ To and From Home/School *(not offered)*

2. 🎒 Field Trips 🚫 We do not offer transportation for field trips at this time.

3. 💦 Water Activities. I give consent for my child to participate in the following:

☐ Water Table Play ☐ Sprinkler Play

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4. 📚 **Receipt of Operational Policies**

I acknowledge that I have received, read, and understand the Parent Handbook, including policies regarding:

📌 Health & Safety	📌 Participation & Physical Activity	📌 Behavior & Supervision
☐ Emergency Plans ☐ Illness and Exclusion Criteria ☐ Safe Sleep Practices ☐ Procedures for Conducting Health Checks ☐ Procedures for Dispensing Medication ☐ Immunization Requirements	☐ Procedures for Parents to Participate in Activities ☐ Promotion of Indoor and Outdoor Physical Activity, Including Criteria for Extreme Weather	☐ Discipline and Guidance ☐ Suspension and Expulsion ☐ Procedures for Release of Children ☐ Procedures to Visit the Center Without Prior Approval ☐ Procedures for Parents to Discuss Concerns with the Director

📌 Nutrition	📌 Communication
☐ Meal & Food Service Practices	☐ Procedures for Parents to Contact Child Care Licensing, DFPS, Child Abuse Hotline ☐ DFPS and Licensing Website

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5. 🍽️ Meals

☐ I understand that the center does **not provide meals**. I will send nutritional meals, snacks and drinks for my child daily.

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6. 🗓️ Days & Times in Care My child is enrolled in the following program(s):

☐ 🧠 Spanish Immersion (2mo–6y) ☐ 🌸 Mother's Day Out (2y+) ☐ 🏠 Homeschool (2–7y)

☐ 🌟 Drop-In Care (6mo–6y)

📍 **Schedule Enrolled:**

☐ ⏰ Full Day (6:30 AM – 5:30 PM) ☐ ⏰ Half Day (7 AM – 12:30 PM) or (9 AM – 3 PM)

☐ ⏰ Mother's Day Out (8:30 AM – 12:30 PM) ☐ ⏰ Drop-In ☐ ⏰ Homeschool (10 AM – 12 PM)

🗓️ **Days Attending (check all that apply):**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

🛑 ***Days selected cannot be changed.***

🕗 Arrival Time: _____ 🕓 Departure Time: _____ 🗓️ Starting Date: _____

I need to drop off and pick up at these times; if not, an early/late fee might apply.

7. Acknowledgement- I acknowledge that I received:

☐ My Parent Rights ☐ The Parent Handbook and policies

Parent/Guardian Signature: _____ Date: _____

8. Special Care Needs (Check All That Apply)

☐ Environmental allergies	☐ Limitation or restrictions on child's activities
☐ Food intolerances	☐ Reasonable accommodations or modifications
☐ Existing illness	☐ Adaptive equipment *(include instructions below)*
☐ Previous serious illness	☐ Symptoms or indications of complications
☐ Injuries and hospitalizations *(past 12 months)*	☐ Medications prescribed for continuous long-term use
☐ Other _____	

Explain any need selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Plan submitted date:_____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit https:// www.ada.gov/resources/child-care-centers/. 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/Legal Guardian Date

9. Emergency Medical Authorization

If I cannot be reached to arrange emergency medical care, I authorize the person in charge at Language Arts Academy to:

☐ Call **911**, and/or

☐ Take my child to the following physician or medical facility:

Physician Name: _____ **Phone:** _____ **Address:** _____

Medical Facility/Hospital Name: _____ **Address:** _____ **Phone:** _____

I give consent for the school to secure all necessary emergency medical care for my child.
I also authorize the individual(s) listed under "Release of Child" to leave the school with my child.
I certify that all information provided is true to my knowledge.
The school is **not responsible for any medical or related costs**.

Parent/Guardian Signature: _____ **Date:** ___ / ___ / _____

Exemptions from Health Requirements

If applicable, I have attached:

Immunization Exemption – Signed affidavit for reasons of conscience/religion (per Section 161.0041).

☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

Vision/Hearing Screening Exemption – Signed affidavit based on religious beliefs.

☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Initials

10. Vision & Hearing Exam Results *(For children 4+ years)*

Vision Exam:

Right Eye 20/_____	Left Eye 20/_____	☐ Pass ☐ Fail
Signature		**Date Signed**

Hearing Exam:

Ear	1000 HZ	2000 HZ	4000 HZ	Pass or Fail
Right				☐ **Pass** ☐ **Fail**
Left				☐ **Pass** ☐ **Fail**

Signature_____ **Date Signed** _____

11. Health Statement – Admission Requirement

If your child does **not** attend another school, submit one of the following within 1 week of admission:

- ☐ Health Care Professional's Statement: I have examined the above-named child within the past year and find that he or she is able to take part in the day care program.
- ☐ 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.
- ☐ 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 submit it to the child care operation.

_____ _____

Name of Health Care Professional, if selected Address of Health Care Professional, if selected

Signature — Health Care Professional _____ Date Signed _____

Signature — Parent or Legal Guardian _____ Date Signed _____

12. Immunization & Vaccine Information

Vaccines require multiple doses over time. Please provide us with the updated vaccination records from your Doctor's office; with doctor's signature or stamp.

Physician or Public Health Personnel Verification

Signature or stamp of physician or public health personnel verifying immunization information attached:

_____ _____

Signature **Date Signed**

☐ Or, I will submit the vaccination records with the physician signature and clinic stamp.

Varicela o chickenpox

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 chickenpox on or about (date) _____ and does not require the vaccine."

Signature: _____ **Date:** ___ / ___ / _____

Tuberculosis Test (if required)

Positive ☐	Negative ☐	Date:

13. Vaccine Information:

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Child's name DOB Years Old

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1–2 months (second dose) 6–18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15–18 months (fourth dose) 4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6–18 months (third dose) 4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose) 4–6 years (second dose)	
Varicella	12–15 months (first dose) 4–6 years (second dose)	
Hepatitis A	12–23 months (first dose) The second dose should be given 6 to 18 months after the first dose	

⚖️ 14. Legal Notices

🚫 **Gang-Free Zone:** Within 1,000 ft of a childcare center, organized crime penalties are harsher (Texas Penal Code).

🔒 **Privacy:** HHSC privacy policy: hhs.texas.gov/policies-practices-privacy#security

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✍️ 15. Enrollment Agreement

This is a legal contract/agreement. All pages of the agreement are binding. You are entitled to a copy of the agreement and any other papers you sign/initial. This agreement is binding as soon as you sign it.

This agreement is for 10 months starting the first day of attendance _____ until _____

I have read and filled out the Language Arts Academy enrollment information packet to the best of my knowledge and abilities. Any information or paperwork that is missing I know that I have a week from my child's enrollment date to provide the school with it. I also understand that if the information changes or need to be updated, it is my responsibility to update and provide this information on time

Child's Parent or Legal Guardian Signature _____ Date____/_____/_____

Center designee signature _____Date____/_____/_____

🗓️ 16. Continuing Yearly Agreement

For following years, I confirm all information remains current.

Parent/Guardian Signature	Date	Agreement From	To

Initials

17. 💰 Pricing Information

📋 Fee Breakdown

Tuition $ _____ (2 or 4 weeks tuition rate)
Registration Fee: $ _____ *(charged every year)*
Material Fee: $ _____ *(charged every year)*
Deposit: $ _____ *(equal to 2 weeks tuition; applied to the last two weeks, when the child leaves the school))*

💳 Accepted Payment Methods

Cash
Check
ACH bank transfer
Zelle

💵 Payment Schedules

Option 1 – Every 4 Weeks

First Payment: $ _____
(Includes 4 weeks tuition + registration fee + material fee + 2 weeks deposit)
Due on: ___ / ___ / _____
Following Payments: $ _____ every 4 weeks, until Withdrawal notice ((30 days in advance is required)

📝 Notes: _____

Option 2 – Every 2 Weeks

First Payment: $ _____
(Includes 2 weeks tuition + registration fee + material fee + 2 weeks deposit)
Due on: ___ / ___ / _____
Following Payments; $ _____ every 2 weeks until withdrawal notice (30 days in advance is required)

📝 Notes: _____

⚠️ Late Fee Policy

I agree to pay on time according to my chosen schedule.
Any late payment will incur a $25 fee per child, per day past due, plus any late or applicable fees.

