



Request for Admission



Date of Application: _____ Requested Start Date: _____

Student Name: _____ Age: _____ Gender: _____

Date of Birth: _____ Expected Due Date (if applicable): _____

Home Address: _____ City: _____ Zip: _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other (specify) _____

Mother (Guardian):

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Occupation: _____

Business Name: _____

Business Phone: _____

Email Address: _____

Father (Guardian):

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Occupation: _____

Business Name: _____

Business Phone: _____

Email Address: _____

YEARLY REGISTRATION FEE

New application packets must include a \$150.00 registration fee upon enrollment. If more than one child is being enrolled at the same time, only one registration fee is required per family. No child is considered registered at Level Up Learning Zone unless this fee is paid. **The \$150.00 Registration Fee is not refundable should you choose to cancel your child(ren)'s enrollment before their scheduled start date at Level Up Learning Zone.**

TUITION PAYMENTS

Tuition for your child will be _____. Tuition payments can be made as follows: 100% by the 1st of the month or 50% by the 15th of each month. Level Up Learning Zone reserves the right to refuse to accept a child for whom tuition is not current. Please inquire if you would like to discuss prepayment options. Tuition increases may be implemented as necessary to support our on-going commitment to excellence with our staffing and to support our learning environment.

FIRST TUITION PAYMENT

Upon completion of all admission forms and payment of the Registration Fee, the first tuition payment is due 30-days prior to the first day of attendance. Failure to make initial payment could result in the forfeiture of all fees paid and placement availability at Level Up Learning Zone.

LATE PICK-UP FEES

\$1/minute per child after 6:00pm.

RETURNED CHECK FEES

Please note that if a check is returned to our bank unpaid, a Returned Check Fee of \$30.00 will be applied to your account.

NAP MAT

Students must bring their own nap mat. Each child will have his or her own mat and that mat will be labeled with the child's name. Parents are required to take mats home every Friday to have them cleaned, then brought back the following Monday.

APPLICATION AGREEMENT

Level Up Learning Zone does not discriminate in providing services to children and their families on the basis of race, religion, cultural heritage, political beliefs, or marital status.

In the event that space is unavailable at the time of application, you will be given the option of being placed on a waiting list. Once the child has been accepted for enrollment at Level Up Learning Zone, the student's parents or guardians agree as follows: Parent/guardian agrees and acknowledges that he/she is responsible for the tuition and all fees incidental to the student's education at Level Up Learning Zone, and agrees to pay the tuition and fees in full each month.

SCHOOL PROGRAMS AND OTHER POLICIES

By signing this Contract, Parent or Guardian agrees that all educational considerations are subject to the sole discretion of the Owners and/or Directors of Level Up Learning Zone, fund raising programs and any modifications made to those programs by Level Up Learning Zone, as well as Level Up Learning Zone's, rules and regulations as set forth by Level Up Learning Zone, Parent and Student newsletters and handouts, any other Publications which Level Up Learning Zone makes and distributes to Parents or Guardians, and to abide by all of those rules and regulations.

VIDEO AND/OR AUDIO SURVEILLANCE AND/OR RECORDING

The exterior and interior of the Level Up Learning Zone facility are under video and/or audio surveillance and/or recording. Your Request for Admission is your implied consent for your child to be present in the environment where video and/or audio recording may be taking place.

DEPOSIT AND CANCELLATION POLICY

I/We understand and agree that Level Up Learning Zone has fixed and continuing costs that require assured annual income. I/We also accept that there will be no refunds and one full month's tuition is due and payable prior to attendance. In the event of cancellation or withdrawal, a 30-day written notice is required. Written notice of withdrawal must be received by Level Up Learning Zone postmarked no later than 30 days prior to withdrawal or placed into the hands of management, in order to relieve me/us of financial obligation beyond the nonrefundable registrations fee and services rendered during the 30-day period.

I/We, _____, custodial parent(s) or _____,

guardian(s), in consideration of the acceptance of _____
as a student, hereby agree to comply with the terms stated above.

Signature of persons contractually responsible:

Parent or Guardian's Name (Sign above)

Parent or Guardian's Name (Sign above)

I give my consent to list my name, address, and phone in Level Up Learning Zone directory.

