

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information			
Operation's Name:		Director's Name: Jennifer Voigt	
Child's Full Name:		Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian <i>(if different from the child's)</i> :	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:			Area Code and Phone No.:
Name:			Area Code and Phone No.:
Name:			Area Code and Phone No.:

Consent Information	
1. Transportation:	
I give consent for my child to be transported and supervised by the operation's employees (Check all that apply).	
<input checked="" type="checkbox"/> for emergency care <input checked="" type="checkbox"/> on field trips <input checked="" type="checkbox"/> to and from home <input checked="" type="checkbox"/> to and from school	
2. Field Trips:	
<input checked="" type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.	
Comments:	
AppleTree Day School will give parents plenty of notice before any field trips. No field trips will be offered to any children under 4 years of age,	

3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

☒ water table play ☒ sprinkler play ☐ splashing or wading pools ☒ swimming pools ☒ aquatic playgrounds

Is your child able to swim without assistance?

☐ Yes ☐ No

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

☐ Yes ☐ No

Do you want your child to wear a life jacket while in or near a swimming pool?

☐ Yes ☐ No

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

☐ None ☒ Breakfast ☒ Morning snack ☒ Lunch ☒ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday	6:30	6:30
Tuesday	6:30	6:30
Wednesday	6:30	6:30
Thursday	6:30	6:30
Friday	6:30	6:30
Saturday	Closed	Closed
Sunday	Closed	Closed

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature — Parent or Legal Guardian

Date Signed

8. Child's Special Care Needs (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (<i>include instructions below</i>) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation 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).

Signature — Parent or Legal Guardian _____

Date Signed _____

9. School Age Children

My child attends the following school:

School Area Code and Phone No.: _____

My child has permission to (*check all that apply*):

- ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his or her sibling under 18 years old

Authorized pick up or drop off locations other than the child's address:

AppleTree Day School only picks up from local schools and brings them back to AppleTree at 18 Scenic Loop Rd #100 Boerne, Tx. 78006

- ☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian _____

Date Signed _____

Requirements for Exclusion from Compliance

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ Fail

Signature _____ Date Signed _____

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature _____ Date Signed _____

Admission Requirement

If your child does not attend pre-kindergarten 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. *(Select **only one** option.)*

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.
- ☐ 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.
- ☐ 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 to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	Bring copy of shot records
	1–2 months (second dose)	Bring copy of shot records
	6–18 months (third dose)	Bring copy of shot records
Rotavirus	2 months (first dose)	Bring copy of shot records
	4 months (second dose)	Bring copy of shot records
	6 months (third dose)	Bring copy of shot records
Diphtheria, Tetanus, Pertussis	2 months (first dose)	Bring copy of shot records
	4 months (second dose)	Bring copy of shot records
	6 months (third dose)	Bring copy of shot records
	15–18 months (fourth dose)	Bring copy of shot records
	4–6 years (fifth dose)	Bring copy of shot records
Haemophilus Influenza Type B	2 months (first dose)	Bring copy of shot records
	4 months (second dose)	Bring copy of shot records
	6 months (third dose)	Bring copy of shot records
	12–15 months (fourth dose)	Bring copy of shot records
Pneumococcal	2 months (first dose)	Bring copy of shot records
	4 months (second dose)	Bring copy of shot records
	6 months (third dose)	Bring copy of shot records
	12–15 months (fourth dose)	Bring copy of shot records
Inactivated Poliovirus	2 months (first dose)	Bring copy of shot records
	4 months (second dose)	Bring copy of shot records
	6–18 months (third dose)	Bring copy of shot records
	4–6 years (fourth dose)	Bring copy of shot records
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	Bring copy of shot records
Measles, Mumps, Rubella	12–15 months (first dose)	Bring copy of shot records
	4–6 years (second dose)	Bring copy of shot records
Varicella	12–15 months (first dose)	Bring copy of shot records
	4–6 years (second dose)	Bring copy of shot records
Hepatitis A	12–23 months (first dose)	Bring copy of shot records
	The second dose should be given 6 to 18 months after the first dose.	Bring copy of shot records

Varicella (Chickenpox)

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.