Parent/Guardian Name: _____Signature: _____ Date: ___ / ___ / _____

Notes:

🏦 Mandatory ACH Authorization Form

(This form is required and must be completed in full.)

I, the undersigned, authorize **Language and Arts Centers** to initiate electronic debit entries from my checking or savings account for the purpose of collecting tuition payments and any other applicable fees.

1. 📜 Terms & Conditions

1. **Automatic Charges for Late Payment**
   - If tuition or fee payment is not received by the due date, I authorize the school to charge my bank account via ACH transfer.
   - This charge will include the tuition amount due **plus a $25 per day late fee** until the balance is paid in full.
2. **No Prior Notification**
   - I acknowledge that no advance notice will be provided before ACH charges are made.
   - Debits will occur **within 3 business days** after the due date if payment is not received.
3. **Bank Statement Details**
   - Charges will appear on my bank statement as **"ACH Debit"** from Language and Arts Centers.
   - I will receive a receipt for each payment transaction.
4. **Responsibility to Update Account Information**
   - I am responsible for keeping my bank account details accurate and up to date.
   - I agree to notify the school immediately of any changes to my account information.

Billing Information

Billing Address _____ **Phone #** _____

City, State & Zip _____ **email** _____

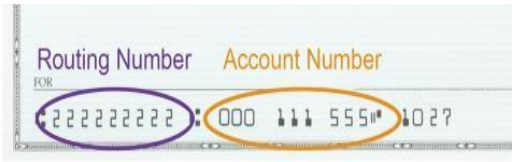
Bank details: checking savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I agree to notify **Language and Art Centers** in writing at least **15 days in advance** of any changes to my bank account information (e.g., account closure, change in account number, or routing information).

I understand that:

- **This authorization is binding and cannot be canceled** while my child(ren) remain enrolled in Language and Art Centers.
- ACH debits are **electronic transactions**, and funds may be withdrawn from my designated account **as soon as the transaction is submitted to the bank**.
- In the event of a **Non-Sufficient Funds (NSF)** rejection, a **$35 fee will be charged** for each unsuccessful attempt. Additional late fees may apply until the balance is paid in full.

By signing below:

- I **certify** that I am an authorized user of the bank account listed in this agreement.
- I **agree not to dispute** these ACH transactions with my financial institution, **provided the transactions comply with the terms** outlined in this authorization.

Signature _____ Date _____

(Account Holder's Signature)

Medical Release, Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of my child's participation in programs, activities, and events organized by **Language and Art Centers (LAA)**, I, the undersigned parent or legal guardian, acknowledge and agree to the following:

1. Medical Disclosure & Participation Acknowledgment

I affirm that my child is physically and mentally able to participate in the program and I am unaware of any conditions that may affect their ability to participate safely. I agree to notify the program immediately of any change in my child's health or condition that may impact their participation.
I hereby authorize LAA staff to act in their best judgment in the event of a medical emergency requiring treatment for my child. I understand that I am responsible for all medical expenses incurred as a result of any injury or illness.

2. Assumption of Risk

I understand that participation in any school activity, including outdoor play, physical activity, field trips, and classroom interactions, may involve certain risks, including but not limited to:

- Minor injuries (e.g., scrapes, bites, bumps, scratches)
- Exposure to infectious diseases, including but not limited to COVID-19, influenza, MRSA, HFM (Hand, Foot, and Mouth Disease), etc.

While safety measures are in place, I acknowledge that **the risk of serious illness, injury, or even death does exist**, and I voluntarily assume all such risks on behalf of my child.

