

Harvest

Heights

Childcare & Christian Academy



REGISTRATION PACKET

2603 S. Hampton Rd, Glenn Heights, TX 75154
972-232-9071

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

<input type="checkbox"/> Operation's Name HARVEST HEIGHTS CHILD CARE CHRISTIAN ACADEMY		<input type="checkbox"/> Director's Name Mrs. Willie F. Brown	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
I authorize the child care operation to release my child to leave the child care operation 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		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information

Check All That Apply:

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care at school/church property nature walks

2. Field Trips

I give consent for my child to participate in at school/church property nature walks.

I do not give consent for my child to participate in field trips (off campus).

Comments:

3. Water Activities

I give consent for my child to participate in the following water activities:

water table play sprinkler play

4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|---|--|
| Discipline and guidance | Procedures for release of children |
| Suspension and expulsion | Illness and exclusion criteria |
| Emergency plans | Procedures for dispensing medications |
| Procedures for conducting health checks | Immunization requirements for children |
| Safe sleep | Meals and food service practices |
| Procedures for parents to discuss concerns with the director | Procedures to visit the center without securing prior approval |
| Procedures for parents to participate in operation activities | Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals

I understand that the following meals will be served to my child while in care:

- None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

6. Days and Times in Care

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday	CLOSED	CLOSED
Sunday	CLOSED	CLOSED

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	Phone Number
Name of Emergency Care Facility	Address	Phone Number

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

Signature — Parent or Legal Guardian

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, 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 caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan Submitted on _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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 or Legal Guardian

Date Signed

School Age Children

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

- walk to or from school or home ride a bus be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

- Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

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.

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 or she is able to take part in the day care program.

Signature — Health Care Professional _____
Date Signed
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 submit it to the child care operation.

Name

Address of Health Care Professional

Signature — Parent or Legal Guardian

Date Signed

Requirements for Exclusion

- 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.
- 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.

Vision Exam Results

Right Eye 20/ Left Eye 20/ Pass Fail

Signature

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature

Date Signed

Vaccine Information

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

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)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	12–15 months (fourth dose)	
	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
Influenza	4–6 years (fourth dose)	
	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.	

Physician or Public Health Personnel Verification

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

Signature

Date Signed

Varicella (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 varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Signature

Date Signed

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test (If Required)

Positive Negative Date: _____

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Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

STOP- sign at school with Administrative Staff

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

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INFANTS (LESS THAN 12 MONTHS): Did the child experience any complications at or before birth or require any extended hospital stay (more than 2 days beyond birth)? Yes _____ No _____ If yes, explain:

Please provide medical documentation. Accommodations may require an Enrolling Children with Special Needs Packet.

Has the child experienced any respiratory issues that require medication, breathing treatments, or other special accommodation? Yes _____ No _____ If yes, explain:

Please provide medical documentation. Accommodations may require an Enrolling Children with Special Needs Packet.

Child's Name: _____ Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

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

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

5. Who also cares for your child(ren)?

6. What language is spoken in your home? _____

7. Does your child have any medical or physical needs? Explain:

Child's Name _____ Parent _____ Date _____

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8. Does your child have any allergies? Explain: _____

9. What are the foods your child likes best? _____
Least? _____

10. What are your child's mealtime routines at home? _____

11. How many hours of sleep does your child receive at night?

12. What are your child's bedtime rituals? _____

13. Does your child take naps? Yes No How long?

14. Non-Infant Enrollment Only: Does your child need a comfort item for a nap?

15. What words are spoken in your house for toileting? Yes No

16. How does your child express anger or react to frustration?

17. Does your child have any particular fears?

18. How does your child react to change (such as being left by parents)?

19. How does your child comfort himself/herself?

20. What are your child's play interests (preference for creative, dramatic, or construction play)? _____

21. How do you discipline your child?

22. When did your child begin to use language?

23. How would you describe your child (personality characteristics)? _____

24. What do you enjoy the most about your child? _____

Child's Name _____ Parent _____ Date _____

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25. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

26. Has your child had previous preschool experiences? _____

27. Are you available to help us with special events? _____

28. Do you have a special interest or hobby you would like to share with the children? _____

29. What family or cultural traditions are important in your home? _____

Would you be willing to share these traditions with the children? _____

Parent/Guardian Signature: _____ Date: _____

ENROLLMENT REGISTRATION INFORMATION Date of Birth: _____ Eye Color: _____

MEDICAL HISTORY Height: _____

Color: _____ Hair Color: _____ Weight: _____

Distinguishing Marks: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs: _____

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (please check and list all that apply)

Medications Allergen: _____

Medications Reaction: _____

Food Allergen: _____

Food Reaction: _____

Other: _____ Allergen: _____

Food Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Do your child have diagnosed food allergies? Yes No Plan Submitted on _____

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Do your child have a favorite Christian/Gospel song(s) that they like to sing? If so, please list them here:

Child's Name _____ Parent _____ Date _____

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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. 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 or she is able to take part in the day care program.

Signature- HealthCare Professional

Date signed

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. member of. I have attached a signed and dated affidavit stating this.
5. 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.

