

# Footprints Learning Academy

Lolita Davis, Director  
7625 Garth Road  
Baytown TX, 77521

Phone: (281) 422-1017  
Email: [info@footprintslearningacademy.com](mailto:info@footprintslearningacademy.com)

**ENROLLMENT INFORMATION (PLEASE PRINT)**

Date of Admission: \_\_\_\_\_

**CHILD INFORMATION:**

Date of Withdrawal: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Last    First    M.I.    Preferred

Date of Birth: \_\_\_\_\_ Age at enrollment: Years: \_\_\_\_ Months: \_\_\_\_ Sex: \_\_\_\_ Ethnicity: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's primary residence is with: Father: \_\_\_\_ Mother: \_\_\_\_ Father & Mother: \_\_\_\_ Legal Guardian: \_\_\_\_

**FAMILY INFORMATION:**

Who has legal custody?      Father: \_\_\_\_      Mother: \_\_\_\_      Father & Mother: \_\_\_\_      Legal Guardian: \_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Last    First    MI

Address: (If different than child's) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name/Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Last    First    MI

Address: (If different than child's) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name/Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_

**EMERGENCY CONTACT AND AUTHORIZED RELEASE:**

*I (we) authorize the persons designated in this section to be contacted to pick up my (our) child if there is a medical or other emergency and I (we) cannot be reached. Please notify the school by calling us if anyone other than those listed below will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide government-issued photo identification at the time of pick-up. All persons below must be 18 years or older, unless he/she is the parent of the child.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date

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## SCHOOL INFORMATION: (school age children)

My child attends the following school: \_\_\_\_\_  
Name of School and address Phone number

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.

## IMMUNIZATION/ HEALTH:

I have provided the childcare operation with a copy of my child's most current immunization record.

*\*If your child does not attend a pre-kindergarten school 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:*

Child's Name: \_\_\_\_\_

1.  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.  A signed and dated copy of a health care professional's statement is attached.

*Please indicate any special needs/accommodations that your child may have, such as health needs, developmental needs, allergies (include all allergies food or otherwise), existing or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes), previous serious illness, injuries and hospitalizations during the past 12 months, any medication(s) prescribed for long-term continuous use, and any other information which caregiver should be aware of:  
If none, please write "NONE". DO NOT LEAVE THIS SPACE BLANK* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization For Medical Treatment Of A Minor:** *I (we), do hereby state that I am (we are) the parents/legal guardian(s) of the above listed child, a minor child, who resides with me (us). I (we) hereby authorize the staff and administration of Footprints Learning Academy to transport the above minor and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the state of Texas. I also authorize my child's health care providers to share health information with Footprints Learning Academy.*

Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Preferred Hospital: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date

## ADDITIONAL INFORMATION:

How did you hear about Footprints Learning Academy? \_\_\_\_\_

Initial all that apply:

\_\_\_\_ I hereby give my consent for my child to participate in field trips and also be transported on trips.

\_\_\_\_ I hereby give my consent for my child to participate in water activities (i.e. sprinkler play and splashing/wading pools).

\_\_\_\_ I hereby give my consent for Footprints Learning Academy to transport my child to and from school.

The hours my child will normally be in the center: \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ On (circle all that apply): Mon Tues Wed Thurs Fri

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<b>INITIAL ALL THAT APPLY:</b>	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:
<b>1. <input type="checkbox"/> TRANSPORTATION:</b>	<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	
<b>2. <input type="checkbox"/> FIELD TRIPS:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	– my consent for my child to participate in Field Trips:
<b>3. <input type="checkbox"/> WATER ACTIVITIES:</b>	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
<b>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>		
<b>5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b>	<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack	
<b>6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>	<input type="checkbox"/> Mondays from: to: <input type="checkbox"/> Tuesdays from: to: <input type="checkbox"/> Wednesdays from: to: <input type="checkbox"/> Thursdays from: to: <input type="checkbox"/> Fridays from: to:	

## Enrollment Agreement

Please read each statement below, initial each statement and sign and date at the end of the agreement.

