



"Expanding Today's Young Minds – One Child at a Time"

**THE WOODLANDS YOUNG LEARNER'S ACADEMY
ENROLLMENT APPLICATION AND AGREEMENT**

I. STUDENT INFORMATION

Full Name	Date of Birth	Social Security #	
Home Address	City	State	Zip Code
Admission Date	Date of Withdrawal		
Normal attendance hours will be _____ AM to _____ PM on the days listed below:			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday

II. PARENT CONTACT INFORMATION

Mother/Guardian Full Name (Please Print)	Drivers License #	Social Security #	Mobile Phone
Mother/Guardian's E-mail	Mother/Guardian's Employer		
Mother/Guardian's Employer Address	Mother/Guardian's Work Phone	Mother/Guardian's Occupation	
Father/Guardian Full Name (Please Print)	Drivers License #	Social Security #	Mobile Phone
Father/Guardian's E-mail	Father/Guardian's Employer		
Father/Guardian's Employer Address	Father/Guardian's Work Phone	Father/Guardian's Occupation	

III. AUTHORIZED EMERGENCY CONTACT AND RELEASE INFORMATION

I hereby authorize The Woodlands Young Learner's Academy to allow my child to leave/ be released from the care of The Woodlands Young Learner's Academy ONLY with the following person(s). Please list name & telephone number for each authorized person. Children will only be released to a parent or a person designated by the parent/guardian below after verification of ID.

Name (Please Print)	Relationship	Drivers License #	Mobile Phone
Name (Please Print)	Relationship	Drivers License #	Mobile Phone

IV. FAMILY STATUS & SIBLING INFORMATION

Student's Parents: Married Separated Divorced Step Mother Step Father Other

If student is adopted, does he or she know? Yes No

Brother/Sisters

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

V. STUDENT BACKGROUND

Has your child previously (currently) attended a day care, preschool, or public school (K-6th)? Yes No

If yes, name of school? _____ Phone _____

List any special needs 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:

VI. THE WOODLANDS YOUNG LEARNER'S ACADEMY GENERAL ACKNOWLEDGEMENTS & AUTHORIZATIONS

By checking the appropriate box below, I hereby grant, The Woodlands Young Learner's Academy permission for my child to take part in the following activities (Check all that apply):

- | | | | |
|---|--------------------------------|---------------------------------------|--|
| <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> Grant | <input type="checkbox"/> Do Not Grant | <input type="checkbox"/> Send permission slip home for signature |
| <input type="checkbox"/> WATER ACTIVITIES | <input type="checkbox"/> Grant | <input type="checkbox"/> Do Not Grant | <input type="checkbox"/> Send permission slip home for signature |
| <input type="checkbox"/> FIELD TRIPS | <input type="checkbox"/> Grant | <input type="checkbox"/> Do Not Grant | <input type="checkbox"/> Send permission slip home for signature |
| <input type="checkbox"/> OUTDOOR PLAY EQUIPMENT | <input type="checkbox"/> Grant | <input type="checkbox"/> Do Not Grant | |
| <input type="checkbox"/> PHOTOGRAPHED OR VIDEOTAPED | <input type="checkbox"/> Grant | <input type="checkbox"/> Do Not Grant | |
| <input type="checkbox"/> APPLICATION OF SUNSCREEN | <input type="checkbox"/> Grant | <input type="checkbox"/> Do Not Grant | |

By selecting any item above, I acknowledge, that, and, at The Woodlands Young Learner's Academy sole discretion, my child may participate in the above activities offered by The Woodlands Young Learner's Academy, and I have read and understand the Internet Policy in The Woodlands Young Learner's Academy Parent Agreement and Handbook and by signing this enrollment application, I grant my child access to the internet as part of the TWYLA curriculum.

VII. YOUNG LEARNER'S FOUNDATION (Parent Organization)

Interested parents should complete the Young Learners Foundation Volunteer form available in this packet or at the front desk.

VIII. THE WOODLANDS YOUNG LEARNER'S ACADEMY "REFER-A-LEARNER"

I was referred by: First Name _____ Last Name _____

Referring family's student name: First Name _____ Last Name _____

IX. SCHOOL AGE CHILDREN

My child attends the following school: _____ Phone _____

My child's 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.