3. Waiver and Release of Liability

I hereby waive, release, discharge, and hold harmless **Language and Art Centers**, including its owners, directors, employees, agents, volunteers, and facility partners (collectively, the "Releasees") from any and all liability for any injuries, damages, or losses (including illness, medical costs, attorney's fees, and court costs) arising from or in connection with my child's participation in any LAA program or related activity—whether on-site, off-site, or during transportation.
This release applies to all claims, whether caused by negligence of the Releasees or otherwise, and includes but is not limited to:

- Injury
- Property loss or damage
- Permanent disability
- Illness or death

4. Indemnification

If I, or anyone on my behalf, files a claim against any of the Releasees, I agree to **indemnify, defend, and hold harmless** each of them from any resulting liabilities, losses, damages, or expenses.
I understand that I am responsible for all related medical expenses.

5. Acknowledgment of Understanding

I acknowledge that:

- I have read and fully understand this Medical Release, Waiver of Liability, Assumption of Risk, and Indemnity Agreement.
- I understand that I am giving up **substantial legal rights** on behalf of myself and my child by signing it.
- I sign this release **voluntarily and without coercion**.
- This release is **binding to the fullest extent permitted by law**. If any portion is found unenforceable, the remainder shall remain in full force and effect.

Name _____Signature _____Date_____/_____/ _____

⚠️ Policy on Payments, Withdrawals, Cancellations, and Refunds

At **Language and Art Centers (LAC)**, we are committed to providing high-quality educational services in a transparent and professional manner. To ensure clarity, please review the following policies carefully. By enrolling your child, you agree to all terms outlined below.

1. Registration & Fees

- A **registration form** must be completed and/or updated **annually**.
- At the time of registration, the following **non-refundable, non-transferable** fees are due:
  - **Annual registration fee**
  - **Material fee**
  - **Two weeks' tuition deposit per student**

2. Payment Terms

- Payments must be made in **cash, check, cashier's check, or Zelle** every **2 or 4 weeks on Fridays**, as outlined in your tuition agreement.
- All families are required to have an **ACH account on file**. If tuition is not received by the due date:
  - Your ACH account will be charged **within 3 business days**.
  - A **$25 per day late fee (per child)** will be added until the balance is paid in full.
  - **Returned or declined transactions** (e.g., NSF) will incur a **$35 fee per attempt**.
- It is the parent's responsibility to **keep payment information current** to avoid fees or interruptions in care.

3. No Refund Policy

- **All payments are final. No refunds or transfers** will be issued for:
  - Missed classes
  - Illness
  - Vacations
  - Non-attendance
  - Withdrawal from the program (see below)

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4. Withdrawal & Enrollment Responsibility

- **Withdrawal must be submitted in writing at least 15 days in advance**.
- Withdrawals made **on or after the first day of classes** do **not** relieve the responsible party from paying the full tuition owed.
- **Non-attendance does not constitute withdrawal.** You are responsible for tuition and any outstanding balance unless formal written withdrawal is submitted.
- A **$250 withdrawal fee per child** applies.
- Outstanding balances will be charged automatically to the account on file.

5. Class Cancellations & Make-Ups

- LAC reserves the right to **reschedule or cancel classes** due to unforeseen events (e.g., weather or emergencies).
- If a class is canceled by LAC, we will make every effort to **reschedule**.
- **No make-up classes** are offered for:
  - Vacations
  - Non-attendance
  - Voluntary absences

6. Late Pick-Up Policy

- Children must be picked up **promptly at the end of class**.
- A late pick-up fee of **$2 per minute** applies **starting 1 minute after class ends**.
- Fees must be paid at pick-up.

7. Behavior & Program Expectations

- LAC is committed to providing a **safe, respectful, and enriching environment**.
- All students are expected to follow school rules regarding **language, behavior, and respect**.
- If behavioral issues persist, **the child may be removed from the program without refund**.

8. Sick Policy

- Children must be **fever-, cough-, cold-, sore throat-, vomiting-, and diarrhea-free for at least 24 hours** before returning to school.
- A **doctor's note is required** for return after illness.
- If a child becomes sick during the day, **parents will be contacted and must pick up within one hour**.
- **Do not send sick children to school.**

9. Drop-Off, Pick-Up & Security

- Children will only be released to adults listed on the **authorized pick-up form**.
- Any changes must be communicated in writing.
- **Daily sign-in and sign-out is required** for security and compliance.

