



PANDA BEAR ACADEMY

ENROLLMENT AGREEMENT: Please read the agreement carefully before enrolling your child at our center. The agreement ensures protection for our parents, as well as the center. We want to provide services that your children are entitled to, so it is essential that the financial status of the Center be stable. The center's salaries and overhead expenses cannot be reduced because of "Absentee Losses", in income. In essence, this agreement is a parent guarantee to the Center that you will financially support the enrollment space guaranteed for your child

I understand to:

- ❖ Pay a non-refundable registration fee of \$100 and yearly supply fee of \$100 under any circumstances.
- ❖ Pay weekly tuition by Tuesday at 8:00 p.m. or a late fee of \$15.00 will be added. We have the right to not accept the child on Wednesday A.M., if we do not have the tuition paid by Tuesday.
- ❖ Pay NCI Monthly fee by the 10th of each month if not after this day late fee charge of \$15.00 will be added to your monthly fee. The monthly must be paid by the 20th of the month or else will be denied entrance
- ❖ Pay half week tuition if your child is not here in the hold week or 1 day only
- ❖ You are responsible for full weekly tuition if your child came 2 days and up
- ❖ Pay \$1.00 per minute for late pickup after 8:00 p.m. M to F or after 7:00pm on sat . Legal authorities maybe contacted for children left at the center more than 1 hour after closing time of Panda Bear .closing time is 8:00pm M-F & SAT 7:00pm .CPS and or other authorities will be contacted starting at 9:00pm
- ❖ Panda Bear have the right to terminate child care service with 24h notice only.
- ❖ Pay tuition with no deductions for absence including holidays, any amount carried over to the next week must be paid by Monday or cannot attend.
- ❖ If my child is regular transported to and / or from school by Panda bear & school not in session due to holiday ,storm, ect ..you have to pay an addition fee as indicate below , for my child to attend Panda Bear all day
- ❖ Saturdays are not included on weekly tuition
- ❖ Give two weeks written notice of withdrawal or pay 2 weeks full tuition.
- ❖ Any outstanding balance after my child withdrawal must be settled in 30 days or it will be turned over to our Collection Agency.
- ❖ If any monies owed are not paid before the end of the year, Panda Bear Management will not distribute tax claim statements until monies owed are paid in full.
- ❖ In the event of an emergency illness, Panda Bear will call and expect for you to come and pick up your child.
- ❖ In the event of illness while my child is in attendance, medical expenses are the responsibility of the parent

I agree (understand) to carry out the responsibilities under the policies and procedures agreement. Should the Owner/Director determine that my child cannot adjust to the procedures agreement, my child may be withdrawn within 24 hrs, terminating this agreement.

Choose an option for your child's: I would like to reserve the following program

Fulltime Part-time (6h per/day for everyday) Part-weeks (circle days) M T W T H F

My child will be attending _____ elementary school and I need to serve:

Circle one or both: AM drop off PM pick up

Registration \$ _____ weekly Tuition\$ _____ 2nd child tuition \$ _____

School Supply \$ _____ NCI 1ST Monthly fee \$ _____ NCI Fee \$ _____

Parent Signature _____ Owner or Director Signature _____ Date _____



ENROLLMENT FORM

Date of admission _____ Day a week M T W T F Sat Hours _____

Child's Last Name _____ First Name _____

Birth Date ____/____/____ Sex: M F Home Phone # _____

Address _____ city _____ state _____ Zip _____

Mother Name _____ Father's Name _____

S.S _____ S.S _____

Cell Phone # _____ Cell Phone # _____

Employed by : _____ Employed by: _____

Business Phone # _____ Business Phone # _____

Email Address: _____ Email Address _____

Please list person approved to pick up your child or (the persons to call in case an emergency if parent cannot be reached) .Your child will not be released to anyone other than those listed without your specific authorization. You must make a staff member aware of your child's arrival and departure.

1st Name _____ Relationship _____ ID# _____

Address _____ Phone # _____

2st Name _____ Relationship ID# _____

Address _____ Phone # _____

Parent's Signature _____

I give permission for my child to: (Check all that apply)

1. Transportation :

I hereby give do not give

- my consent for my child to be transported and supervised by the **Panda Bear Academy** employees:

for emergency care on field trips to and from school

2. Photographed:

- my consent for my child to be photographed or videotaped to be used for art projects, crafts, classroom activities, in advertising and or to be placed on **Panda Bear** website etc.

I hereby give do not give

3. Water Activities:

I hereby give do not give

- my consent for my child to participate in Water Activities

sprinkler play splashing/wading pools water table play

4. **Receipt of written operational policies:** I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

5. I understand that the following meals will be served to my child while in care

None Breakfast Lunch PM snack Supper

I confirm that if I choose to provide my child's meals and/or snacks from home that **Panda Bear Academy** are not responsible for its nutritional value or for meeting the child's daily food needs for that day.

Parent's Signature _____ Date _____

School Age Children Only

My child attends the following elementary school: _____

Address of school: _____

Phone # of school: _____

My child's immunization records are on file at the school and all required immunizations are current.

