



Rocking Horse Academy Financial Statement

Parent/Guardian Name _____ Req. Start Date _____

Parent/Guardian Name _____ email _____

Home Address _____, _____, TX _____
Street City Zip

Parent 1 Phone (H) _____ (C) _____ (W) _____

Parent 2 Phone (H) _____ (C) _____ (W) _____

Child's Name _____ DOB _____ Class _____ Wkly Tuition _____

Child's Name _____ DOB _____ Class _____ Wkly Tuition _____

Registration fee (\$100 single, \$150 family, Corral Kid \$30)
Registration fee must be paid at time of enrollment and is non-refundable _____

Supply fee _____ X _____ (# students) _____
Due first week of enrollment (non-refundable)

Child 1 Security Deposit* (=300 FT/200 PT)(separate check) _____
Child 2 Security Deposit* (=300 FT/200 PT)(separate check) _____
Security deposit may be paid in full or divided into 6 equal payments; however, the security deposit MUST be paid with separate checks. Do NOT include your security deposit payment with your tuition.
Wait-listed infants (Foals 1 & 2) must have their \$300 security deposit paid before 30 days prior to enrollment. Failure to do so may result in loss of reservation. Deposit is subject to forfeiture if the student does not enroll within 14 days of the reservation date.
***Families who have paid the deposit in full or have been enrolled longer than 90 days AND given us 30 days written notice of intent to withdraw, may apply the deposit to your final 2 weeks of tuition owed. If 30 days written notice is NOT given, the deposit is forfeited.**

I have read and agree to the terms of this Payment Obligation. I understand that failure to pay by these terms will result in loss of enrollment for my child(ren). Tuition is charged every 2 weeks regardless of absences or illness. Failure to pay the account as owed can result in court judgments, negative credit reporting, and collections.

Parent signature

Parent signature

Social Security # & Driver's License

Social Security # & Driver's License #

Staff Signature

Date

Please see back for payment schedule

Payment schedule if dividing fees:

| Due Date | Tuition | Security Deposit <i>Separate Ck</i> |
|----------|---------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Notes _____

Rocking Horse Academy Policies and Procedures

This is a summary of policies discussed in our handbook. Parents are encouraged to read the entire handbook to understand all of our policies.

RULES OR POLICIES ARE SUBJECT TO CHANGE

The rules and regulations contained within are not exclusive. Other rules and regulations may be posted in and about the facility and shall be binding as described within this handbook in full. The Academy may, from time to time, choose to adopt and make amendments to its rules and regulations. All enrolled participants will be obligated to observe these policies.

Hours of Operation:

6:30 a.m. – 6:30 p.m.

No drop-off between 10:00 a.m. – 2:30 p.m.

(The front door access code will be turned off during this time)

Late drop-off exceptions will be made for a Dr's appt. accompanied with a note)

Late pick-up 6:35 p.m. charged \$15 + \$1/minute

Excessive late pick-ups (after 2 incidents per month) 6:35 p.m.
charged \$15 + \$2/minute

Tuition:

Charged and due every other Monday (no exceptions)

Must be paid in full without deduction for absences

Late fees begin after 6:30 p.m. Tuesday

Late fees \$15 Wednesday, \$5 /day thereafter until paid in full

As a service, Invoices are sent out on Friday prior to tuition Monday
(barring technical difficulties).

Drop-off/Pick-up:

Sunscreen should be applied at home before school. We will re-apply sunscreen you provide after nap for the afternoon. (permission form available on-line)

No food after 7:15 a.m. All food removed at 7:30 a.m.

An adult **MUST** accompany the child to/from the classroom

An adult **MUST** pick up the child from the teacher. Siblings may only pick up or drop off if they have a driver's license.

The adult **MUST** sign the classroom roster at drop-off and at pick-up times. (If your child is on the playground, you may not stand on the back porch and call your child to leave without going to the teacher and signing the child out.)

If you arrange for someone else to pick up your child, please notify us. That person must check in at the front desk and show a photo ID. Your child's file will be checked.

Enrollment:

Parents may **NOT** change a child's enrollment status without

permission from the director. (From full time to part time or vice versa or from MWF to TH)

Withdrawal requires 30 days **written** notice in order to have the deposit applied to your balance.