10. Valuables & Toys

- Please **do not send toys, electronics, or valuables** to school.
- LAC is **not responsible** for lost or damaged personal items.

11. Lunch & Snack Policy

- Parents must provide:
  - **Water bottle or sippy cup**
  - **Lunch** (warm meals should be packed in a thermal container; we do not microwave food) and snacks.

12. Medical Information & Medication

- Medical records must be **kept current** with the front office.
- If your child requires medication (e.g., inhalers or EpiPens), please:
  - Hand it directly to the supervisor
  - Fill out and sign a **Medication Authorization Form**
- Medications must be clearly labeled and in original packaging.

We do not administer:

Medications like Antibiotics, Tylenol, Motrin, cold medicine, or teething gel

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13. Parent Handbook

All families are required to read and understand the **Parent Handbook**, which contains detailed information about school policies, procedures, and expectations.

By enrolling at LAC, you acknowledge that you have read, understood, and agree to comply with the above policies. These terms are in place to ensure a smooth, respectful, and efficient experience for all students and families.

Signature _____ Date _____

Language Arts Academy Enrollment Agreement

Please read this agreement carefully. Your signature below indicates your full understanding and acceptance of the policies, responsibilities, and terms outlined. This is a **legally binding agreement** between Language Arts Academy ("LAC") and the parent/legal guardian of the enrolled child.

📌 A. Basic Services for All Families

(Please initial each line.)

_____ I understand that I am reserving a spot for my child, not paying for attendance. I am responsible for tuition **regardless of attendance**. This agreement is for **10 months**, starting from the first day of attendance.

_____ I understand that LAC will make reasonable efforts to safeguard children's belongings, but is **not responsible for lost or broken items**. All personal items must be labeled with my child's name.

_____ I understand that **schedule changes** must be submitted in writing with **at least two weeks' notice** and are **subject to availability**.

Schedule change options:

- Full-time → Part-time or 3 full days/week
- Part-time → 3 full days/week
- Mother's Day Out/3 days → Change days, same number of hours

_____ I understand that I **cannot drop off my child more than 10 minutes early** without additional payment.

_____ I understand that I must pick up my child **on time**, at their scheduled pick-up time: _____. A **$2 per minute** late fee applies after this time. Full-time students must be picked up **by 5:30 PM**. Late fee starts at **5:31 PM**.

_____ I understand that my child **cannot start** unless all paperwork, vaccines, health forms, and **required fees** are submitted.

_____ I understand there are **no refunds or transfers for any reason**.

💳 B. Payment Provisions

_____ I understand this is a **10-month agreement**, from: _____ to _____. If I do not plan to continue after this term, I must submit **written notice of withdrawal one month before** the end date.

_____ I understand that **late payments** incur a **$25 per child per day** fee.

_____ I understand that if payment is not received on time, **my ACH account will be charged**, including late fees, **within 3 days** of non-payment.

_____ I understand that **returned checks or denied ACH payments** incur a **$35 fee** and must be replaced within 2 days. Late fees will continue to accrue.

_____ I understand that **annual fees** (registration and material) will be charged each year upon renewal.

_____ I understand that there are **no tuition reductions** for:

- Holidays
- Illnesses
- Personal vacations
- Emergency or mandatory closings

_____ I understand I receive a **5% sibling discount** for additional children, applied to the lowest tuition, only when paying full, regular tuition (not promotional rates). Only one discount per family.

_____ I understand that **tuition increases annually (10%)**, based on regular prices—not on discounted or promotional rates.
_____ I understand that **all payments made to hold a space** are **non-refundable and non-transferable**.

