

Parent/Guardian #1

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 (in addition to the parent/guardian listed above)

Name _____ Relationship _____
First Last

Street Address _____ City _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

Emergency Contact #2 (in addition to the parent/guardian listed above)

Name _____ Relationship _____
First Last

Street Address _____ City _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

Authorized Pickup #1 (in addition to the parent/guardian listed above)

Name _____ Relationship _____
First Last

Cell Phone: _____ Alternate Phone: _____

Authorized Pickup #2 (in addition to the parent/guardian listed above)

Name _____ Relationship _____
First Last

Cell Phone: _____ Alternate Phone: _____

Authorized Pickup #3 (in addition to the parent/guardian listed above)

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.

2024 Parent Agreement:

Student's Name: _____ Date: _____

Agreement Summary:

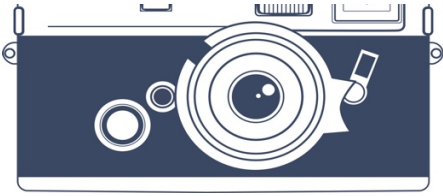
1. Garden Oaks ELC accepts applications for enrollment without regard to race, religion, national origin or gender.
2. The center is open from 7:00 a.m. - 6:00 p.m. Monday – Friday year-round with the exception of the holidays and school closures listed on our school calendar.
3. Due to severe food allergies 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. I understand that my child must be symptom free for 24 hours before returning to school.
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 Garden Oaks Early Learning 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 to my child. I authorize Garden Oaks Early Learning Center's Director to release my child to the Emergency Medical Facilities listed on the Registration Form. I give consent to the listed facilities to administer any and all necessary emergency medical care for my child.
9. In the event of inclement weather or city-wide emergencies, 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 in their original packaging 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 on or before the 1st of each month. 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. For new students: I agree to pay a Registration Fee of \$225 at the time of enrollment. For existing students: I agree to pay an annual Supply & Curriculum Fee of \$175 for each child, each school calendar year they are enrolled due in August of each year, prior to the start of our school year. **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.
15. I authorize Garden Oaks Baptist Early Learning Center to release my child to ONLY the persons listed in the "Emergency Contact" and "Authorized Pickup" fields on the registration page. I understand that children will only be released to a parent or guardian, or to a person designated by the parent/guardian after verification of a photo ID.
16. I understand that breakfast, lunch and a PM snack will be served to my age-appropriate child unless alternate meals are packed by the parent and labeled with the child's name and the date.
17. I understand that Licensed Childcare Facilities fall under the Americans with Disabilities Act (ADA), Title III. If I believe that an operation may be practicing discrimination in violation of Title III, I may call the ADA Information Line at (800) 514-0301 or (800) 514-0383 to report.
18. I have received and understand the requirements in Garden Oaks Early Learning Center's Parent Handbook.
19. I understand that I have access to my child at anytime. Breastfeeding mothers will be given the opportunity to come and feed their child in a designated area within our facility at anytime.

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 _____



2024 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 _____

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 a hospital, emergency room, doctor's office listed on my registration page. I agree to the emergency treatment for my child by any emergency medical personnel, 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 non-negligible 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 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 understand that Garden Oaks ELC holds a fully funded Liability Insurance Policy. However, in the event of an emergency, Garden Oaks ELC does not provide health 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 _____ **Relationship** _____