

Bluebonnet Summer Program

Education with fun

Name of Child _____

Please mark the weeks of enrollment; and write hours that your child will stay during that week.
Make sure you check all weeks that apply.

Month	Weeks	DATES	Will Attend	Hours From	Hours To
June	1	June 1- 4		am / pm	am / pm
June	2	June 7-11		am / pm	am / pm
June	3	June 14-18		am / pm	am / pm
June	4	June 21-25		am / pm	am / pm
June	5	June 28-July 2		am / pm	am / pm
July	1	July 6-9		am / pm	am / pm
July	2	July 12-16		am / pm	am / pm
July	3	July 19-23		am / pm	am / pm
July	4	July 26-30		am / pm	am / pm
Aug	1	Aug 2-6		am / pm	am / pm
Aug	2	Aug 9 -13		am / pm	am / pm
Aug	3	Aug 16 - 20		am / pm	am / pm

Please fill out the attached form completely without skipping any question. If any question does not apply to you write "N/A" or "None". If there will be any change during the program, contact us to update your contact information

BLUEBONNET SUMMER SCHOOL ENROLLMENT FORM

School Attending:	Date of Admission:	Date of Withdrawal:	
Child Name:	Home Phone #:		
Child's Home Address:		Child's Date of Birth	
Male Parent or Guardian' Name	Female Parent or Guardian's Name		
Address: _____	Address: _____		
Phone: _____	Phone: _____		
Cell#: _____	Cell#: _____		
Email: _____	Email: _____		
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached			
Address:			
Name	Phone #	Cell #	Realtionship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
1		2	

MY CHILD WILL NORMALLY ATTEND AFTER SCHOOL CARE ON THE FOLLOWING DAYS AND TIMES: <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____

<input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the facility's operational policies including those for discipline and guidance.
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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any **special needs or 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 caregiver's should be aware of: **(write none if there is no special needs)**

Signature – Parent or Legal Guardian
Date

BLUEBONNET SUMMER SCHOOL ENROLLMENT FORM

SCHOOL AGE CHILDREN:

My child attends the following school : _____

Name of School

School Phone

CHECK ALL THAT APPLY:

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

My child has permission
 ride bus, and/or

walk to and from school
 be released to the care of his/her sibling(s) under 18 years old

Name of Sibling(s):

IMMUNIZATION RECORD

I have provided BLC with a copy of my child's most current immunization record.

I am excluding my child from the immunization requirement 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.

For additional information regarding immunization contact the Department of Health Services at www.hshs.state.tx.us/immunization/public.shtm

We hereby authorize Bluebonnet LC for the above named child to

_____ take part in all program activities including the use of all indoor and outdoor equipment

_____ be photographed or videotaped in connection with daily program activities and to use such photographs for any school-related purpose, including use related to Bluebonnet LC exhibitions, publicity, and advertising and promotional

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. After school program that your child has enrolled in is under that Act as well. 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

Website: www.bluebonnetlc.com

9303 W Sam Houston Parkway South # 175 Houston, TX 77099 • Phone: 713-773-4800 • Fax: 713-773-4801

Discipline and Guidance Policy for _____

Name of Operation

- ◆ 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 household member of child-care home

Bluebonnet Tuition Policy for Summer

Month	Weeks	DATES	Weekly Tuition Paid by monthly	1 week free if Total Paid by June 15 in two installments*	2 weeks free if Total Paid by May 18 in full*
June	1	June 1- 4	120	110	100
June	2	June 7-11	120	110	100
June	3	June 14-18	120	110	100
June	4	June 21-25	120	110	100
June	5	June 28-July 2	120	110	100
July	1	July 6-9	120	110	100
July	2	July 12-16	120	110	100
July	3	July 19-23	120	110	100
July	4	July 26-30	120	110	100
Aug	1	Aug 2-6	120	110	100
Aug	2	Aug 9 -13	120	110	100
Aug	3	Aug 16 - 20	120	110	100
			1440	1320	1200

Payments are due before the beginning of the month

A one month non-refundable deposit is due upon registration and will cover the first month your child attends our program.

* These discounts are available only if you are enrolled at least 10 weeks.

- One week free if total tuition is paid in full by June 15 in two installments.
- Two weeks free if tuition is paid in full by May 18.

Please feel free to contact us for any questions you might have.

Ph: 713 773 4800

Email: info@bluebonnetlc.com

Please make checks payable to "Bluebonnet Learning Center"