🏫 C. Student Retention and Withdrawal

_____ I understand that withdrawing after the first day of class does **not** relieve my tuition obligation.

- Written notice is required **two weeks in advance**
- I must pay for the full month and **$250 withdrawal fee per child**
- **Non-attendance is not withdrawal**, and tuition will still be charged

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⏱ D. Daily Procedures & Policies

_____ I will drop off my child by **10:00 AM** at the latest. Children **cannot be picked up during nap time** (12:30–2:30 PM) unless notified in advance.
_____ I will notify LAC by **text, email, or phone** if my child will be absent.
_____ I understand my child **cannot arrive without the complete uniform, with food, toys, or eating.**
_____ I will **sign in and out** at the front desk daily and understand that my child is my responsibility once picked up.
_____ If my child appears ill at drop-off, I understand that **they cannot be left at school**.
_____ I give permission for LAC to take **photos/videos** of my child to share with me, on social media (Facebook/Instagram), website, or flyers.
_____ I will pick up my child **within 1 hour** of being notified of illness and he/she cannot come back to the school the next day.
I agree to notify LAC of contagious illnesses. A **doctor's note and admin approval** are required for return. **Children must be fever-free for 24 hours without medication**. For COVID symptoms, a **negative test** is required to return.
_____ I will send my child with a **ready-to-eat lunch in a thermal container**. LAC does **not heat food or wash utensils**.

📌 E. Parent Responsibilities

_____I will provide and maintain up-to-date **medical and immunization records**.
_____I will **notify the center in writing** and via phone if someone **not on the authorized list** is picking up my child.
_____I will **update all enrollment records** and vaccination forms as needed.
_____I agree to **abide by all policies** in the Parent Handbook, even if not listed in this agreement.

🚫 F. Holidays, Absences, and Closures

_____ I understand that LAC is closed on holidays as per the school calendar. No refunds or makeups are given for:

- Holidays
- Illnesses
- Emergencies
- Natural disasters
- Pandemics or mandatory closures

- Vacations
- Teacher's trainings

_____ I will notify LAC if my child is absent for illness or vacation.
_____ I understand I receive **two weeks of vacation per year** with **50% tuition discount**, available only:
- After **6 months of continuous enrollment**
- With **two weeks' written notice**
- Not transferable and must be used in the same calendar year

_____ If I choose not to attend in summer but want to reserve a spot, I am eligible for a **50% tuition holding fee**.
_____ I understand LAC follows **Klein ISD** for weather, closings and major holidays. Updates will be shared via:
- **Facebook**
- **WhatsApp school group**
- **Text message**
- **Also check Klein ISD**

📝 G. Termination of Enrollment

_____ I understand my enrollment may be terminated if:
- Payments are delinquent **for 3 days or more**
- I or my child violate policies
- LAC cannot meet my child's needs or it is not in the best interest of the center

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🚑 H. Medical Treatment Authorization

_____ I authorize LAC to seek **emergency medical care** for my child.
_____ I agree to pay all related expenses. LAC will notify emergency contacts as soon as possible.

💊 I. Health Certification

_____ I understand it is my responsibility to keep **immunization records current** and provide timely updates.

🛡 J. State Licensing and General Policies

_____ I acknowledge that:
- This agreement is subject to **state licensing rules**
- LAC may change policies without notice
- **Parent Handbook policies apply**, even if not in this agreement
- No changes to this agreement are valid unless made in writing

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📄 K. Additional Terms

_____ I will not solicit or hire LAC staff during employment or for 12 months after their departure.
_____ I agree to pay **all costs of collection**, including attorney's fees and court costs, for any unpaid tuition or fees.
_____ I certify that:
- I have read and understood this agreement
- I have received a copy of the **Parent Handbook**

- No verbal agreements modify this contract

👶 L. For Infants (0–18 Months)

_____I will use the **Genie Parent app** for updates.
_____I am responsible for providing **diapers, formula, food, wipes, cream, extra clothing**.
_____Missing diapers will be provided at **$5 each**.
_____**No toys or headbands** allowed due to choking hazards.
_____LAC does **not wash bottles or utensils**.

👶 M. For Children 19 Months and Older

_____Uniform required everyday: **Navy or wine shirt with embroidered logo**, bottoms in navy, black, or khaki.
_____Shoes must be **closed-toe**.
_____Easy pull-up pants only for potty-training.
_____Missing diapers or supplies will be charged at **$10 per day**.

