



2022 Registration Form:

Student Information

Child's Name: _____ Gender: M / F Date of Birth: _____
First MI Last (circle)

Street Address _____ City _____ Zip Code _____

What date would you like this child to start? _____ How did you hear about us? _____

How many days per week will this child be attending? (circle one) **Mon - Fri** **Mon/Wed/Fri** **Tues/Thurs**
(Full Time) (3 days a week) (2 days a week)

On a typical day, around what time will this child be dropped off in the mornings? _____

On a typical day, around what time will this child be picked up in the afternoons? _____

Please list any allergies or special medical needs for this child: _____

Will your child require any medication to be kept at the center (including epi pen) while in our care? YES NO
(if yes, please ask for a Medical Authorization Form from the front office before completing your registration)

Parent/Guardian Information

Parent/Guardian #1

Name _____ Relationship _____
First MI Last

Street Address _____ City _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Parent/Guardian #2

Name _____ Relationship _____
First MI Last

Street Address _____ City _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Emergency Contact & Authorized Pickup

Emergency Contact #1

Name _____ Relationship _____
First Last

Cell Phone: _____ Alternate Phone: _____

Emergency Contact #2

Name _____ Relationship _____
First Last

Cell Phone: _____ Alternate Phone: _____

Authorized Pickup #1

Name _____ Relationship _____
First Last

Cell Phone: _____ Alternate Phone: _____

Authorized Pickup #2

Name _____ Relationship _____
First Last

Cell Phone: _____ Alternate Phone: _____

Authorized Pickup #3

Name _____ Relationship _____
First Last

Cell Phone: _____ Alternate Phone: _____

Authorized Pickup #4

Name _____ Relationship _____
First Last

Cell Phone: _____ Alternate Phone: _____

Please Note: Any Authorized Pickup **will be asked for a picture ID upon arrival** to verify their identity. Their full name must match what is listed on this form. If you would like to change those listed as an Authorized Pickup for your child, please contact the front office to do so.



2022 Parent Agreement:

Early Learning Center

Student's Name: _____ Date: _____

Agreement Summary:

1. Garden Oaks ELC accepts applications for enrollment without regard to race, religion, national origin or gender.
2. The center is open from 7:00 a.m. - 6:00 p.m. Monday – Friday year-round with the exception of the holidays and school closures listed on our school calendar.
3. Due to severe food allergies no products with nuts or peanut butter are permitted on our campus.
4. In the event that a child becomes ill during our care as outlined in our sick policy, a parent will be called to pick up their child as soon as possible. The child will be isolated away from other students at the first sign of illness. Parents should make a plan to pick up their child within one hour of being notified that they are ill.
5. Children must have current medical and immunization records prior to enrollment and regularly update them in compliance with state law. Parents should provide new medical and immunization records to Garden Oaks ELC after each well-check. In accordance with state law, children without updated medical records may not attend the Center until their records have been brought up to date.
6. I understand that Garden Oaks Early Learning Center is a licensed daycare facility through the Texas Department of Family Protective Services. I understand I can get a copy of this center's most recent and past inspection reports by going to their website www.dfps.state.tx.us or calling (713) 940-5200.
7. Children four years of age or older, must be screened for possible vision and hearing concerns within 120 days of enrollment, or at their 4-year-old well-visit. The results of their screening must be provided to Garden Oaks ELC within one week of the screening.
8. In the event of an emergency, the center has my permission to administer first aid or to obtain emergency medical treatment in the child's best interest.

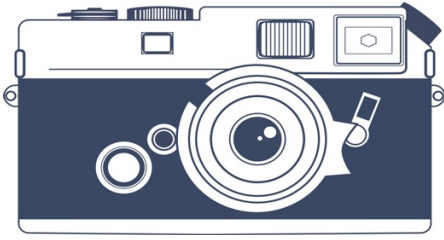
9. In the event of inclement weather, the center will follow HISD closing schedules. I understand the center may need to be closed outside of scheduled closings for any inclement weather that pose a threat to the safety of students or staff.
10. I understand that Garden Oaks ELC is not responsible for any personal items brought from home that are damaged, lost or stolen.
11. Garden Oaks ELC will administer only dated, labeled, medications while a child is in our care. All medication policies are subject to state regulation and Medical Authorization Form must be filled out.
12. Tuition is due on time and in full regardless of attendance. A 30-day withdrawal notice is required for all students who are withdrawing. Parents are responsible for tuition for the last 30 days that their child attends Garden Oaks ELC. If tuition is not paid by the 10th of the month, a late fee of \$35 will be charged.
13. I agree to pay a Registration Fee of \$225 at the time of enrollment and an annual Supply & Curriculum Fee of \$150 each school calendar year thereafter. **These fees are non-refundable.**
14. I agree to pay a fee of \$1.00 per minute per child if my child is picked up after 6:00 PM.