My child has permission to : walk to or from school or home.

be released to the care of a sibling under 18 years old
-Name of sibling _____

Parent's Signature _____

Child's History Form

Dear Parent

Welcome to Panda Bear Academy. Please take a few minutes and help us learn more about your child.

These questions are designed to increase your Teacher's understanding of your child's personality, habits, likes and dislikes, and important people in his/her life

1-what is the primary language spoken at home? _____

2-does your child speak any other languages _____

3-with whom does the child live with? ___ both Parent ___ Mother ___ Father ___ Other

4-Siblings (Name& ages) _____

5-Do you have any pet at home? ___ yes ___ No what kind of pet and name _____

6-Does your child sleep alone? _____ If No, who does your child sleep with? _____

7-what is your child's favorite time of the day, food, toy?

8-what does your child most enjoy doing? _____

9-Is your child potty trained? _____ Are you working on potty training? _____

10-Does your child take a nap? _____ How long? _____

11-what word best describes your child's personality?

12-What do you hope your child to accomplish here at Panda Bear Academy?



CHILD'S NAME: _____

TRANSPORTATION AGREEMENT

My child attends the following elementary school: _____

Address of school: _____ Phone # of school: _____

TRANSPORTATION GUIDELINES

It is vital that Panda Bear Academy be notified of any changes in the above scheduled transportation. We will assume that the above schedule will be followed unless we receive different instructions from the parent/guardian. **Notify us as quickly as possible if your child does not need afternoon transportation.** Failure to notify us of changes in afternoon pickup causes confusion and delays in our schedule. **Failure to adhere to this policy may result in a \$5 charge to your account.**

- In the event that the designated location is unable to receive children, they will be returned to Panda Bear Academy.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- Your child must be at the center no later **than 7:00 am** to be transported to school in the mornings. If your child needs breakfast, he/she needs to be here by **6:30 am**

TRANSPORTATION RULES

- Always listen to and follow the directions of the driver.
- Always walk to the bus with an adult.
- Wait until the bus stops and the door is open before you step near the bus.
- Always wear your seatbelt and keep the aisle clear.
- Always remain seated, facing forward.
- Talk softly, never throw things or fight. The driver can't concentrate on driving if riders are disruptive.
- Keep all body parts and other objects inside the vehicle.
- Don't eat or drink on the bus.
- Students should not mark upon, deface, cut seats, or otherwise cause damage to the bus.
- Never bring pets or insects on the bus without getting permission.
- Wait for the bus to stop before unbuckling your seatbelt or leaving your seat.
- Gather all of your belongings; be sure you have left nothing behind.
- If you drop something near the bus, ask an adult to get the item for you.

I have read and understand the above guidelines and rules. I have reviewed the rules with my child.

Parent/Guardian's Signature: _____ Date _____



CHILD'S NAME:

In case of a **medical emergency**, I hereby grant permission for the staff at **Panda Bear Academy** to administer CPR, first aid, obtain emergency medical care and/or to transport my child, (name) _____ to the nearest hospital or to call my child's physician at the following number. Physician's Name _____ Address _____ Phone # _____ / _____ (date)

(Parent signature) _____ (date) _____

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.

- Please check only one option:
1. _____ A signed and dated copy of a health care professional's statement is attached.
 2. _____ 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.
 3. _____ 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 will submit it to the child-care operation.

Name and address of health care professional: _____ / _____ (Parent signature) _____ (date) _____

Medical History

Does your child have special circumstances or needs? yes/no (If so, explain) _____

Is your child allergic to any foods? yes/no (If so, explain) _____

Are there any foods your child will not eat simply because they do not care for them? yes/no (If so, explain) _____

Does your child have any dietary Restrictions? yes/no (If so, explain) _____

Is your child allergic to insect bites or sting? yes/no (If so, explain) _____

Is your child currently taking any prescribed medication for continuous, long term use? yes/no (If so, explain) _____

Does your child have any existing or previous illnesses or injuries or hospitalizations during the past 12 months? yes/no (If so, explain) _____



Health Requirement form

Fax to 713-784-2375 or

Email to:

pandabear.academy@yahoo.com

Name of child:				Date of birth:	
Immunizations	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date of booster
Hep B					
DTP/DTaP/DT					
Polio IPV or OPV					
Hib-CV					
MMR					
Hep A					
PCV Pneumococcal					
Varicella See below					
<p>Varicella (chickenpox) vaccine is not required if your child has had the chickenpox disease. If your child has had chickenpox, please complete the statement. My child has had varicella disease on or about date _____ and does not need the varicella vaccine</p> <p style="text-align: center;">_____ Date _____</p> <p style="text-align: center;">Parent's signature</p> <p style="text-align: center;">_____ Date _____</p> <p style="text-align: center;">Health care professional's signature</p>					

VISION	R/20 _____	L/20 _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE	_____		

HEARING	1000Hz	2000Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
RIGHT				
LEFT				
SIGNATURE	_____		DATE	_____

Signature or stamp and name of health care professional filling out the above information.

X _____ **Print name** _____

Doctor'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 a preschool program.

_____ Date _____

Physician's Signature