

Date of Enrollment: _____

Assigned Class: _____

Part-time Full-time

REGISTRATION FORM



CHILD INFORMATION

CHILD'S NAME: _____ Nick name: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: M F

ALLERGIES: YES NO SPEECH DIFFICULTY: YES NO ASTHMA: YES NO

SERIOUS INJURIES: YES NO (if yes please explain): _____

HEALTH ISSUES: (if yes please explain): _____

MEDICATIONS: YES NO (if yes please explain): _____

LIST ANY FOOD ALLERGIES: _____

LIST ANY FOOD PREFERENCES: _____

NAME OF CHILD'S PHYSICIAN _____

PHYSICIAN'S PHONE: _____ ADDRESS: _____

ONLY FOR SCHOOL AGE STUDENTS

My Child's immunization record/vision and hearing screening is on file at:

(Name of School, address and phone number)

DROP OFF ONLY YES NO PICK UP ONLY YES NO DROP/PICK UP YES NO

Permission to Photograph

I _____ give permission for my child to be photographed by YLC. I understand that my **child's name will not be published**. Photos will be used for bulletin boards, and scrapbook. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Permission to Photograph for Website and Facebook

I _____ give permission for my child to be photographed by YLC and used on YLC website and Facebook. I understand that my **child's name will not be published**. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

PARENT/GUARDIAN INFORMATION 1:

FIRST NAME _____ LASTNAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
EMPLOYED at: _____ Address _____
E-MAIL ADDRESS: _____
RELATIONSHIP TO CHILD: MOTHER FATHER STEP-PARENT GUARDIAN OTHER: _____

PARENT/GUARDIAN INFORMATION 2:

FIRST NAME _____ LASTNAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
EMPLOYED at: _____ Address _____
E-MAIL ADDRESS: _____
RELATIONSHIP TO CHILD: MOTHER FATHER STEP-PARENT GUARDIAN OTHER: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ EMAIL-ADDRESS: _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
RELATIONSHIP: RELATIVE FRIEND OTHER _____

EMERGENCY RELEASE CONTACT:

NAME: _____ E-MAIL ADDRESS: _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
RELATIONSHIP: RELATIVE FRIEND OTHER _____

I UNDERSTAND THE HOURS OF OPERTATION IS 6:30AM-6:30 PM MONDAY-FRIDAY. I HAVE RECEIVED A PARENT HANDBOOK AND UNDERSTAND THE FINANCIAL AGREEMENT AND WILL ADHERE TO YLC POLICIES AND PROCEDURES.

Parent Signature: _____ Date: _____

Management Signature: _____ Date: _____

***Registration and Curriculum/Supply Fees are Non-refundable**

Young Leaders Campus reserves the right to exit a child/family if their presence in the program is disruptive to the learning environment and instructional program.



FINANCIAL AGREEMENT

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

Father's Full Name _____ Work Phone _____

Mobil Phone _____ E-Mail Address _____

Mother's Full Name _____ Work Phone _____

Mobil Phone _____ E-Mail Address _____

- Tuition** and fees are to be **monthly, IN ADVANCE**, on the **FRIDAY** prior to the month services are to be rendered. Outstanding accounts over one week past due will be dis-enrolled and will not be allowed to return to YLC. After all past due tuition and fees have been paid in full, re-enrollment will be based upon availability and a review of payment history. ***Tuition rates are subject to change with ample notice as deemed necessary.** Any other payment arrangements must be approved by the Director. (_____) Directors initials
- Late/Return Check and Credit Card Fees:** If all assessed tuition and fees have not been paid by the close of business on Tuesday of the week services are rendered, a late fee of **\$35.00**. Late fees of **\$35.00** will be charged by the close of business day. **Returned check and declined credit card fees are \$35.00**. Late pick up fees in the amount of **\$1.00 per minute** will be charged to students enrolled in half-day programs as well as full programs.
- Absences:** There is no reduction in weekly tuition costs for school holiday or teacher in-service day closings. In addition, so long as a child is enrolled, tuition and fees are due and payable regardless of whether the child is in attendance at the school and regardless of weather conditions or weather-related closings. Tuition must be paid in full, without deduction for absences.
- Automatic Debit:** If you opt for automatic debit payment, the funds will be withdrawn from your bank account on the 1st of the month. The payment will be withdrawn on the last Friday of the month.
- Credit Cards:** As an additional payment option, YLC offers payment by Visa or MasterCard. If you choose this option, the credit card must be presented for processing and a Credit Card Authorization Form be filled out.
- Vacations:** After attending YLC for a year, each family is entitled to one free week of vacation. Please let our management team know two weeks ahead of your planned vacation so that your account will be credited.
- Withdrawal:** The obligation for full payment of tuition continues until the date indicated by the parent or guardian as the date of withdrawal. No portion of your monthly paid or outstanding tuition will be refunded or cancelled in the event of absence, holidays, school closings, withdrawal or dismissal from the school. A thirty (30) days written notice of such date of withdrawal is required.

