



CHILD'S ENROLLMENT AGREEMENT

Email: bcd@brockcountryday.org

www.brockcountryday.org

741 FM 1189

Brock, TX 76087

Child's Last Name, First Initial

Parent/Guardian Last Name if different:

Directions: Parent or guardian completes the form in its entirety and returns it to the childcare provider before the child's first day of enrollment. The childcare provider keeps the form on file at the childcare facility. Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state childcare licensing regulations.

1. General Enrollment Information:			
Childcare Provider: BROCK COUNTRY DAY CCL License #840221		Director's Name- SHANNON AULD Email: director@brockcountryday.org	
Child's Last 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 First Name _____		Planned Start Date: _____	
Child's Primary Home *Address _____		Name of Parent or Guardian Completing Form _____	
Name of Parent or Guardian Completing Form _____		Address of Parent or Guardian Completing Form (if different from the child's) _____	
Primary Caregiver (circle): Yes <input type="checkbox"/> No <input type="checkbox"/>			
List Primary family information (name & cell numbers) below where parents/guardian may be reached while child is in care. Parent/Guardians listed below are permitted regular pick up and emergency notification and pickup unless Custody Documents state otherwise, and are on file at Brock Country Day			
Parent/Guardian 1 same *address: Name: _____ Cell Number: _____	Parent/Guardian 2 same *address: Name: _____ Cell Number: _____	Parent/Guardian (not primary) Name: _____ Cell: _____ Address: _____	If applicable, Custody Documents on file @ BCD: <input type="radio"/> Yes <input type="radio"/> No
AUTHORIZED PICKUP PERSONS (ALTERNATE and/or EMERGENCY): Should Parent/Guardians listed above not be able to pick-up child from our center (non-emergency), the authorized Alternate Person will be permitted to pick up your child. from If in an Emergency, and we are unable to contact Parent/Guardian(s), we will release information of emergency and/or release child at pickup to authorized Emergency Person. <i>Parent/Guardian to instruct Authorized Pickup Person to bring their Driver's License or valid State ID at time of pick up.</i>			Please remember to notify Alternate and/or Emergency Pickup Contacts about your child's enrollment at our Center & their role.
I authorize the childcare operation to release my child to leave the childcare operation 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. It is the Primary/Guardian responsibility to ensure that authorized pickup person(s) provide safe transportation, including car seat or booster seat to meet Texas Department of Public Safety. You must indicate if they are Regular Pick up or Emergency Pick up; if both- check both). It is Authorized Alternate or Emergency Pickup Person's responsibility to inform BCD Front Door Staff who they are, and present proper ID. Your child may be released without prior authorization.			
Name (Emergency Pick up ___ Regular Pick Up ___)		Phone Number _____	
Name (Emergency Pick up ___ Regular Pick Up ___)		Phone Number _____	
Name (Emergency Pick up ___ Regular Pick Up ___)		Phone Number _____	
Name (Emergency Pick up ___ Regular Pick Up ___)		Phone Number _____	
Name (Emergency Pick up ___ Regular Pick Up ___)		Phone Number _____	

I state that I am authorized to enroll child in childcare and the child's legal parent/guardian. You must sign, initial and date on each page of Child's Enrollment Form as indicated.

Name (Print): _____ Signature: _____

Initials: _____

Date: ____/____/____



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2. **Permissions:** If a section is not applicable, skip to next section or check N/A. Check or Initial all that apply.

Transportation I give consent for my child to be transported and supervised by the operation's employees:
 _____ N/A _____ to and from BISD school _____ to and from field trips (K Prep & Hang 10- school age)

Field Trips are for our K Prep & Hang 10 (school age) Programs:

Should a child seat be required; family is required to provide child seat that meets Texas DPS regulations.

- I give upfront consent for my child to participate in field trips. Field Trip information will be provided (at least) 1 week prior to field trip.
- I *do not* give consent for my child to participate in field trips. Your child will be provided childcare in an alternate classroom during field trip. If not providing field trip consent; we will offer your childcare in an alternate classroom. Please talk with your child about this decision.