NO PARKING ON McNAUGHTON OR IN OUR FIRE LANES

Holidays and closures

| | |
|--|---|
| *New Year's Day | January 1 st |
| MLK (Teacher In-service Day) | 3rd Monday in January |
| Memorial Day | Last Monday in May |
| Independence Day | July 4 th |
| RHA Teacher In-service Day | 2nd Friday in August |
| Labor Day | 1 st Monday in September |
| Columbus Day (Teacher In-service Day) | 2nd Monday in October |
| Thanksgiving and the Friday after | 4 th Thursday and Friday in November |
| *Christmas Day | December 25 th |

The Academy will be closed the following Monday, if a holiday falls on a Saturday or Sunday.

* We will close an additional 2 days during the winter break. Dates will be posted and specified depending on the day Christmas and New Year's Day falls.

Clothing/Items from home

Children get dirty. Please don't send them in "nice" clothes
Please provide one extra set of clothes in case
Please LABEL all articles of clothing (jackets, sweaters, sweatshirts, etc...)
Toys/personal items may NOT be brought to class unless requested by the teacher.
Please LABEL all bedding
Bedding should be brought on Mondays and taken home on Fridays for laundering.
Labeled water bottles should be brought in and taken home daily (WATER ONLY!)

Illnesses

We post contagious illnesses on our classroom doors and notify DPRS when applicable.
Parents must pick up, or arrange to have their child picked up, within 90 minutes of attempted notification. Failure to comply will result in an additional fee.

1. Fever underarm 100.0 degrees
2. Rash – unexplained
3. Diarrhea-multiple
4. Vomiting-multiple
5. Eye infection or pink eye-constant discharge
6. Lice/Nits
7. Unable to participate in classroom activities

If your child becomes ill at night, please notify the front desk the next day that you will not be attending school.

Check handbook for specific guidelines on our notification process, when you can return to school and late pickup fees. Generally, the child must be symptom-free, without medication, for 24 hours before returning or submit a Dr.'s note clearing them to return to school.

Medication

Must be checked in at the front desk and logged into the book
Must be accompanied by a Dr.'s note
Will be administered at 11 a.m. and 3 p.m. (some exceptions for infants)

Parent Signature

Date



Rocking Horse Academy

| |
|----------------------|
| Date enrolled: _____ |
| Classroom: _____ |
| Date withdrew: _____ |

CHILD'S NAME: _____ DATE OF BIRTH: _____ GENDER: _____

FATHER'S NAME: _____ EMPLOYER: _____

WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE NUMBER: _____

MOTHER'S NAME: _____ EMPLOYER: _____

WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE NUMBER: _____

| PRIMARY ADDRESS | | SECONDARY ADDRESS (IF PARENTS DO NOT RESIDE TOGETHER) | |
|-----------------|------|---|------|
| STREET ADDRESS | | STREET ADDRESS | |
| CITY | | CITY | |
| STATE: | ZIP: | STATE | ZIP: |
| PHONE: () | | PHONE: () | |

| EMERGENCY CONTACTS & AUTHORIZED TO PICKUP | | |
|---|-----------|-------------|
| NAME: | RELATION: | HOME PHONE: |
| CELL PHONE: | | WORK PHONE: |
| NAME: | RELATION: | HOME PHONE: |
| CELL PHONE: | | WORK PHONE: |

| ADDITIONAL AUTHORIZED PICKUP | |
|------------------------------|--------|
| NAME: | PHONE: |
| NAME: | PHONE: |
| NAME: | PHONE: |
| NAME: | PHONE: |

In the event that my child should become ill or sustain an injury while in the care of Rocking Horse Academy, i/we give permission to the person or persons in charge to take whatever steps are necessary to obtain the required medical treatment for my child.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Acknowledgements

yes no

Parent Handbook: I have read, understand, and agree to abide by the written policies set forth in the Parent Handbook. I understand these policies may change; however, every attempt will be made to inform parents of those changes. I am responsible for reading memos, updates, and newsletters that may inform me of those changes.

yes no

Vision/Hearing screening: I understand all children four years of age and older must be screened for vision and hearing difficulties. I agree to provide the center with the results of that test within 30 days of my child's 4th birthday.

yes no

Observers: I am aware that Rocking Horse Academy cooperates with Texas State University and other education institutions by allowing students majoring in education to observe our students and teachers. These students will be subjected to Tx DPRS standards and a criminal background check. They will never be left in charge of the students.

yes no

Special Needs: My child has a special need. I agree to provide a document from my physician or psychologist or other expert that states my child can safely participate in regularly planned activities and poses no danger to any other child enrolled.

yes no

School-age Children: My child attends the following School and his/her immunization record is on file at the school and all immunizations and TB tests are current.

