Learning Well Academy

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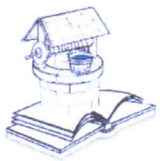
learningwellacademy@gmail.com
(817)-875-1374



ALL DOCUMENTS MUST BE COMPLETED AND RETURNED

BEFORE CHILD IS ENROLLED

- □ Personal and Medical Information (adequately filled)
- □ Acknowledgement of Policies
- □ Discipline and Guidance Policy
- □ Authorize pick up list
- □ Permission to take photos or video
- □ Parent agreement contract
- □ Immunization record
- □ Emergency Action Plan
- □ Lunch Enrollment Form
- □ Meal Income Eligibility
- □ Getting to Know You Form
- □ Director Signed Off Completed Paperwork

Child Name: _____

Child Birthdate: _____

Signed: _____ **Date:** _____

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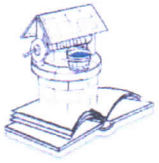

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Family Registration

Child Information

Registration Date:_____

Operation Name: **Learning Well Academy**			Director's Name: **Leora Cowart**	
1st Child				
Last Name		First Name	Middle Name	Nickname
Date of Admission	[ ] Male [ ] Female	Birth Date	Birth City/State City: State:	Social Security #

Existing medical conditions, medications and/or special attention your child may require_____

_____

Allergies: _____

Photos: May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No

Check all that apply I hereby □ give □ do not give -my consent for my child to be transported and supervised by the operation's employees.

1. □ Transportation:
   □ for emergency care □ on field trips □ to and from home □ to and from school
2. □ Field Trips: I hereby □ give □ do not give -my consent for my child to participate in Field Trips:
   Parent's Comments
3. □ Water Activities: I hereby □ give □ do not give -my consent for my child to participate in Water Activities:
   □ Sprinkler play □ Splashing/Waddling pools □ Swimming pools □ Water table play
4. □ Receipt Of Written Operational Policies:
   I acknowledge receipt of the facility's operational policies including those for discipline and guidance.
5. I understand that the following meals will be served to my child while in care:
   □ None □ Breakfast □ AM Snack □ Lunch □PM Snack
6. My child is normally in care on the following days and times:
   □ Mondays from: _____am to: _____pm
   □ Tuesdays from: _____am to: _____pm
   □ Wednesdays from: _____am to: _____pm
   □ Thursdays from: _____am to: _____pm
   □ Fridays from: _____am to: _____pm

Additional Comments and Information

_____

_____

_____

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Authorization For Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child. _____ Signature – Parent of 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 American 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

School Age Children:

□ My child attends the following school:

_____ _____

Name of School and Address School Ph.#

Check all that apply:	
□ Her/his immunization record is on file at the school required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.	My child has permission to: □ walk to or from school or home □Ride a bus, and/or □ be released to the care of her/his sibling(s) under 18 years old.
Name of sibling(s):	

Immunization Record:

□ 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. □ HEALTH-CARE PROFESSIONAL STATEMENT: I have examined the above named child within the past year and find that she/he is able to take part in the day care program:

_____ _____

Health Care Professional Signature Date

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 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 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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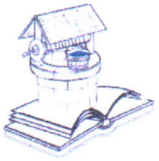
Learning Well Academy Emergency Action Plan

Child/Parent Information: For each child at your site identify contact and emergency information. Keep a copy of this information with your emergency kit(s).

Child's Information			
Child's Name:		Date of Birth:	
Address:	City:	State:	
Allergies, Special Instructions, Comforting items:			
Parent Guardian information			
Parent/Guardian Name:			
Relationship to Child:			
Address:	City:	State:	
Home:	Cell:	Work:	
Email (Personal):		Email (Work):	
Place of Work:			
Additional Emergency Contact			
Name:			
Relationship:			
Address:			
Home:	Cell:	Work:	
Email (Personal):		Email (Work):	
Medical Information			
Practice:		Doctors Name:	
Address:	City:	State:	Phone:



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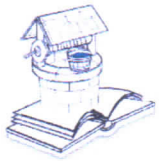

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Discipline and Guidance Policy for Learning Well Academy

- Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.

- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

_____ _____

Signature Date

Check one please:

□ parent □ employee/caregiver □ household member of child-care home

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Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone		Cell Phone
Occupation	Employer	Work Address	Work Hours
2nd Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone		Cell Phone
Occupation	Employer	Work Address	Work Hours
Which Guardian Should be Called First?	Home Phone		Preferred language for written communication:
Home Resident Street Address	Apt #	City	Zip Code
Mailing Address (if different than above)	Apt #	City	Zip Code

Additional Comments and Information

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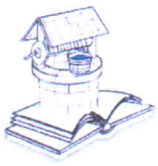

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Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian				
Last Name	First Name		M.I.	Relationship to Child
Email Address	Work Phone			Cell Phone
Occupation	Employer	Work Address		Work Hours
2nd Non-primary Guardian				
Last Name	First Name		M.I.	Relationship to Child
Email Address	Work Phone			Cell Phone
Occupation	Employer	Work Address		Work Hours
Which Guardian Should be Called First?	Home Phone			Preferred language for written communication:
Home Resident Street Address		Should mailings be sent to this household also? [ ] Yes [ ] No	City	Zip Code
Second Household Mailing Address		Apt #	City	Zip Code

Additional Comments and Information

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Authorized Pickup List

1st Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	[ ] Able to pick up all children in the family [ ] Not able to pick up the following children:
2nd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	[ ] Able to pick up all children in the family [ ] Not able to pick up the following children:
3rd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	[ ] Able to pick up all children in the family [ ] Not able to pick up the following children:
4th Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	[ ] Able to pick up all children in the family [ ] Not able to pick up the following children:

Additional Comments and Information

Is there is any other information that that would be helpful to our management and teaching staff?

_____

_____

_____

_____

Parent Print

_____ _____

Parent Signature Date

Leora Cowart _____

Director's Signature Date

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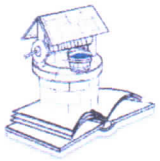

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Parent Agreement Contract

I, _____, agree that L.W.A will care for _____
Parent Caregiver Child

Beginning on_____, _____, _____.
Month Day Year

Meals and Snacks

_____Breakfast ____Morning Snack ____Lunch ____Evening Snack

Fee

I will pay a _____weekly_____ Monthly fee of $_____. Payment is due in advance on_____.

Late Fee

If this fee is not paid by that day, a penalty of $20.00 will be charged, or child could be withdrawn from Learning Well Academy.

Hours

My child(ren) will be in care between the hours of _____and_____ on _____.
Time Arrive Time to Leave Days

Late Fee

Care outside of these hours will require an additional fee of _ $1.00 for each minute, which will be paid the same day.

Advance Notice

When I withdraw my child(ren) from care, I will give at least **two weeks** advance notice.

_____

Parent Print

_____ _____

Parent Signature Date

Leora Cowart _____

Director's Signature Date

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Photo and Media Release Form

Learning Well Academy may develop, participate in, or be the subject of media-based presentations and events which highlight various educational activities that take place during the course of the school year. Photographs and media will be used for, but not limited to crafts projects, school newsletter, Hi Mama, L.W.A social media, bulletin boards, L.W.A website, and photo/video books.

I understand that I may revoke this authorization at any time by notifying the Releasee in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them.

I understand that my child's full name, address and biographical information will not be made public.

I, _____ give permission for the child(ren)_____,
_____, and _____.

_____

Parent Print

_____ _____

Parent Signature Date

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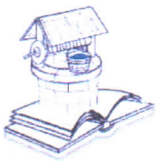

Acknowledgement of Policies

I, _____ and _____have read and understand all Policies and Guidelines of Learning Well Academy.

We agree to abide by all policies stated in Learning Well Academy Parent Handbook. We understand that we will be notified in writing of any changes in these policies. Any complaints, concerns, or grievances against Learning Well Academy will be made in writing and will be followed up in a timely manner.