Sunscreen and Insect Repellant Application Permission: I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date, and it must be labeled with my child's first name and last initial (or full name). If the child does not have supply, Brock Country Day may use "house" supply of sunscreen and/or insect repellant.

_____ Initials: I give my permission to this center to apply sunscreen as needed.
 _____ Initials: I give my permission to this center to apply child approved insect repellant as needed
 _____ Initials: I do NOT give permission for my child to have _____ sunscreen and/or _____ insect repellant applied at Brock Country Day. Family assumes full responsibility for applying sunscreen and/or insect repellant before bringing child to center.

Water Activities- Water Activities are considered a part of curriculum and consent for my child to participate is given with signature on this enrollment form. I understand I must OPT OUT if I do not want my child in the following water activities on-site at center:

Onsite Water Activities include table play, sprinkler play, splashing/wading pools, sensory play. Slip n Slide requires separate consent.

*OPT OUT: X _____ Initials I am electing to OPT OUT and my child will have alternate classroom activity during this
 Family will need to discuss with child about your decision for them not to participate.

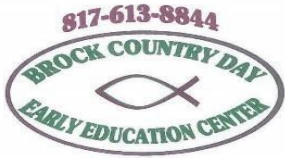
Walking Excursions or walking between buildings:

_____ Initials: I give my permission for my child to participate in supervised walking excursions, as a part of the curriculum and/or for physical activity, near and around the center. In addition, I give my permission for my child to be escorted by staff from Main Building and Red Barn if needed during the day and as needed for their enrolled classes/programs.

Displaying of Pictures/Info Permissions: Our classroom curriculum includes children sharing family pictures and general information. We will request pictures to post in the classroom and/or for your child to share at circle time or special activity. Your child picture is used as their Profile Picture on ProCare for face-to-face safety checks, and for child to easily identify their assign spaces in classroom. We may use your child's picture in classroom group or gathering with other children to share on their ProCare Classroom. Pictures taken of classroom activity or special event that includes your child may be posted to Brock Country Day's Facebook page, and/or our Web site. Additional information may include child's name, birthdate, and family member's name may be shared during classroom activity.

_____ Initials- I understand use of pictures and personal info stated above and give my permission.
 *OPT OUT: X _____ Initials- I am electing to OPT OUT of: _____
 Family is encouraged to discuss your decision to OPT OUT with your child as they may be asked gently to step aside during photos being taken during classroom and/or activities.
 *OPT OUT: X _____ Initials- FOSTER CHILD/FAMILY We are a foster family, and this child may not have their picture on social media.

Parent/Guardian Signature: _____ Date: ____/____/____



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3. Child's Family Dynamics:

Please be sure and list this information in Section 3 Child's Family Dynamics below and include individual information about your family that would help your Child feel more comfortable. For example, a child may have two dads (stepparent and biologic dad), or a parent who has passed. Or other situations that requires our staff to be mindful when creating holiday and other special art, crafts, or other items for children and/or families.

____ Traditional family, please list parents, sibling name/ages:

____ Modern Family- Please describe your child's family dynamics (co-parenting, stepparents' siblings, alternate address, anything that helps us with your child when making holiday items, drop off/pick up; etc.:

4. Nutrition and Meal Service:

Nutrition Requirements: As per Child Care Licensing Minimum Standards: The meals and snacks must follow the meal patterns established by the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) that is administered by the Texas Department of Agriculture. Brock Country Day must follow these patterns regardless of whether we are participating in the program for reimbursement. We do not participate in any food program for reimbursement

Brock Country Day does not provide breakfast. We will allow children to bring in their breakfast to eat between 6-8 a.m.; thereafter, children **MUST** be fed prior to arrival. It is a classroom disruption for children to eat breakfast after 8 a.m. A morning snack is served between 9-10 a.m. depending on age/classroom. Infants/Toddlers may have individual eating schedule.

____ I understand Center does not provide breakfast, that I may send breakfast with my child between 6-8 a.m.; if my child arrives after 8 a.m. I will ensure they have been fed. I will not ask Center to make exceptions.