Signature _____

Date Signed _____

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test (If required)

☐ Positive ☐ Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature _____

Date Signed



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) AppleTree Day School of Boerne, Inc. ☐ to initiate credit card charges to the below referenced credit card account (Section A) OR, ☐ initiate debit entries to my (our) Checking or Savings Account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
✓ Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #				
Address	City	State	Zip		
Bank or Credit Union Name					
Bank or Credit Union Address	City	State	Zip	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below)	Account Number (see sample below)				

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of





CONDITIONS CONTRACT

September 1, 2023 – August 31, 2024

This contract is for the following child(ren):

Enrollment Date: ____/____/____

My child(ren) will arrive at AppleTree Day School each day at approx. ____:____a.m. and will be picked up at approx. ____:____p.m. AppleTree Day School opens at 6:30 a.m. and closes at 6:30 p.m. Monday through Friday. I agree to pay \$1.00 for each minute past closing time per child if I arrive late. The fee will be adjusted higher after the third late pick up. I agree to pay a non-refundable ANNUAL registration fee per child for insurance and supplies.

I agree to pay (bi-weekly, semi-monthly, or monthly) fee of \$_____ + \$_____ for Secure Vision cameras IN ADVANCE. There is no reduction in tuition for absences or for legal holidays. We observe nine legal holidays per year: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the Friday following Thanksgiving, Christmas Day and Christmas Eve. Actual closing days will be adjusted if holidays land on a weekend, if this occurs, we will post it in the lobby 30 days in advance. We may have abbreviated hours for New Year's Eve. School age children will have additional tuition charges during holidays and summer vacation time.

I agree to pay a \$25.00 late fee if not paid by close of business on the next school day of the scheduled contract day. I agree to pay a \$35.00 service charge on any returned checks or non-sufficient funds on direct debit or declined charges for a credit card that are to pay my child's tuition plus the late fee. Credit card users will be charged a 3.5% fee each time the card is run for tuition. After school children will incur a \$10.00 no call fee if our school is not notified by 2:30 p.m. that your child does not need pick up.

Tuition is due and payable in full for each contract period in advance. There is no reduction in tuition fees for days missed. Upon signing this agreement, the tuition is due and payable per your terms on page one of this agreement. One week vacation is available without tuition after enrolled full time for one year without interruption. No tuition is due during the vacation week. After vacation week has been used, any absent weeks are charged at the regular rate. Any vacation time not used during the period will not be carried over to the next annual contract period or credited. Please notify the office in advance of vacation weeks to be taken, so that you may fill out a vacation notification form. Attendance at the school is not permitted during a vacation week. Tuition rates and fees are established on an annual basis, therefore, there is no reduction in tuition for illness, holidays, school closings, or acts of nature.

If we do not hear from a parent for two consecutive weeks, your child(ren) will be dropped from our registry at the school. The child(ren) must re-enroll if you wish to have your child(ren) attend the school again.

This contract and all other registration forms must be signed and returned to AppleTree Day School before the first day of attendance.

Date: ____/____/____

Parent/Guardian Signature: _____

Director's Signature: _____



APPLETREE DAY SCHOOL
Parent/Guardian Photo Consent Form

This parental consent form is to both inform you and to request permission for your child's photo/image to be published on AppleTree Day School's website, brochures or to post in lobby/classrooms.

As you are aware, there are potential dangers associated with the posting of photo/images of children on a web site since global access to internet does not allow us to control who may access our website. The law requires that we ask for your permission to use your child's photo/image.

Pursuant to law, we will not release any personally identifiable information without written consent from you as a parent or guardian. Personally identifiable information includes: name, address, email address, phone number, or location of school that your child attends.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to AppleTree Day School and such rescission will take effect within ten days.

I grant permission for a photo/image that includes my child without any other personal identifiers to be published in AppleTree Day School's brochure, their public Internet web site or lobby/classrooms.

Students Name(Print): _____

Parent/Guardian's Name(Print): _____

Signature of Parent/Guardian: _____

Relation to Student(Print): _____

Date: _____

AppleTree Day School of Boerne Biting Contract

Biting is a typical behavior often seen in infants, toddlers and 2 year olds. As children mature, gain self-control, and develop problem solving skills, they usually outgrow this behavior.

While not uncommon, biting can be upsetting and potentially harmful behavior. It's best to discourage it from the very first episode. Children bite for many reasons: self-defense, attention, lack of language skills, or relief from teething.

Toddlers tend to have poor verbal skills and are impulsive and without self-control. We try and encourage the children to use their words if they become angry or frustrated.

We will take the following steps if biting occurs:

- The biter will be removed from the situation depending on the child's age (ex. 1 minute for a 1 year old)
- The teacher will work with the child and encourage them to express their needs and wants by using their words
- The wound will be washed and ice will be applied
- The parents of both children will be notified by a report
- Names of children will be kept confidential
- Children will be on a Shadow Program if biting continues

Our biting policy will be strongly enforced

- If there are 2 bites with the skin broken, the child will be sent home
- If a child bites 3 times on any one day, the child will be sent home for the remainder of the day
- If biting continues and is severe, you will be contacted by the director and a conference will be scheduled. We will make every attempt to help guide your child to prevent any type of biting.
- A last resort will be termination of care if determined by the director and owner. The parent(s) will be given a two week notice.

