



Luv 'N' Care Learning Center

ADMISSION INFORMATION

4451 Boat Club Rd.
Fort Worth, TX 76135
Phone: 817-237-5683
Fax: 817-237-1845

Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address (include city, state, zip)			
Father's Name		Address (if different from child's address)	
Work Phone No.	Cell Phone No.	Texas Drivers License No.	Employed By
Mother's Name		Address (if different from child's address)	
Work Phone No.	Cell Phone No.	Texas Drivers License No.	Employed By
Parents' Marital Status		Child Lives With	
Mother's email Address		Father's email Address	
Date of Admission		Date of Withdrawal	

How did you hear about us?	
Why did you choose to enroll you child at Luv 'N' Care Learning Center?	
Password for emergency verification	Hint question?

Additional Contact Information:			
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification ID.			
Name	Relation to Child	Texas Drivers License #	Phone Number

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:	<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child to participate in Field Trips:
Parent's comments:	
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:	I have read and understood the facility's parent handbook. I acknowledge receipt of the facility's operational policies including those for discipline and guidance.
5. <input type="checkbox"/> I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:	<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack

Both parents must sign this form in order to make changes and/or to be allowed to pick up the children.

Mother's Signature	Date
Father's Signature	Date



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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 #:
Name of Emergency Medical Care Facility:	Address:	Phone #:
I give consent for the facility to secure any and all Necessary emergency medical care for my child. _____ Signature – Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare 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).

SCHOOL AGE CHILDREN:	
My child attends the following school:	
<input type="checkbox"/> _____ Name of School and Address	_____ School Phone #
CHECK ALL THAT APPLY:	
<input type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.	My child has permission to: <input type="checkbox"/> walk to and from school, <input type="checkbox"/> ride a bus, and/or <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.
Name of sibling(s): _____	

IMMUNIZATION RECORD:
<input type="checkbox"/> I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option
1. <input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.
_____ _____ Health Care Professional's Signature Date
2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.
3. <input type="checkbox"/> 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. <input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.
Name and address of health care professional: _____
_____ _____ Signature – Parent or Legal Guardian Date



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

 Signature – Parent or Legal Guardian

 Date



Luv 'N' Care Learning Center Service Agreement

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Student Name _____ DOB _____

Date of Enrollment _____ Class _____

Registration (nonrefundable) _____ Due _____

Supply Fees (nonrefundable) _____ Due _____

Days Attending					Arrival Time	Departure Time
M	T	W	TH	F		

Tuition: Tuition is calculated on a weekly basis. Tuition may be paid in weekly, monthly, or annually installments. There is no reduction in tuition for illness, absences, holidays, extended absences, or inclement weather days. Vacation policy: if your child is absent for an entire week, then half tuition is paid to hold your spot in the classroom.

Tuition per Week: _____ Billing Cycle: Weekly Monthly Annually

Additional Fees for School Age Program:

School Age Early Dismissal is \$10.00 additional. Public School Holidays are \$20.00 additional.

Late Pick-Up: For the convenience of our working parents, our school closes at 6:30 p.m. Please make every effort to arrive at the school before this time. In the event that you are late, a fee will be charged as follows: \$1.00 per minute after 6:35PM. Late arrival fees are due when you pick up your child.

Withdrawal: Upon the parent/guardian's decision to withdraw their child, a notice is required one week in advance in order to process cancellation of billing. This notice is to be submitted in writing to the office administration. If proper notice is not given, the parent/guardian will be responsible for the following week's tuition.

Agreement Contract

Luv 'N' Care Learning Center agrees to provide the contracted services as described in this agreement. The parent/guardian agrees to the conditions, limitations of service, and fees explained in this agreement. The parent/guardian will be held financially responsible for all the fees in accordance with this agreement and in the time specified as due. The parent/guardian agrees to follow the policies of the center explained in this agreement.

Signature _____

Printed Name _____

Date _____