Meals Service Quick Overview: BCD provides Lunch and Snacks as required by CCL for children 13 months and up. Exception children with allergies or food intolerance- Plan of Care will be followed. Infants-12 months family will provide all nutrition and supplies as per Family Handbook. Refer to Nutrition Policy within Family Handbook for details. Brock Country Day Menu for meals/snacks for all ages is reviewed and approved yearly by Professional RD Consultant.

Food Allergies and/or Intolerance: Allergies require a Doctor's Statement and Plan of Care while enrolled at Brock Country Day; family may be required to provide all foods and/or milk. Food Intolerance must have a Plan of Care while enrolled at Brock Country Day; family may have to provide alternate food/milk.

Does your child have diagnosed food allergies? ___N ___Y ___ If yes, Plan of Care completed with medical professional and Brock Country Day
Is food allergy life-threatening that requires an Epi-Pen? ___N ___Y ___ If yes, an Epi-Pen with physician instructions must be provided for Center.

Does your child have food intolerances that will be addressed while in our care? ___N ___Yes ___ If yes, Plan of Care completed with medical professional and Brock Country Day

____ I understand that a Plan of Care for Child's Food Allergies or Intolerances must be submitted PRIOR to Start Date at center for a Plan of Care to be approved. If child starts before Plan of Care and/or Physician Statement is obtained; I must provide ALL nutrition/milk until this is completed. Any substitute food for food intolerances must be provided by the me if foods on Center's Food Intolerance Substitute List does not work for your child.



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5. Health Statement

Option 1: My child attends ISD school _____ ISD Telephone _____

Option 2: My child does not attend ISD school away from the childcare center, and I am selecting one of the following Health Statements below (A or B). Option 2, MUST select A or B below:

A. I have provided a signed/dated copy of a health statement by health care provider stating that my child is able to participate in childcare. This exam was within 12 months of admission to childcare.

B. My child has been examined within the past year by a health care professional and they are able to participate in childcare. I will provide within 12 months of admission to childcare a copy of this statement of health. You

MUST provide complete health care provider information to claim Option 2 A or B.

Name of Health Care Provider: _____ Telephone _____

Address _____

6. Immunizations Records

Please select the following response to providing immunization records for your child (may check more than 1 box):

I have provided Director immunization records that meet CCL 746.623 requirements for my child at enrollment. I have provided Director consent to access ImmTrac2 portal for my child immunization records.

My child immunizations are up to date and on file at their ISD (listed above) for my ISD school age child.

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

Date (Month/Year) was on or about when my child had varicella disease (chickenpox) and does not need varicella vaccine.

I understand it is my responsibility as parent/guardian to ensure my child is up to date on immunizations and to provide up to date records to BCD within 7 days of due date of immunization. And that this is a CCL requirement and Center may not allow attendance if immunizations are not up-to-date and/or record not provided to Center. **At doctor appointments for immunizations, please ask for a record for childcare.**

For additional information regarding immunizations, or OPT OUT visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm <https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____



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7. Child's Additional Information Section:

List any special needs that your child may have, such as environmental allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and any other information which caregivers should be aware of (may attach information as well):

Has your child been evaluated by therapist or diagnosed?

If your child is enrolled in ISD, are they assigned to a 1 on 1 while in school?

If your child is older 2 or older:

1. Do you have to use all your locks or other safety protocols to keep your child safe at home due to their behavior or inability or lack of following instructions?

Describe how/why/often:

2. Does your child bite or hit you or others without being provoke?

Describe how/why/often:

Does your child require a 1 on 1 when being cared for by others, or when outside of the home for safety of their being?

General (all ages):

Do you have concerns about growth and development, and/or about milestones not being met?

Has your child ever had fever induced seizures?

Has your child had injuries that required medical care or hospitalization?