🤱 P. Summer Camp & Schedule Changes

_____ I understand summer care is offered at the **regular monthly rate**.
If not attending, I must pay **50% of tuition** to hold my child's spot.
Summer schedule changes require 2 weeks' notice and are subject to availability. Options:

- Full-time → Part-time or 3 full days/week
- Part-time → 3 full days/week
- 3 days/Mother's Day Out → Change days, same hours

📄 Final Acknowledgement

I certify that I have read, understood, and agreed to the terms and responsibilities of this agreement. I have received a copy of this agreement and the Parent Handbook. I understand this is a legally binding contract.

_____	_____	_____
Parent/Guardian full name	Parent/Guardian Signature	Date

Center designee signature _____Date____/_____/_____

Date of admission	Date of withdrawal

Health Statement

Child's Name_____ Date of Birth_____

ADMISSION REQUIREMENT:

By state law, a completed Health Statement must be on file before a student can be admitted.

HEALTH-CARE PROFESSIONAL'S STATEMENT:

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

_____ _____

Health Care Professional's Signature Date

16

Exception: PARENT STATEMENT

Please note: If your child is newly enrolled with Language Arts Academy, a parent's signature may fulfill this requirement until your child's next doctor appointment. A parent signature is valid only for the first 12 months from the date your child starts our program. After that, Texas State childcare law requires that a health care professional's signature must be on file.

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

_____ _____

Parent Signature Date

Name of Healthcare Professional _____

Address of Healthcare Professional _____

Parent Orientation

Name of facility: Language And Art Centers know as Language Arts Academy

Name of parent/guardian: _____

I have received information on the following:

☐ Introduction to the staff

☐ Parent visit with the classroom caregiver

☐ Overview of the parent handbook

☐ Policy for arrival and late arrival

☐ Opportunity for an extended visit in the classroom by both myself and my child for a period of time to allow us both to be comfortable

☐ An explanation of the Texas Rising Star Program

☐ Encouragement to share elements of my CCS enrollment so that the provider may assist, if applicable

☐ Family support resources and activities in the community

☐ Child development and developmental milestones

☐ Expectations of families

☐ The significance of consistent arrival time, including:

- □ before the educational portion of the school begins
- □ Impact of disrupting other children's' learning
- □ The importance of consistent routines in preparing children for the transition to Kindergarten

☐ Statement about limiting technology use on site to improve communication between staff, children an d families

☐ Statement reflecting the role and influence of families

I acknowledge receipt of the above information.

_____

Parent signature Date

_____

Director signature Date

Provider's Guide to Parent's Rights

Senate Bill 1098 from the 88th Legislative Regular Session added Section 42.04271 to the Human Resources Code and states that a parent or guardian of a child at a child care facility has the right to:

- Enter and examine the child-care facility during its hours of operation and without advance notice;
- File a complaint against the child care facility;
- Review the child care facility's publicly accessible records;
- Review the child-care facility's written records concerning the parent's or guardian's child;
- Receive inspection reports and information about how to access the child care facility's online compliance history;
- Have the facility comply with a court order that prevents another parent or guardian from visiting or removing the child;
- Be given the contact information for the child care facility's local Child Care Regulation office;
- Inspect any video recordings of an alleged incident of abuse or neglect involving their child provided that:
    - Video recordings of the alleged incident are available;
    - The parent or guardian does not retain any part of the video depicting a child that is not their own; and
    - The parent or guardian of any other child in the video receives prior notice from the facility;
- Obtain a copy of the facility's policies and procedures handbook;
- Review the facility's staff training records and any in-house training curriculum; and
- Exercise these rights without receiving retaliatory action by the facility.

Required Notifications

- The child care facility must provide written notice to the parent or guardian of any other child captured in a video before allowing a parent to inspect a recording.
- The child care facility must provide a parent or guardian with a written copy of the rights no later than the child's first day at the facility.

Helpful Tips

Since a parent may perceive an action taken by a child care facility as retaliatory, keep in mind:

- Documentation is essential in supporting your actions; and
- Follow the suspension and expulsion policy outlined in your operational policies and update your policy, if needed.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility

TEXAS Health and Human Services

Signature--- Parent or Legal Guardian Date Signed