My child has permission to (Check all that apply)

Ride a bus, and/or Walk to and from school Be released to the care of his/her sibling(s) under 18 years old.

X. STUDENT MEDICAL PROVIDER INFORMATION

Physician _____ Office Phone _____

Address _____

Dentist _____ Office Phone _____

Address _____

Other _____ Office Phone _____

Address _____

XI. MEDICAL AUTHORIZATION

I hereby grant to The Woodlands Young Learner's Academy permission to take whatever action in its best judgment that may be necessary in supplying emergency medical services to my child. I understand that, consistent with the circumstances of the situation and available time, The Woodlands Young Learner's Academy will make its best efforts to contact me, and follow the instructions of the parent or guardian, physician, or other person(s) designated by me below.

In the event The Woodlands Young Learner's Academy is unable to contact the parent or guardian, physician, or other person(s), I hereby grant permission to The Woodlands Young Learner's Academy to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. I hereby agree that I will be solely responsible for, and will promptly pay any expenses, which may be incurred by The Woodlands Young Learner's Academy in making emergency medical treatment available to the above named Student.

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give The Woodlands Young Learner's Academy my permission to take my child (or children) to:

Doctor _____

Hospital _____

Ambulance Yes No

XII. IMMUNIZATION RECORD

AGE ► VACCINE ▼	BIRTH	1 MOS	2 MOS	4 MOS	6 MOS	12 MOS	15 MOS	18 MOS	19-23 MOS	2-3 YRS	4-6 YRS
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type B											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required) Positive Negative Date _____

Signature or stamp of a physician or public health personnel verifying immunization information above. _____
Signature/Stamp Date

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

My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

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

For additional information regarding immunizations contact the Department of State Health Services at
<http://www.dshs.state.tx.us/immunize/public.shtm>

XIII. VISION AND HEARING

VISION R 20/ _____ L 20/ _____ Pass Fail

HEARING	1000 Hz	2000 Hz	4000 Hz	PASS/FAIL	
L				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
R				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

XIV. GENERAL MEDICAL BACKGROUND/HISTORY

Please check all conditions that apply, and provide a brief explanation below:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Recent Hospitalization | <input type="checkbox"/> Allergic to bee stings | <input type="checkbox"/> Counseling or Testing |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Epilepsy/Convulsions | <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Frequent Headache | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Visual Impairments |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Drug Allergies |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Prescriptions Regularly Taken: _____ | |

List any drug allergies: _____

List any broken bones: _____

Any special precautions: _____

Your child may be given* : Tylenol (Acetaminophen) Advil (ibuprofen) Benadryl (Diphenylhydramine)

*In addition to checking here, parents must complete the "Authorization to Administer Medication Form" found in *The Woodlands Young Learner's Academy Welcome Packet* or the front office.

Please list and explain any dietary, medical, or medication supplements or restrictions which may cause adverse reactions to or restrict any normal activities in which your child may engage at The Woodlands Young Learner's Academy:

XV. ADMINISTERING OF MEDICINES

The Woodlands Young Learner's Academy staff will administer medicine to its Students upon written authorization by the parent or guardian. Completing the "Authorization to Administer Medicine" form available from the front desk provides such written authorization. The "Authorization to Administer Medicine" form and medication shall be on file in the Student's official TWYLA file.

Texas State Law requires that all medicines must:

- ✓ Be in its original container;
- ✓ Be labeled with the full pharmacy label (if prescription medicine);
- ✓ Be in such condition that the name of the medication and the directions for use are clearly readable on the container (if non-prescription medicine);
- ✓ Have the child's first and last name clearly appear on the container;
- ✓ Include directions to administer the medication; and
- ✓ Be administered to the child with written parental permission and as stated on the label directions or as amended by written notice of a physician.

XVI. ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from TWYLA, one of the following must be presented when your child is admitted to TWYLA or within one week of admission.

Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in The Woodlands Young Learner's Academy program.

Health Care Professional's Signature _____ Date _____

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- PARENT'S STATEMENT: 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 submit it.