Is your child verbal? ___N ___Y Does your child have swallowing issues? ___N ___Y

Do you have concerns about speech? ___N ___Y

The Director will review any concerns with the following as applicable for best Plan of Care- Brock Country Day's Professional Consultant's our Registered Nurse and/or Registered Dietitian. Texas Rising Star Mentor, Program Manager and/or Classroom Teacher to ensure safe care will be provided and to provide community resources to family. Director will discuss options, referrals, resources with parent/guardian during a one-on-one meeting.

Childcare 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 (TT

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8. Authorization for Emergency Medical Attention:

_____ I give permission for my child to receive First Aid by Trained BCD Staff. BCD Director or person in charge, or Teacher will notify me by either phone or ProCare App (electronic/email) Incident Report depending on severity of Incident. I will sign Incident Report for child's record.

_____ I give my permission for my child to receive CPR/First Aid by Trained BCD Staff and for 911 to be activated in the event of a perceived major emergency; and for treatment by 911 First Responders. Director or person in charge will notify me or emergency contact immediately.

_____ I give my permission for 911 First Responders to transport by ambulance to local hospital in Weatherford, Texas should they recommend my child is need of such emergency medical care. Center will contact parent/guardian or Emergency Contact that child needs urgent care. If emergency constitutes immediate transport to hospital for life-threatening emergency; Center will allow immediate transport. I understand all cost related to transportation by ambulance is at my expense.

_____ I understand that it is against BCD policy for staff to transport my child for emergency care to doctor or hospital.

9. Required CCL Notification Requirement:

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

No Smoking on Center Premises: People must not smoke any e-cigarette, vaporizer, or tobacco product or otherwise use any tobacco product at child-care center, on the premises, on the playground, in transportation vehicles, or during field trips.

Regarding Firearms, other weapons allowed at Childcare Center:

- Peace officers as listed in §2.12 of the Code of Criminal Procedure and security officers commissioned by the Texas Private Security Board who are trained and certified to carry a firearm on duty may have firearms and ammunition on the premises of the child-care center.
- For all other persons, firearms, hunting knives, bows and arrows, and other weapons are prohibited on the premises of the child-care center, unless the child-care center is also your residence. This prohibition does not apply to personal vehicles.
- Firearms, hunting knives, bows and arrows, and other weapons kept on the premises of a child-care center located in your home must remain in a locked cabinet inaccessible to children during all hours of operation.
- Ammunition must be kept in a separate locked cabinet and inaccessible to children during all hours of operation.

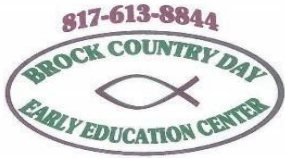
10. Other Agreements:

Private Employment Acknowledgement and Release- Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement.

Please note that our center staff and teachers sign a non-compete and unable to provide childcare services during operational hours of Brock Country Day; and unable to accept childcare/nanny type positions within 10 miles for 1 year after end of employment with Brock Country Day.

Brock Country Day staff is not allowed to accept gifts/cash over \$25 value from our clients.

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11. Tuition Policy Quick Overview:

Registration Fees: A non-refundable registration fee of \$35 per child or \$70 per family; or other registration as indicated with special programs; is due at initial enrollment and with program selection changes.

Tuition is NOT subject to discounts, and we will not waive tuition for illness, unplanned absences, holidays, or emergency closures (i.e., severe weather, ice storms, pandemic, or if electrical grid is restricted or shuts down electricity).

_____ I agree to pay the full tuition in advance of services rendered

_____ I agree to pay the full tuition fee even if my child is absent for one or more days.

Late Fees: A late fee of \$25 for first 3 days and then \$5/day thereafter is due if tuition is not received on time. Past due accounts may lose their enrollment spot. Past Due accounts may lose their eligibility for vacation days as applicable (refer to Family Handbook).

- Accounts two weeks in arrears may result in immediate termination of service.

- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.

- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$25 each occurrence. ACH or Checks will be processed up to 3 times without notification. Two or more returned checks or ACH transactions may result in my account being placed on "money order only" status; and non-ACH tuition will be applied and any admin fees as per Family Handbook.