Child's Name: _____

Parent Signature: _____

Director Signature: _____

Date: _____



MEDICAL RECORDS RELEASE FORM

I (Parent/Guardian) _____ hereby authorize my child's physician, Dr. _____ to fax a copy of my child's (child's name) _____ shot record to the AppleTree Day School of Boerne for their file. My child's D.O.B. is: _____.

If you have any questions or need to verify this transmittal you may contact me @ (____) _____. Thank you for your assistance.

Please sign the physician's signature line that reads "Signature of Physician or Public Health Personnel" on the attached page to allow my child to attend the school and fax back to AppleTree Day School of Boerne, Inc. AppleTree Day School's Fax number is (830) 755-6500.

You may also contact the school @ (830) 981-4343 for further information.

Parent's Signature

Date

Parent's Printed Name

THINGS TO BRING TO APPLETREE DAY SCHOOL

Infants:

Bottle for *each* feeding
Formula and baby food (if eating food)
Diapers and wipes
Diaper rash cream

Babies Bag should include:

2 extra changes of clothing
2 extra pair of socks
Pacifier (if using)

12 mos.-2 yrs:

Diapers or Pull ups (2's)
Wipes and diaper rash cream

Bag or Backpack with:

2 extra change of clothes
1 extra pair of socks
Small blanket for napping
(2) Bibs
*1 extra pair of shoes
*Fitted crib sheet for napping

3's, 4's & 5's:

Bag or Back Pack with:

1 extra change of clothes
Small blanket for napping
* 1 extra pair of shoes
* Fitted crib sheet for napping

School Age

Booster Seat

It is important to remember to label everything with child's full name. When we do laundry it is very helpful to know whose clothing it is and which class to return it to.

* If you prefer your child to sleep with a crib sheet, they can, but it is not necessary. Also, the extra shoes are so that if your child has an accident and soaks their shoes they will still have an extra pair to go outside with at playtime. Please

DO NOT leave medication in your child's bag. Thank You!



18 Scenic Loop Rd. Suite 100 • Boerne • Texas • 78006
(830) 981-4343 • Fax (830) 755-6500
www.appletreedayschool.com

<u>Age</u>	<u>Weekly</u>
Infants -12 mo. Class	280
12-18 Mo. Class	260
18-24 mo. Class	260
2-3 yrs. (not potty trained)	250
3,4,5 yrs. (potty trained)	240

School Age Children

After School	95
Holidays	40 (per day)
Early Release	30 (per day)
Summer	240

School age children who already attend the school will be charged an additional \$40 per day on single day school holidays and \$30 for early release days. Registration fees will be accessed on *September 1st* of each year. All Discounts and credits apply to full-time enrollment only. Tuition rates and fees are established on an annual basis: therefore, there is *no reduction* in tuition for illness, holidays or school closings. Children must be "accident free" for one month to be defined as potty trained. If you have questions regarding your payment options, you may discuss it with the front desk. Thank you.



Operational Policies

Hours, Days, and Months of Operation

AppleTree Day School of Boerne, Inc. opens at 6:30 a.m. and closes at 6:30 p.m. Monday through Friday. A late fee of \$1.00 for each minute past closing time is charged if parents arrive late. The fee will be adjusted higher after the third late pick-up. Tuition is payable in advance of services and there is no reduction in tuition for absences, or for our legal holidays. We observe the following legal holidays per year: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the Friday following Thanksgiving, Christmas Eve and Christmas Day. We also have abbreviated hours for New Year's Eve. Actual days of closing will be adjusted if the holidays fall on the weekend, if this occurs, we will post thirty days in advance of the closing. School age children will have an additional tuition charge of \$40 per day for attending during school holidays or closings, and \$30 for early release days. AppleTree operates year-round with no closures except for the holidays stated above. If extreme weather conditions occur where roadways are unsafe to travel or a natural disaster that affects our area or school occurs, AppleTree will follow BISD closures.

Procedures for Release of Children

Children will be released only to persons designated on enrollment forms unless the childcare center is notified in writing or by phone, in advance of a change. Anyone unfamiliar to the childcare personnel will be asked to show official State, Federal, Military or Government picture identification.

