

Potter's Wheel
Day Care
and
Learning Center
Enrollment Packet

**The following items must be provided prior to the start date
for each child you wish to enroll.**

- Completed "Admission" form, including required attachments (i.e. immunization record, health statement, vision and hearing record)
 - Completed "Child Assessment" form
 - Completed "Getting to Know You" form
 - Completed "Tuition" form
- Nap mat and blanket for each child age 4 and under
- Complete change of clothes for each child age 4 and under
- Diapers or pull-ups and wipes for each child not toilet trained
 - Formula, water and bottles for each infant
- Registration fee and first week's or month's tuition

ADMISSION INFORMATION

Operation Name POTTER'S WHEEL DAY CARE AND LEARNING CENTER		Director's Name MICHELLE SMITH	
Child's Name		Date of Birth	Child's Home Telephone
Child's Home Address			Parents are: (circle one) Single Married Separated Divorced Widowed
Date of Admission	Date of Withdrawal	Hours and days child will be in care	
Mother's Name		Mother's Address (if different from child's address)	
Father's Name		Father's Address (if different from child's address)	
Guardian's Name		Guardian's Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Home Telephone	Mother's Work Telephone	Mother's Cell Telephone
	Father's Home Telephone	Father's Work Telephone	Father's Cell Telephone
	Guardian's Home Telephone	Guardian's Work Telephone	Guardian's Cell Telephone
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Name & Phone:		Name & Phone:	Name & Phone:

CHECK ALL THAT APPLY:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to be transported and supervised by the operation's employees:		
1. TRANSPORTATION:	<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips	<input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in field trips:		
3. WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in water activities:		
	<input type="checkbox"/> sprinkler play	<input type="checkbox"/> splashing/wading pools	<input type="checkbox"/> swimming pools <input type="checkbox"/> water table play
4. RELEASE OF CHILD:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for the operation to refuse the release of my child to a parent or other authorized person who is suspected of being under the influence of drugs or alcohol or who is otherwise unable to safely care for my child.		
5. RECEIPT OF WRITTEN OPERATIONAL POLICIES:	<input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Phone:
Name of Emergency Medical Care Facility:	Address:	Phone:
<input type="checkbox"/> I give consent for the facility to secure any and all necessary emergency medical care for my child.		

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

Child's Name

List any special problems 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 caregivers should be aware of:

SCHOOL AGE CHILDREN HEALTH REQUIREMENTS:

My child attends the following school:

Address and ph.# of school:

CHECK ALL THAT APPLY:

His/her immunization record is on file at the school and all required immunizations are current. Vision and hearing screening records are also on file.

My child has permission to:

ride a bus to and from school or home, walk to and from school or home,

be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s):

NON-SCHOOL AGE CHILDREN IMMUNIZATION REQUIREMENTS

CHECK ONE:

Attached is a copy of my child's immunization records. The records must include: (1) the child's name and birth date, (2) the number of doses and vaccine types, (3) the month, date and year the child received each vaccination and (4) the signature or stamp of the physician or other health care professional that administered the 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.

NON-SCHOOL AGE CHILDREN HEALTH STATEMENT REQUIREMENTS

CHECK ONE:

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 will submit it to the child-care operation.

Name and address of health care professional:

NON-SCHOOL AGE CHILDREN VISION AND HEARING REQUIREMENTS

CHECK ONE:

This requirement is optional because my child does not qualify to be registered in pre-kindergarten or school. Therefore, I am not attaching my child's vision and hearing screening records at this time.

Attached is a copy of my child's vision and hearing screening records. The records must include: (1) the child's name, (2) the type of screening, (3) date, (4) screener and (5) screening results.

Vision or hearing screening conflicts with the tenets or practices of a church or religious denomination, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

ADDITIONAL INFORMATION/COMMENTS:

Signature – Parent or Legal Guardian

Date

Child Assessment Form

Child Name

1. Health

Does your child have any allergies? If so, please specify.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness? If so, please specify.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months? If so, please specify.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to? If so, please specify.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears? If so, please specify.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized? If so, please specify.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset or has a temper tantrum, what helps him/her calm down?		
Are there any particular routines that are particularly helpful at naptime?		
What position is most comfortable for your child when he/she is napping?		

Signature of Parent or Legal Guardian

Date Signed

Child Assessment Form

Child Name

4. Eating Preferences:

What are your child's favorite foods?		
Does your child feed himself/herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Activities:

What activities do you like to do with your child?
What activities does your child like to do when playing with other children?
What does your child like to do when he/she is playing alone?

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family).
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Additional Comments:

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Signature of Parent or Legal Guardian

Date Signed

Getting to Know You

1. Child's name: _____

2. Please tell us about the family: (Who lives in the house with the child, child's parents, siblings, grandparents, other extended family):

3. What occupation does this child's parent(s)/guardian(s) have?

4. What activities does the family enjoy doing together?

5. What activities is this child most interested or involved in?

6. How would you describe this child's personality?

7. What are this child's strengths?

8. What are this child's weaknesses?

9. What is the most important thing we need to know about this child?

10. What hopes, goals, or concerns do you have for this child pertaining to daycare/preschool?

Signature – Parent or Legal Guardian

Date

Potter's Wheel Day Care and Learning Center
7789 FM 1283, Lakehills, TX 78063
830-751-2368

Tuition Rates

Ages 6 weeks up to 2 years:

\$445/month or \$120/week

Ages 2 years up to 5 years:

\$395/month or \$110/week

Ages 5 years thru 12 years:

Before/After School Care: \$200/month or \$55/week

Early release days & school holidays: \$10/day extra

Summer Program: \$395/month or \$110/week

Discounts

If two children are enrolled, a 15% discount will be applied to the tuition of the oldest sibling. If four children are enrolled, a 15% discount will be applied to the tuition of the two oldest siblings.

Other Fees

Registration Fee: \$25

Return Check Fee: \$35

Late Payment Fee (if payment is 5 or more days late): \$25

Overtime: \$1 per minute past the first 5 minutes late

Payment of Tuition/Fees

- Payment of fees is due and payable in advance on the first day of each week or month.
- Checks should be made payable to Potter's Wheel Day Care and Learning Center and turned into the office. If a check is returned due to non-sufficient funds, cash payment is required for replacement of the check.
- If payment of fees is delinquent for two weeks, child care will be discontinued until full payment is received. If personal circumstances prevent payment of fees, contact the Director to make payment arrangements.
- When your child is absent for any reason, you are responsible for the full fee (weekly or monthly). We have reserved a place for your child and our costs remain fixed even when your child is not in attendance.
- When withdrawing a child from the Center, a 30-day *written* notice must be submitted to the office. Regular fees will be charged for those 30 days.
- A notice of thirty days will be given for any increase of fees.

Parent/Guardian Signature: _____ Date: _____