Doctor's Name: _____ Address of Health Care Professional _____

Signature-Parent or Legal Guardian

Date Signed

(STOP) must be complete with Harvest Heights's Staff Member

REGISTRATION INFORMATION ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information Packet and Parent Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Completed Enrollment Registration Information Packet
- Parent/Family Handbook Acknowledgment
- Child Information Card (if applicable)

Other state or federal required forms: _____

REVIEW WITH FAMILY

- | | |
|---|--|
| <input type="checkbox"/> The child's first day | <input type="checkbox"/> Child guidance and classroom management (discipline policy) |
| <input type="checkbox"/> Tuition payment schedule, amounts, and due dates | <input type="checkbox"/> Parent conferences and other communications |
| <input type="checkbox"/> Process and procedures of security access | <input type="checkbox"/> Authorized pick-up, late pick-up policy and emergency controls |
| <input type="checkbox"/> Child custody documents (if applicable) | <input type="checkbox"/> Clothing and other items to bring-labeled. |
| <input type="checkbox"/> Any pick-up restrictions | <input type="checkbox"/> Any field trip restrictions <input type="checkbox"/> Any photo restrictions |
| <input type="checkbox"/> Immunization/health information | <input type="checkbox"/> Annual registration fee |
| <input type="checkbox"/> Late fees | <input type="checkbox"/> Vacation policy |
| <input type="checkbox"/> Special needs | <input type="checkbox"/> Absenteeism policy |
| <input type="checkbox"/> Sick policy | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Security deposit (if applicable) |
| <input type="checkbox"/> Medication policy | <input type="checkbox"/> Relevant curriculum features for child's age group |
| <input type="checkbox"/> Infant/Toddler Needs Services Plan (if applicable) | <input type="checkbox"/> Review Emergency and Disaster Plans |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Harvest Heights Child Care Christian Academy

Child's Name _____

Parent/Guardian _____

Date _____

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ENROLLMENT TUITION AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ **BASIC SERVICES:** I understand that HHCCA provides childcare and development services for families with children 6 weeks to 5 years of age. (6-12 years of age pending)

_____ **REGISTRATION FEE \$75.00:** I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

_____ **TUITION AND MODIFICATIONS CONDITIONS:** \$ _____ per week/month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s):

Harvest Heights Child Care Infants and toddler: 6 weeks-Toddler 2

Days (Check all that apply): M T W TH F From _____ a.m./p.m. to _____ a.m./p.m.

Harvest Heights Christian Academy: Preschoolers 3-5 years old

Days (Check all that apply): M T W TH F From _____ a.m./p.m. to _____ a.m./p.m.

Extended Day Program: Morning 6am-8am

Extended Day Program: Evenings 3:30pm-6:00pm

Extended Day Program: (both) morning and evening

_____ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week/month. Appropriate alternate Tuition Fees must be paid during school breaks.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$30.00 plus \$5.00 per day until paid-in-full. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **AGENCY REIMBURSEMENT:** In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. Unless my state prohibits disclosure of such information, I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from 6:00 a.m. to 6:00 p.m., Monday through Friday, all year, except for holidays and summer sessions. I understand that if I fail to pick up my child by the scheduled closing times, I will be charged a late fee of accordingly: 6:01p. m. -6:15p. m. a \$10.00 fee, 6:16p. m. - 6:30p. m. a \$20.00 fee, and 6:30p. m.-until a \$20.00 plus \$3.00 fee per minute per child, until the child is picked up.

_____ **ADDITIONAL FEES:** School-age camp will be open during the summer months and scheduled school breaks according to the local public-school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well: School Supplies. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the director for details.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family-household, a 10 % discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s) up to 3 children. Discounts are not applicable on any fees or services, agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

_____ **RETURNED PAYMENTS/NSUFFICIENT FUNDS:** I understand that a processing fee will be charged to my account for all PAYMENTS that are returned or declined for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds on credit or debit cards may be automatically resubmitted electronically up to three times. If payments are returned/insufficient (2) times or more, I will be required to pay by an alternate method of payment.

Child's Name _____

Parent/Guardian _____

Date _____

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SECTION 2: DAILY PROCEDURES

DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state childcare licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up my child upon such notification within 60 minutes (1 hour) of given notice. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in handbook.

MODEL RELEASE: The company, its program, affiliates, and licensees, may may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the state childcare regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

WITHDRAWAL FROM PROGRAM: I understand that if my child is in the infant/toddler rooms, I must provide a two (2) week written notice of withdrawal from the program. If my child is in the preschool, I must provide a one (1) month written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

HOLIDAYS: I understand the school is closed on the following holidays: New Year's Day, Labor Day, Spring Break 2-Days, Independence Day, Thanksgiving 2-Days, Christmas 2-Days, Memorial Day, 1/2 day on Good Friday as well as or "either" Martin Luther King, Jr. Day or Presidents' Day for in-service training: 7-Days of in-service training per year. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness). A reservation fee of 50% off my regular week's/month's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the director, if possible. I agree to pay the reservation fee of \$____ per week/month to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks/months when my child attends any part of the week/month. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company's intention to be open and provide childcare service every weekday of the year, excluding holidays and professional training days, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (5) business days.

Child's Name _____

Parent/Guardian _____

Date _____

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SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents, and I are bound by state childcare regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter.

I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

_____ **PARENT HANDBOOK:** I have received a copy of the Parent Handbook (Operational Policies). I have read and understand its contents and policies and agree to be bound by same.

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the director.

_____ **I understand** the Harvest Heights Child Care & Christian Academy beliefs are based on Biblical Foundation: Children will learn bible verses, sing Christian/Gospel song, and Pray or be led by staff members in daily prayer and devotion (King James Bible and Children Bible).

These policies have been reviewed with me by company management. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Name of Parent/Guardian: _____ Relationship: _____

Signature: _____ Date: _____

Name of Director: _____

Signature: _____ Date: _____

Child's Name _____

Parent/Guardian _____

Date _____