School Name

Address/Phone #

Parent Signature _____

Date _____

CHILD'S NAME _____

ALLERGY ALERT FORM

Food allergies

Reaction

Seasonal allergies

Reaction

Drug allergies

Reaction

Insect allergies

Reaction

Chronic conditions

Medical information or instructions

Parent Signature _____ Date _____

CHILD'S
NAME: _____

PERMISSION FORMS

Check all that apply:

- yes no **Transportation:** I hereby give my consent for my child to be transported and supervised by facility's staff on field trips.
- yes no **Water activities:** I hereby give my consent for my child to participate in age-appropriate water activities.
- yes no **Field trips:** I hereby give my consent for my child to participate in field trips under the supervision of a staff member or parent volunteer. (48 hours notice or more will be given.)
- yes no **Photographs:** I hereby give my consent for Rocking Horse Academy to use photographs (individual or group-still or video) of my son/daughter in their programs promotion, including newspapers, news bulletins, magazines, movies, television, displays, and training materials.

Medical Emergency Authorization:

Name of Dr: _____ Phone _____

Preferred Hospital _____ Phone _____

Address _____ City _____

Insurance Co. _____ Policy # _____

Group # _____ Date of Exp. _____

Drug Allergies: _____

I give consent for Rocking Horse Academy to secure any and all necessary emergency medical care for my child.

Parent Signature _____ Date _____

Child Information Sheet

This is confidential information for the Director, Assistant Director, and Teacher's information only for the sole purpose of understanding and developing your child's potential as a toddler. You may choose to with-hold any of the following data; but many times a teacher would have better served the needs of the pupil had proper information been available.

Name: _____

2. Boy Girl

3. Date of birth: _____

4. My child likes to:

5. My child is happiest when:

6. My child may become frustrated when:

7. My child will express his/her anger by:

8. When dealing with change, my child:

- _____ Isn't bothered by it very long
- _____ Gets excited when meeting different people
- _____ Takes a (long----short) time to adjust to new adults
- _____ Takes a (long----short) time to adjust to new children
- _____ Takes a (long----short) time to adjust to new places
- _____ Takes a (long----short) time to adjust to new things

9. When faced with separation from his/her parents, my child:

10. My child may need help with:

11. My child's health needs are:

12. My child's medications are:

13. I also want you to know:

14. Eating habits:

15. Napping habits:

16. Allergies:

17. My child is: affectionate reserved moody sensitive

18. Who usually disciplines your child: Mother Father Both

Usual form of discipline:

19. Mother's name: _____

Father's name: _____

Married _____ Divorced _____ Separated _____ Single Parent _____

Mother Custody _____ Father Custody _____ Legal Guardian _____

Adopted _____

Parent's Signature _____

Discipline and Guidance Policy for *Rocking Horse Academy*

- ⌚ 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.

Signature Date _____

Check one please:

parent

employee/caregiver

CHILD'S NAME: _____

Parent's Standing Orders for Non-prescription topical medications

I authorize the Rocking Horse Academy staff to administer the following non-prescriptive topical medications to my child, in accordance with my instructions and those located on the original container.

yes no Teething _____
(Ambesol, Orajel, other)

yes no Ointment _____
(Bacitracin, Neosporin, Zinc Oxide, other)

yes no Diaper Rash _____
(Dr. Smith's, A&D, Desitin, other)

yes no Insect Repellant _____
(Skin-so-Soft, Other)

yes no Sun Screen _____
(Coppertone, Johnson's, other)

yes no Other (as specified by parent)

Parent Signature _____ Date _____

Date: _____

Child's Name _____

I have examined the above named child within the past year, and find that the child is physically able to take part in the child-care program.

Physician's Name

Physician's Signature

§746.611
Must I have a health statement for children in my care?

*Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03*

(a) A health statement is:

- (1) A written statement, from a health-care professional who has examined the child within the past year, indicating the child is physically able to take part in the child-care program.

Health status information is critical to ensuring that the individual needs of children are met, while protecting the health and safety of all children in care

Texas Department of Family and Protective Services 15

Parents: Please attach a current copy of your child's immunization record.