Illness and Exclusion Criteria

If a child becomes ill, a parent will be contacted and the child will be isolated from the other children until the parent arrives. Therefore, please keep schedules, phone numbers and all records up to date with the front desk. Please notify the office when you will not be at your scheduled location. You MUST keep your child home if: they have a fever of 100.4 and higher, or have had a fever in the past 24 hours without any fever reducing medications, they have vomited more than once in the past 24 hours, they have a rash, lice, nits, an exposed ringworm or other parasite, they have diarrhea, they have symptoms of a contagious disease (headache, sore throat, rash, red watery eyes, thick mucus from the nose, eyes, or ears). It is against State regulations to leave any medications in your child's bag or backpack, they must be given to the front office staff, signed in and labeled to be kept in the office lock box.

Procedures for Handling Medical Emergencies

The school's director will evaluate an injured or severely ill child. Parents will be notified by telephone if their child needs to be picked up. An ambulance will be called only in severe emergencies and the director will make that determination. A member of our staff will remain with the child until a parent arrives at the emergency medical facility. No medication is dispensed at AppleTree Day School. The only exception is in an epi pen, however, if there is not a signed action plan and current medication (non-expired), in the original container, with prescription label attached), asthma medications (must have same as previous med) and prescribed necessary medication situation will be determined by the director. There is no school nurse on staff at our facility.

School Emergency Plans

If we are required to vacate our premises for any reason, we will move to Kendall Elementary School's gym (141 Old San Antonio Highway, Boerne) and we will follow these procedures: All children who are not mobile will be put in cribs or wagons to exit the building and get to our holding area across the parking lot. The children will then be counted, divided into groups and moved to the elementary school in our school vans and personal vehicles if needed. Front desk staff will bring snacks and water pitchers to feed children who are in our care for an extended period. A supply of diapers, wipes and formula will be brought for Infants and toddlers.

The person/persons in charge of this evacuation will be the Director, the Owner or the Assistant Director, whoever is there at the time of the emergency. If the owners, Mr. Lloyd or Mrs. Jennifer Voigt are there, they will be designated to talk to the media. If Mr. and Mrs. Voigt are not there, the next person in charge will be the contact for the media, the contact number will be (210) 254-4960. The Emergency Evacuation Binder which holds all children's emergency contact information will be taken, in addition to the day's attendance sheets.

The people in charge will be calling parents. If the parents send a person to pick up their child, they must have a current picture ID and the parents must give us their name to go with the photo ID. The person in charge will post on our website current information and instructions for parents. After all children and parents are taken care of and accounted for, licensing will be notified of the emergency involving our school.

In addition, if the school receives a 911 Emergency call (armed criminals in the area, etc.), the school will be locked down immediately. The children will lock down in the bathroom in each classroom and close the main door to the classrooms and turn off the lights. Infant classrooms will put all infants in the emergency crib and enter the bathroom and follow the same procedures as the other classrooms. No persons will be allowed in or out and all doors will be locked. The school will be secured until police notify us that the danger is contained. We will put information on our website to keep parents informed of the situation. We will also post on our front door all the information needed such as relocation and/or lock down. AppleTree staff will provide food, snacks, drinks, and care until parents arrive.

Procedures for Parental Notifications

Notes of childcare happenings, closings, policy changes, etc. are posted at the front desk of the school. Also, any changes to the Operational Policies will be conveyed to each family in writing and a new signed and dated copy will be kept in each child's file. Other written notices may be sent home with your child.

Discipline and Guidance Practices

Children may be placed in brief, supervised, quiet times from the group for disciplinary purposes. More difficult problems will be brought to the director and the parents will be notified. Frequent disciplinary problems could result in the need for the parent to pick up their child that day, a parent conference and/or ultimately dismissal from the school if problems persist.

Vacation Policy

Each child paying full tuition for one year without interruption is eligible for a one-week vacation. No tuition is due during the vacation week. After the vacation week has been used, any absent week will be charged at the regular rate. Any vacation time not used during the period is lost and not carried over to

the next annual contract period. Please notify the office in advance of vacation dates to be taken so that you may be given a vacation notification form. The vacation notification form should be turned into the front desk prior to your billing cycle. **No** verbal request will be accepted. Attendance at the

school is not permitted during the vacation week without paying tuition. *Vacation week must be taken in consecutive days. Part time or Government assistance enrollment is not eligible for vacation credit.*

Meals

AppleTree Day School serves the following meals and snacks: breakfast is served from 7:00 a.m. until 8:00 a.m.; morning snack is served at 9:30 a.m.; lunch is served at 12 p.m.; afternoon snack is served at 3:30 p.m. Afternoon snack time is extended to accommodate after school children arriving at the school. All meals, milk, and snacks are included in your child's tuition. *If parent/ guardian supplies snacks, meals, or supplements, AppleTree Day School is not responsible, or liable for the nutritional content and there is no reduction in tuition.*

Immunization Requirements

A current shot record must be provided to the school ON OR BEFORE the date of enrollment. Parents must sign a statement of health and must have a physician's statement of health signed and dated by a physician within six weeks of enrollment. This is required by the State licensing department. Children four years and older must also have a vision & hearing screening test on file at AppleTree Day School.