- A 2-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in forfeiture of deposit.

- A receipt for income tax purposes is provided on www.myprocare.com; set-up instructions are listed in Family Handbook. - A late pick up fee is due if my child is not picked up before closing as detailed below and in Family Handbook.

Late Pickup from Center (after closing time): Brock Country Day is not able to provide childcare before or after operating times approved by Child Care Licensing. If you know that you will not be able to pick up your child(ren) by our closing time, you must make advance arrangements for Emergency Pickup.

There is a \$25/per child late fee and \$5/per child/per minute after the first 15 minutes. Paying the late pickup fee does not provide permission to leave your children past closing time. One Occurrence is understandable, a 2nd Occurrence may result in un-enrollment warning and 3rd Occurrence may result in un-enrollment.

Our staff work extremely hard physically and emotionally all day. Please be respectful of their family time and understand when you pick up after hours, our staff is sacrificing their personal and/or family time. As well as this puts our center at risk for non-compliance with Child Care Licensing.

Parent/Guardian Signature: _____ Date: ____/____/____



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12. Program Selection:

Select only one of the following Center's Program that you are enrolling your child:

Childcare Program Dually Enrolled FT Childcare with Add-on K Prep/Enrichment K Prep/Enrichment Only Program
 Hang 10 (school age) Program

Planned days and times in care; please select the option that you are enrolling your child:

Option 1 Child Care or K Prep Program:

My child is enrolled Full Time and may use full operational hours.
 My child is enrolled Part Time and will attend the following days: M T W Th F each week; as per the guidelines in Family Handbook.
 My child is enrolled in Flex Time Program. I will provide my days of attendance by the first of each month as per Flex Time guidelines in Family Handbook.
 My child is enrolled in Teachers Program. I will attend the days for student attendance in accordance with _____ ISD. I have provided the school calendar as a per Teacher Program guidelines in Family Handbook.

Option 2: Hang 10 (school age) Program:

Select one of the following: Full Year School/Summer Care School Year Care Only Summer Care Only
 Flex Time
 My child attends the Brock ISD or other ISD and will attend (select all that apply)
 before school 6-7 am w/transportation; after ISD school hours w/transportation
 ISD school early release and holidays as per guidelines in Family Handbook.

Option 3 Drop-in Only Enrollment: My child is a Drop-In basis only and will participate on specific days as approved and RSVP, as per Drop-in guidelines in Family Handbook.

Custom, must be planned and approved by Director: _____ Other: _____

Billing/Payment Cycle Options:

I would prefer to make tuition payments on a weekly bi-weekly monthly
ACH Payment receives preferred pricing. Admin fee for cash, checks, or "point of sale" transactions and will have higher tuition rates.

Please note: ·

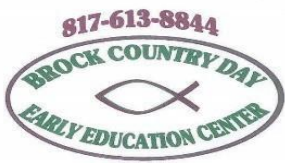
- Brock Country Day weeks are Monday-Friday; and weeks are counted in a month based on the Monday date. ·
- Biweekly must be on Brock Country Day's Biweekly Schedule; we do not offer custom Billing/Payment Cycles. ·
- Monthly will be billed for 4-week months and a (1) week additional charge will be added for 5-week months. ·
- K Prep Only Program, Flex Time and Teacher Program must select Monthly Billing/Payment Cycle.

Family Handbook describes each program offered by Brock Country Day and the guideline details for each. Tuition is due and payable regardless of attendance. Regular operating hours are 6 am to 7 pm for Child Care Program and 8 am to 3:30 pm for K Prep Only Program; except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition because of center closures.

The procedure to notify families should Inclement or Severe weather or other conditions prevent the program from opening on time or at all will be announced on our Facebook page and Fox4News. If it becomes necessary to close early, we will contact you or someone listed in the Emergency Contact and Release, and it will be your responsibility to arrange for your child's early pick up.

Child's tuition cost/breakdown based on selections above:

Parent/Guardian Signature: _____ Date: ____/____/____



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Directors or Alternate Management: _____ Date: ____/____/____