- \_\_\_\_\_ **ABSENCES:** I agree to inform the school immediately (no later than 9:00 a.m.) if my child will be absent on any day. I understand that no allowances, credits, or refunds shall be made for absences. I understand that my children will be withdrawn after five consecutive days of absences if I fail to contact the school I understand that I must re-apply for admission if my child is withdrawn.
- \_\_\_\_\_ **ACCIDENTS:** I understand that minor accidents will be treated by staff trained in first aid and that I will be notified of the accident. I also understand that I will be notified immediately of accidents that result in broken skin (with bleeding). I understand that serious accidents requiring immediate medical attention will be handled as medical emergencies outlined in the school's Parent Handbook. I agree to notify the school if my children receive medical treatment after leaving the center as a result of an accident at the center.
- \_\_\_\_\_ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any registration fee, 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 promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any registration fee, tuition payment and late fee in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.
- \_\_\_\_\_ **AGGRESSIVE BEHAVIOR:** I understand that a parent conference will be scheduled if my child's incidents of biting, hitting, tantrums, etc., are impacting on other children. I understand that if the problem of aggressive behavior is not resolved, I will be notified to find another learning center. I understand that the center will make every effort to give five days notice except in extreme cases of aggression. I also understand that aggression resulting in injuries requiring medical care will cause my child to be dismissed immediately.
- \_\_\_\_\_ **ARRIVAL & DEPARTURE OF CHILDREN:** I agree to record my child's daily arrival and departure by using Brightwheel on the kiosk located at the front of the center. I agree not to share my personal code with anyone else. I agree to daily escort my children to and from their designated classroom. I agree to make an ADULT-TO-ADULT transfer with the staff in my children's classroom. This transfer is required by law in order to maintain proper supervision of children. I agree to keep my children out until 2:00 pm if they cannot arrive before 09:00 am (except infants and those attending a Dr's appointments w/excuse).
- \_\_\_\_\_ **BUG REPELLANT AND SUNSCREEN:** I agree to supply and allow the staff to apply UVB and UVA protection sunscreen of SPF15 or higher and DEET Bug Repellent on my child once a day as needed.
- \_\_\_\_\_ **DISCIPLINE:** I understand that the center uses positive methods of discipline and guidance that encourage self-esteem and self-direction.
- \_\_\_\_\_ **HOLIDAYS:** I understand that Footprints Learning Academy is closed on the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Friday following, Christmas Eve & Christmas Day and two in-service days. If a holiday falls on a Saturday, it will be observed on Friday. If it falls on Sunday, it will be observed the following Monday.
- \_\_\_\_\_ **HOURS OF OPERATION:** I understand that Footprints is licensed for specific hours of operations (Monday-Friday 6:30 am to 6:00 pm). Therefore early arrival and late pick up is NOT ALLOWED. I also understand that the staff of the center is authorized to collect late payment fees that day for late pick up of \$5.00 per minute. If no one has notified the center past 6:15pm staff is authorized to contact Child Protective Services (CPS).
- \_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill while at school and that I will pick up my child or make arrangements for an authorized emergency contact to pick up my child within one (1) hour of such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the center and I understand that my child will be re-admitted according to the policy in the Parent Handbook.
- \_\_\_\_\_ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care 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. I understand I have access to children's records. I understand that my children's records including health and assessment records will be shared with teachers and other appropriate consultants of Footprints as needed.
- \_\_\_\_\_ **MODEL RELEASE:** I agree to allow Footprints, its agents, affiliates and licensees, to use photographs, reproductions, images or sound recordings of my children for advertising, publicity or any other lawful purpose.
- \_\_\_\_\_ **PARENT HANDBOOK:** I have received a copy of the Parent Handbook including guidelines for discipline and guidance.
- \_\_\_\_\_ **TUITION:** Tuition is due Friday, Tuition is paid weekly or monthly in advance by ACH or Credit/Debit card via Brightwheel. **No cash payments** are accepted. Accounts that are paid via ACH will receive a 5% discount. No deductions are made for absence, holidays, teacher workdays and days the Academy is closed for inclement weather. If the tuition and fees are not paid in full by close of business Monday, a late fee of \$15 per day will be assessed and the child will be subject to dismissal. Delinquent accounts will not be allowed. Your child will not be permitted to attend as of Wednesday of any week that tuition is not paid in full.

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\_\_\_\_\_  
**PARENT COMMUNICATION/COMPLAINTS:** Footprints is committed to improving our programs and services. We will respond within 24 hours to suggestion, problems, concerns, and/or complaints. Clients are urged to communicate directly with the Director or Administrator. Clients who have concerns or questions that are not answered by teachers, directors, or administrators, can contact DFPS at P.O. Box 16017 (182-6), Houston, Texas, 77222-6017. DFPS website [www.dfps.state.tx.us](http://www.dfps.state.tx.us). The phone number for licensing is (713) 940-3009.