We also understand that any breach of polices may be grounds to terminate childcare. A two week notice will be given in such circumstances unless the infraction is severe enough to warrant termination without notice.

This arrangement will come into effect on _____.

_____

Parent Print

_____ _____

Parent Signature Date

Leora Cowart _____

Director's Signature Date

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Child First Name:		Hour In	Hour out	Days In care	Meals Attending
Child's Last Name:				☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack
Date of Birth:		AM☐ PM☐	AM☐ PM☐		

Please circle (optional):
Black☐ White☐ Asian☐ Native American Indian☐ Alaska Native☐ Hawaiian or Pacific Islander☐ Hispanic☐ Other☐

Parent First Name: Parent Last Name:	Date of Enrollment: Date Dropped:

Address_____

City, State, Zip_____

Home Phone_____

Cell Phone_____ Work Phone_____

Email_____

THIS SECTION MUST BE COMPLETED IF YOUR CHILD IS UNDER 12 MONTHS OLD: THIS CENTER SUPPLIES THE IRON FORTIFIED INFANT FORMULA:_____

Under the policies of the USDA CACFP, the childcare center is required to supply the iron-fortified infant formula of the center's choice. Please select your preferences below:

☐The center will supply formula	☐I will bring the breastmilk	I will bring the iron fortified infant formula listed here:_____ (if this formula is low-iron or non-iron fortified a medical statement is necessary.)

Date of change:	New instructions: example: change formula to iron fortified Similao

Center must update this information as the situation as the situation changes such as change in the infant's formula. Updated in the space provided above.

When your child is developmentally ready, the center is required to supply solid foods such as iron-fortified infant cereal, fruits, vegetables, meat/meat alternatives as they become developmentally ready to accept according to the infant Meal Pattern. Please select your food preference:

☐The center will supply formula	☐I will bring solid foods my child is developmentally ready to accept:

Dear Parent, Because your day care provider cares about good nutrition, they have chosen the benefits of the Child and Adult Care Food Program. This program is sponsored by Nutriservice, Inc. 972-203-9490. Under the regulations of the CACFP, your provider may not charge you separate fees for meals, nor may you be asked to provide food for your child for those meals claimed under the program. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director, Office Adjudication and compliance, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (866) 632-9992 (toll free), (202) 260-1026, or (202) 401-0216 (TDD). USDA is an equal opportunity provider and employer.

Signature: _____ Date of Signature:_____

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CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME:_____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless ❑ Migrant ❑ Runaway❑

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List **only** household members with income)	**B. Gross income and how often it was received**			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) *Jane Smith*	$200/weekly	$150/twice a month	$100/monthly	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City:_____ State: _____ Zip Code: _____

Last four digits of Social Security Number: _ _ _ - _ _ - _ _ _ _ ❑ I do not have a Social Security Number

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CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
❑ Hispanic or Latino	❑ Asian	❑ American Indian or Alaska Native
❑ Not Hispanic or Latino	❑ White	❑ Native Hawaiian or Other Pacific Islander
	❑ Black or African American	

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

☐ **I do elect to allow my household information to be disclosed.**

☐ **I do not elect to allow my household information to be disclosed.**

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Tier I_____ Tier II____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date:_____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

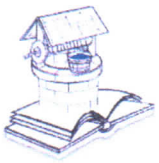
Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



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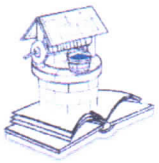

Getting To Know You

Please answer these questions. They will help me when I want to bring you a special treat.

Name: _____

What is your favorite color? _____

Where do you like to shop? _____

What is your favorite drink? _____

What is your favorite snack? _____

When is your birthday? _____

What is your favorite book? _____

What is your favorite sport? _____

What team is YOUR team? _____

Where do you like to eat? _____

What is your favorite TV show? _____

What is your favorite activity? _____

What is your favorite season? _____

Do you like to get your nails done? _____

Thanks for taking the time to answer my questions.