The undersigned agree and understand that the services rendered for childcare are subject to the following agreement.

Parent Signature: _____ Date: _____



Thank you for choosing Young Leaders Campus.

Our school is licensed by the Texas Department of Family and Protective Services and we adhere to the Texas Minimum Standards for Licensed Child Care Centers. You may review those standards by visiting their website at www.dfps.state.tx.us. Our school is inspected on a regular basis and those inspection reports are available for your convenience on their website as well. If at any time you wish to contact Child Care Licensing, you may do so by calling their main number at 713.940.5200. Any suspicions of child abuse or neglect must be reported by calling 1.800.252.5400.

Our representatives for our area are located out of the main office at the address below.

Texas Department of Family and Protective Services
P. O. Box 16017
Houston, Texas 77222

Parent Signature

Date



MEDICATION POLICY

Dear Parents:

State licensing regulations require that parents provide a signed authorization including administration and dosage procedures of each medication to be administered. A new authorization is required at the beginning of each calendar week.

Parents must complete in full and sign the Parental Authorization for Medication form prior to the administration of any medication. This form is available at the front desk.

Any potential adverse reaction to the medication must be listed on the authorization so that the child can be properly monitored and parents notified accordingly. This authorization must specify the specific dates the medication is to be administered.

YLC will administer only those medications that are specifically labeled as a prescription with a doctor's name, child's name and dosage procedures outlined on the bottle. **NO OVER THE COUNTER MEDICATIONS OF ANY KIND WILL BE ADMINISTERED WITHOUT A WRITTEN PRESCRIPTION FROM A LICENSED MEDICAL PHYSICIAN.**

All medications must be dropped off and picked up at the front desk, each day. These medications will be stored in a locked secure area inaccessible to the children. Medication may not be transported to the classroom by parents. **NO MEDICATION MAY BE PLACED IN THE CHILD'S BAG OR TAKEN INTO THE CLASSROOM FOR ANY REASON BY A PARENT.**

All medication will be administered by the designated staff member. Medications **CAN NOT BE SHARED BY SIBLINGS.**

All medication must be taken home daily to ensure proper parental control.

Thank you for adhering to this policy to ensure the health and safety of all children.

Parent's Signature _____ **Date** _____



Parents:

In our efforts to keep you informed, in case of emergency evacuation the children and staff of **YOUNG LEADERS CAMPUS Vintage** will relocate to the following designated site:

Off the premises at least 500 feet away

**110 Vintage Park
Houston, 77070
832-365-5116**

If the school is evacuated, a designated person will contact you with information concerning your child.

YOUNG LEADERS CAMPUS Vintage designated Emergency Medical Facility is:

**St. Luke's Hospital at the Vintage
20171 Chasewood Park Dr.
Houston, TX 77070
832-534-500**

In the event of an emergency, any person or persons requiring medical attention by a licensed physician will be transported to this designated emergency facility.

Parent Signature

Date



Statement of Child's Well Health

This form is to verify that the child listed below has been seen by a health-care professional and is able to attend the child-care facility.

Child's Name: _____ **Age:** _____

Date of Birth: _____

Print Physician's Name: _____

Physician's Address: _____ **Phone:** _____

Physician's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

Young Leaders Campus: 106 Vintage Park Blvd, Suite E Houston, TX 77070



**A Current
Copy of
Immunization
Record**



EMERGENCY RELEASE FORM

In the event that my child become ill or suffer an accident: I, _____ authorize the **YLC** to administer, call for, or secure the necessary emergency care or medical attention deemed necessary. I understand that an effort will be made to contact me or my authorized contacts, and that any expense incurred will be my responsibility.

Additional comments (food/drug allergies, reactions, medications): _____

PERSONAL INFORMATION

CHILD'S NAME:	BIRTH DATE:
ADDRESS:	AGE:
PHYSICIAN'S NAME:	PHYSICIAN'S PHONE:
PARENT:	E-MAIL ADDRESS
MOBIL PHONE:	LICENSE #:
EMPLOYER:	WORK PHONE:
PARENT:	E-MAIL ADDRESS
MOBIL PHONE:	LICENSE #:
EMPLOYER:	WORK PHONE:
A U T H O R I Z E D S P O N S O R S (P I C K U P)	
AUTHORIZED SPONSOR:	RELATIONSHIP:
MOBIL PHONE:	E-MAIL ADDRESS
EMPLOYER:	WORK PHONE:
AUTHORIZED SPONSOR:	RELATIONSHIP:
MOBIL PHONE:	E-MAIL ADDRESS:
EMPLOYER:	WORK PHONE:

Signature of Parent or Legal Guardian

Date

Tuition Rate Sheet

Program/Fees Annual Fees Registration \$100 Supply/Curriculum \$175	Full Time 6:30 am - 6:30 pm			Part Time 8:00 am - 12:30 pm		
	5 Days	3 Days M-W-F	2 Days T/Th	5 Days	3 Days M-W-F	2 Days T/Th
Monthly Tuition 18-24 Months	\$920	\$800	\$680	\$660	\$540	\$420
Monthly Tuition PK2	\$865	\$750	\$635	\$615	\$500	\$385
Monthly Tuition PK3	\$825	\$715	\$605	\$585	\$475	\$365
Monthly Tuition PK4	\$810	\$705	\$600	\$580	\$460	\$370
Monthly Tuition Kindergarten	\$840					

*3 days or more is considered a full week

School Age Programs/Fees			Annual Registration/ Suply Fee \$150
Monthly Tuition Drop Off/Pick Up	\$300	Extended Day (extra)	\$40
Monthly Tuition AM Drop Off Only	\$125	Early Dismissal (extra)	\$25
Monthly Tuition PM Pick UP Only	\$200	School Holiday / Camp Fee	\$200
Cooking Classes	\$40 Reg	6 weeks class \$200	8 weeks class \$275

*Refer to parent Handbook regarding Tuition and Late Fee Policy

* Camper must complete public Kindergarten

PAYMENT METHOD: CASH CHECK CHARGE

I AUTHORIZE YOUNG LEADERS CAMPUS TO CHARGE THE FOLLOWING: \$ _____ MONTHLY

MC /VISA/ AMEX/ DISC CC# _____ EXP: _____ CVC _____

NAME ON CARD: _____

Signature _____ Date: _____

Discipline and Guidance Policy for Young Leaders

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.

Parent Signature

Date





(Parent Copy)

Parents:

In our efforts to keep you informed, in case of emergency evacuation the children and staff of **YOUNG LEADERS CAMPUS Vintage** will relocate to the following designated site:

**Off the premises at least 100 feet away
Fresco Mediterranean Grill
110 Vintage Park Blvd
Houston, TX 77070
832-365-5116**

If the school is evacuated, a designated person will contact you with information concerning your child.

YOUNG LEADERS CAMPUS Vintage designated Emergency Medical Facility is:

**St. Luke Hospital at the Vintage
20171 Chasewood Park Dr.
Houston, TX 77070
832-534-5000**

In the event of an emergency, any person or persons requiring medical attention by a licensed physician will be transported to this designated emergency facility.



Parent Copy

FINANCIAL AGREEMENT

_____	_____
Child's Name	Date of Birth
_____	_____
Address	Home Phone

_____	_____
Father's Full Name	Work Phone
_____	_____
Mobil Phone	E-Mail Address

_____	_____
Mother's Full Name	Work Phone
_____	_____
Mobil Phone	E-Mail Address

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School Closures

Good Friday Holiday
Memorial Day
Independence Day
Teacher In-Service Day
Labor Day Holiday
Thanksgiving Holiday
Christmas Holiday
New Year's Day
MLK Day/Presidents Day

Early Closures

Please follow your yearly calendar for early closures

Inclement Weather Advisory:

It may not be possible for our YLC to open during certain weather conditions. In the event of inclement weather, YLC will make every effort to be open; however safety for your child and our staff members will be our primary consideration for closing the school. **We do follow the Klein Independent School District closures and delays, but not necessarily the make up dates.**

In the event of school closure, watch your local news for Klein ISD announcements, monitor the campus website and phone recorded message will be updated on an hourly basis.

We will make every effort to open the campus as soon as conditions are safe.

You may access your campus website at **www.YoungLeadersCampus.com**.

Parent Signature

Date



PARENT COPY

Thank you for choosing Young Leader Campus.

Our school is licensed by the Texas Department of Family and Protective Services and we adhere to the Texas Minimum Standards for Licensed Child Care Centers. You may review those standards by visiting their website at www.dfps.state.tx.us. Our school is inspected on a regular basis and those inspection reports are available for your convenience on their website as well. If at any time you wish to contact Child Care Licensing, you may do so by calling their main number at 713.940.5200. Any suspicions of child abuse or neglect must be reported by calling 1.800.252.5400.

Our representatives for our area are located out of the main office at the address below.

Texas Department of Family and Protective Services
P. O. Box 16017
Houston, Texas 77222

I have read the information above and have a copy of this notification for my review.

Parent Signature

Date

Parent Name (printed)



**School Closures
(Parent Copy)**

**Good Friday Holiday
Memorial Day
Independence Day
Teacher In-Service Day
Labor Day Holiday
Thanksgiving Holiday
Christmas Holiday
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- (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