\_\_\_\_\_  
**PARENTAL VISITS:** I understand that pursuant to state law, I have the right to visit Footprints Learning Academy at any time without an appointment. I agree to be responsible for my child and will not create a distraction that prevents the classroom teacher from performing her responsibilities while visiting my child's classroom.

\_\_\_\_\_  
**PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my children on Footprints Learning Academy's 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 or staff in the center.

\_\_\_\_\_  
**REGISTRATION FEE:** I understand that an annual non-refundable Registration Fee of \$125 per child shall be paid in advance to enroll my child/children. I understand that I may guarantee my child(ren's) enrollment for Fall by paying this fee not later than September 1.

\_\_\_\_\_  
**RETURNED CHECK FEE:** I understand that a processing fee of \$35.00 will be charged to my account for all ACH transactions which are returned for any reason. All returned checks and fees must be paid within 48 hours of the parent's notification of the returned item. Returned payments must be paid by cashier's check only.

\_\_\_\_\_  
**SCHOOL CLOSINGS INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that it is Footprints intention to be open and provide child care service every weekday of the year, excluding holidays and in-service days, but that inclement weather, natural/national disaster or major Building issues may disrupt service from time to time. I understand the Footprints will be closed if GCISD closes for inclement weather or other Disasters. I will contact the school to ensure that it is open during inclement weather/natural disaster. I will be responsible for my tuition payments for up to two business days.

\_\_\_\_\_  
**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the school. 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, re-admission is based upon space availability. If my child is re-enrolled I may be required to complete a new Enrollment Agreement including registration fees. I understand that all fees (Tuition, Registration or Activity) are non-refundable.

\_\_\_\_\_  
I understand that the above policies are not all inclusive and that my child, my family members, authorized agents and I are bound by state child care regulations, the school's Parent Handbook and all other school policies, which may be modified at any time, without notice. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by all policies and state regulations.

\_\_\_\_\_  
I understand that 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, revision, modifications or deletions of any term of this Agreement are null and void.

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

This enrollment agreement has been reviewed with the parent/legal guardian by me. I have also given the parent/legal guardian a copy of this agreement and required CACFP information about WIC and Building for the Future.

\_\_\_\_\_  
Signature of Footprints Director

\_\_\_\_\_  
Date

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, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992. Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. USDA is an equal opportunity provider and employer.

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- \_\_\_\_\_ Toured the facility
- \_\_\_\_\_ Introduction to staff
- \_\_\_\_\_ Parent visit with classroom teacher
- \_\_\_\_\_ Overview of Parent Handbook
- \_\_\_\_\_ Drop off and Pick up policy
- \_\_\_\_\_ Opportunity for child and family to visit the classroom
- \_\_\_\_\_ Explanation of Texas Rising Star and United Way Baytown Project
- \_\_\_\_\_ Overview of family support, resources and activities offered within the community.
- \_\_\_\_\_ Child development and developmental milestones discussed with each family
- \_\_\_\_\_ Parents are encouraged to inform the center of any elements related to their CCS enrollment.
- \_\_\_\_\_ Parents are informed of the importance of consistent arrival time.
  - Before instructional time begins
  - Impact of disrupting learning of others students
  - Importance of consistent routines in preparation for transitioning to kindergarten
- \_\_\_\_\_ Statement in the handbook limiting technology use (screen time). Encourage students and staff to facilitate better communication.

## Emergency Information Card

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies to medicine: \_\_\_\_\_ Allergies to food: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CONTACT INFORMATION

Mom's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Emergency Contact other than parents**

(List name, relation to child, and phone number)

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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## Permission to Administer Topical Ointment/Lotion/Cream

Authorization must be provided for all staff to apply over-the-counter topical ointments, insect repellents, lotions, and creams, such as sunscreen, diapering creams, and baby lotions.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: \_\_\_\_\_

Name of Ointment: \_\_\_\_\_ Amount: \_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ *Permission may be given for up to 12 months*

Apply to:

- all exposed skin       diaper area  
 face only       other (specify) \_\_\_\_\_

When:

- before going outside in the afternoon       after a bowel movement  
 after each diaper change       other (specify) \_\_\_\_\_

*We cannot accept "as needed".*

I give permission for Footprints Learning Academy to apply the medication listed above as instructed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date