I have read and understand the above Parent Agreement Summary and agree in full to the terms outlined above. I agree to cooperate with the teachers and administrators of Garden Oaks Baptist Early Learning Center and adhere to the policies outlined.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name



2022 Garden Oaks ELC Photo Release:

Photographs of your child may be taken at Garden Oaks Early Learning Center during normal center hours for a variety of reasons. These photographs may be used in the classroom to decorate or label your child's classroom space. They may also be used to send daily reports to you throughout the day or for promoting Garden Oaks ELC services. Garden Oaks Early Learning Center also has a Facebook page that we would like to post pictures during special event parties, and holiday moments for our parents to enjoy. No names will ever be attached to pictures posted on social media. Please indicate which of the following photo options you are most comfortable with in regards to your child:

(Select one, or all that apply)

- I give my permission for Garden Oaks Baptist ELC to take pictures of my child for promotion within the classroom, and for automatic daily reports sent directly to me.
- I give my permission for Garden Oaks Baptist ELC to take pictures of my child for promotional purposes in print and/or on the ELC website.
- I give my permission for Garden Oaks Baptist ELC to post pictures of my child (with no name attached) to the Garden Oaks Baptist ELC Facebook page.
- I do NOT** give my permission for Garden Oaks Baptist ELC to take pictures of my child.

With my signature below I am certifying the above selection(s). I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature _____ Date _____





2022 Release of Liability:

Child's Name: _____ Date Of Birth: _____ Today's Date: _____

I, the legal parent or guardian of the above-named child (my child), fully consent to the participation of my child in all Garden Oaks Baptist Early Learning Center (Garden Oaks ELC) activities and events as outlined by the school annual calendar.

I hereby further authorize any of the staff, employees, agents and representatives of Garden Oaks (ELC) to provide for, approve, and authorize any health care needed for my child at any hospital, emergency room, doctor's office or other institution as needed in emergency situations that may arise while in the care of Garden Oaks ELC. I agree to the emergency treatment for my child by any emergency medical personal, doctor, dentist or other health authority as needed for the care and wellbeing of my child. Healthcare shall include, but not be limited to the administration of medication, anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures as deemed necessary by a medical professional.

I agree to and furthermore authorize emergency transportation by either a designated Garden Oaks ELC personnel, or if necessary, by ambulance or other emergency vehicles.

If there is no medical emergency, Garden Oaks ELC staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing treatment. Notwithstanding other provisions in this consent form, Garden Oaks ELC shall have the authority to authorize life-sustaining procedures or treatments for my child.

While Garden Oaks ELC is well child-proofed, supervised and operates under the standards required of a Childcare Center in the state of Texas, accidents do happen regularly. I, the legal parent or guardian of the above-named child, assume all responsibility and risk for injury or harm to my child associated with participation in the Garden Oaks ELC program. While Garden Oaks ELC will attempt to do everything in its power to keep my child as safe as possible during their time in the programs care; I agree to release and forever discharge Garden Oaks ELC and its staff, employees, and representatives from all liability, claims, demands, damages, costs, expenses, and actions in the event of an injury while my child is in the care of Garden Oaks ELC. I release any responsibility of actions that lead to injury to my child or by my child howsoever caused during the child's participation in the Garden Oaks ELC program.

I understand that in the event of an emergency, Garden Oaks ELC does not provide insurance for a child within its care and all medical expenses are to be paid for by me, the parent or guardian of the above-named child. While Garden Oaks ELC does everything in its power to keep its facility clean and sanitized daily; I understand that illnesses and germs are exchanged from child to child within a daycare setting. I hereby release Garden Oaks ELC from any and all responsibility attached to the risk of my child contracting an illness or medical condition while participating in the program at Garden Oaks ELC.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name