Enrollment Procedures

Upon enrollment, a non-refundable annual registration fee of \$150.00 per child for insurance and supplies is due and payable. After initial enrollment annual registration will be due on or around September 1st of each year and will be payable or deducted from your account. Tuition is due and payable on Friday, before the close of business. A \$25.00 late fee per week will be charged if tuition is not paid in full by Monday at closing for the current week. A \$35.00 service charge is assessed on any returned checks or non-sufficient funds for direct debit that pays your child's tuition. Tuition is due and payable in full each week of the contract period. There is no reduction in tuition fees for days missed, there are no exceptions. Upon signing the Conditions Contract, the tuition is due and payable for the entire term of the contract period. If a child is not in attendance for two consecutive weeks, and the school was not previously notified of the absence, the child will be dropped from the registry at the school. The child must re-enroll if they wish to attend the school again. Enrollment forms provided to parents must be completely filled out prior to attending the school.

Transportation, Water Activities, and Field Trips

No child will be transported on a school van or allowed to participate in swimming without a signed consent form. Parents will be notified in advance and in writing of any field trips *and the parent /guardian must sign a permission slip for each field trip prior to their departure.* AppleTree Day School does not use parent volunteers in our operation or activities.

Physical Activity

Infants will be given the opportunities for physical activities such as tummy time, bouncers, and exersaucers. Toddlers will participate in two, thirty-minute active play on the outdoor playground daily and when the weather permits. The older groups will participate in two, thirty-minute active play on the outdoor playground, daily and when the weather permits. They will also have an additional thirty-minute playtime of moderate vigorous activity in the classroom. School-age children who attend a full day will also have the same ninety minutes as described above and if they are in attendance for half days only it will be reduced to one, thirty-minute session outdoor time, weather permitting. Active outdoor play will help to promote social skills, movement, balance, and gross motor skills. Please make sure to always have

children in shoes that will stay on to assist them in active play. Also, please be sure that clothing is appropriate for outdoor play and they are able to climb and move freely. In addition, please try to avoid clothing with strings or hoods that can catch on playground equipment.

Withdrawing Your Child/Children

AppleTree Day School requires a **two-week notice (10 business Days)** prior to withdrawing your child from school. *Vacation time cannot be used for any family's account as credit.* All balances must be paid in full prior to unrolling at AppleTree Day School. We have the right to continue to bill until any unpaid tuition is collected, even after your child is unenrolled and no longer attending our school.

Provisions for Breastfeeding Mothers

All nursing mothers have adult rockers in the infant room for their use. The infant rooms are stocked with bottled water if necessary for Mothers.

Gang Free Zone

Our school is a gang free zone of 1000 feet. If any person is convicted of a criminal offense, they are subject to much harsher penalties by the courts.

These are some of the rules and regulations issued and enforced by the State of Texas for childcare centers. AppleTree will uphold all rules, regulations, and laws provided by the State to the best of our ability and apologize for any inconvenience this may cause anyone.

Licensing Information and Parent's Rights

A copy of the "Minimum Standard Rules for Licensed Child-Care Centers" and our current licensing report is in the lobby and are available for parents to view at any time during hours of operation. Parents may request to view a copy of the Minimum Standards and our latest inspection report from the state licensing department. Any parent who has concerns or questions about the Operational Policies may request a meeting with the Director or Owner. The meeting will be scheduled at the earliest convenience of the parents and the Director or Owner. Any parent may visit the school during hours of operation to observe their child, or the school's operation and activities. Prior approval is not necessary. We do, however, require all parents notify the front desk so the staff can monitor all the people in our building. Parents may contact the local licensing office:

Childcare Licensing
3635 S.E. Military Drive
San Antonio, Texas 78223
Phone: (210) 337-3399
Nat'l Website: www.tdprs.state.tx.us
Child Abuse Hotline: 1-800-252-5400

*****Please keep pages 1-4 of this Operational Policies for your records. *****



Please sign this page of the Operational Policy and return to AppleTree Day School on or before the first day of your child's attendance. I (parents/guardians) have read all the Operational Policies and agree to abide by them.

Date: _____

Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

Director's Signature: _____

*****Please return this signed page to AppleTree Day School*****