XVII. DISCIPLINE AND GUIDANCE ACKNOWLEDGEMENT

Discipline and Guidance Policy for: The Woodlands Young Learner's Academy

- A. 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.
- B. 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.
- C. 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

- RECEIPT OF WRITTEN OPERATIONAL POLICIES:
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

By signing The Woodlands Young Learner's Academy Enrollment Application and Agreement below, I verify that I have read and received a copy of this discipline and guidance policy.

XVIII. PARENT ACKNOWLEDGEMENT & SIGNATURE

By my signature below, I acknowledge that I have reviewed and agree to the policies and requirements identified in both The Woodlands Young Learner's Academy Enrollment Application ("Application") and The Woodlands Young Learner's Academy Parent Agreement and Handbook ("Handbook,") and it is my sole responsibility to familiarize myself with and understand the policies and procedures contained in both the Application and Handbook, any other policies either explicit or implied, and any future policies that The Woodlands Young Learner's Academy may introduce during my child's enrollment. I further attest that all information provided by me in this Application is true and accurate to the best of my knowledge, including all information pertaining to my child's medical records and/or history.

I understand that Handbook can be printed upon request or be found online at www.twyounglearners.com and contains an overview of the school's general policies and procedures for commonly recognized events that may or may not occur during the course of a normal school day. I further acknowledge that this Handbook does not address every potential situation that may arise, but rather provides a general reference to The Woodlands Young Learner's Academy policies. In the event, that a situation occurs that is not addressed in the Handbook, The Woodlands Young Learner's Academy will reference the Minimum Standards for Child-Care Centers set forth in the Texas Administrative Code, Title 40, Part 19, Chapter 746 as a basis for resolution.

I also understand that, if The Woodlands Young Learner's Academy acts, provides care, or releases my child(ren) in accordance with the information provided herein, that such actions will be on my behalf, with The Woodlands Young Learner's Academy having my explicit consent to provide such actions or services using the information provided by me herein, and any adverse or negative outcome from such actions or services shall be at my sole responsibility.

I further understand that The Woodlands Young Learner's Academy may, from time to time, and, at its sole discretion, add, change, delete, and/or modify any provisions of Application and/or Handbook without prior notice. I also understand that The Woodlands Young Learner's Academy may make exceptions to, deviate, interpret, and implement such provisions in Application and/or Handbook as it sees fit in its sole judgment and discretion.

Further, by signing below, I specifically understand and agree that I am granting my authorization and/or consent for specific services and activities provided by The Woodlands Young Learner's Academy in either the Application and/or the Handbook, including but not limited to emergency care, any necessary emergency treatment in the event that my child(ren) is in the care of the physician, hospital, or clinic identified above, dispensing of approved over-the-counter and/or physician prescribed medication, or school sponsored transportation, is at my own risk.

By signing below, I understand that Application and Handbook are a condition of enrollment, and a binding contract between, The Woodlands Young Learner's Academy, and me and/or any designees I have listed in this Application or any future designee approved by me. I also acknowledge and agree to The Woodlands Young Learner's Academy policies and procedures' concerning my obligations to any and all current and/or future policies of The Woodlands Young Learner's Academy contained herein, and the terms and requirements put forth in this Application and Handbook supersede and replace any and all prior Applications and/or Handbooks, offers, or terms, either written or verbal.

Mother or Guardian _____ Date _____

Father or Guardian _____ Date _____

The Woodlands Young Learner's Academy is a public accommodation under the Americans with Disabilities Act (ADA), Title III. If you believe that The Woodlands Young Learner's Academy 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).

Texas Family Code, Title 5 requires The Woodlands Young Learner's Academy to report suspected child abuse or neglect to the Texas Department of Family and Protective Services or local law enforcement agency. Failure to report suspected abuse or neglect is a crime. Call The Texas Department of Family and Protective Services Abuse Hotline toll-free 24 hours a day, 7 days a week, nationwide at (800) 252-5400 or visit their website at www.dfps.state.tx.us.

Complaints against The Woodlands Young Learners Academy may be filed with Texas Department of Family and Protective Services at the following:
2017 N. Frazier, Suite C-1
Conroe, Texas 77301
(936) 441-1775
www.dfps.state.tx.us