Parent or Guardian's Name (Sign)

I agree to allow photos of, and/or creative materials produced by my child to be used in Level Up Learning Zone's promotional materials.

Parent or Guardian's Name (Sign)

I understand that if I choose to provide my child's meal and/or snack that Level Up Learning Zone is not responsible for its nutritional value or for meeting my child's daily nutritional food needs.

Parent or Guardian's Name (Sign)

IMMUNIZATIONS: Please note that all students must be current on health immunizations by the first day of attendance at Level Up Learning Zone and kept current throughout the duration of enrollment.

Please fill out, sign, and return all pages of this agreement for your child's admission to Level Up Learning Zone.

FOR OFFICE USE ONLY

	AMOUNT	FORM OF PAYMENT
Registration Fee Received:	_____	_____
Tuition Received:	_____	_____
Total Amount Paid:	_____	_____

Administrator Signature: _____

Date: _____

Child Illness & Medication Policy



ILLNESS

Our commitment to a clean and healthy environment compels us to take precautionary steps to prevent the spread of communicable diseases. If a child has a bad cold or cough and comes to school with these symptoms, the chances of a large number of children contracting the cold are obviously greatly increased. Because the children move freely throughout the environment and handle many materials, germs have the potential to spread quickly. With your cooperation, we can maintain a healthier environment for all of the children, if, when your child is sick, he/she is cared for at home.

As required by state regulations, if your child has had any of the following symptoms, they may not return to school until they are symptom free for at least 24 hours:

- Fever of 101 or higher
- Vomiting and/or nausea
- More than one case of diarrhea
- One case of diarrhea that cannot be contained in the diaper

If your child shows any of the above symptoms while in our care or if we determine that your child is really not feeling well based upon other signs or symptoms not listed, you will be contacted to pick him/her up immediately.

ANTIBIOTICS: If your child is taking antibiotics, he/she must have had them in their system for at least 24 hours before returning to school accompanied with a doctor's note approving your child to re-enter care must be submitted to an administrator upon arrival at the school.

COMMUNICABLE DISEASES: It is particularly important that you inform the school if your child has contracted any communicable diseases so that we may pass that information along to other parents. The school follows the communicable disease reporting guidelines required by state regulations.

MEDICATIONS

Medications may be provided to your child while in our care in accordance with our policies, as well as state regulations.

We recognize three different categories of items that fall under our medication policies as you will see outlined below:

- **PRESCRIPTION MEDICATIONS:** Prescribed by a doctor. All prescription medications must be in original prescription bottles with original labels intact. Original labels must include dosing instructions. Our staff members are not allowed to deviate from label instructions. These items must be signed for by a parent on the medication sheet located in your child's classroom for each day that they are to be dispensed. Prescription Medications MAY NOT be administered on an "as needed" basis by our staff members. Each medication must have a specific time listed as to when it should be dispensed. If a student needs to take medication at school, it is our preference that you ask the pharmacist for a second bottle and send only the tablets/liquid needed to be taken at school if possible.
- **OVER THE COUNTER MEDICATIONS:** These must be in the original bottle with original labels intact. Original labels must include dosing instructions. Examples of over the counter medications would include Tylenol, Advil, Motrin among many others. Our staff members are not allowed to deviate from label instructions. These items must be signed for by a parent on the medication sheet located in your child's classroom for each day that they are to be dispensed. Over the counter medications MAY NOT be administered on an "as needed" basis by our staff members. Each medication must have a specific time listed as to when it should be dispensed and must be appropriate for the child's age and weight as listed on the label unless a note from the doctor is included stating otherwise.
- **NON-MEDICATION GENERAL CARE ITEMS:** These general care items do not have to be signed for on the medication sheet and include but are not limited to items such as lotion, diaper cream, nasal saline, gas drops, teething tablets, oragel, etc.

DAILY/REGIMENTED MEDICATIONS: If your child takes prescription medication on a regimented basis, please ask your child's teacher for a daily medicine dosage form to fill out instead of filling out the classroom medication sheet on a daily basis.

All medication to be given during school hours must be labeled with the child's name and must be brought directly to the child's teacher by an adult. It is not acceptable to send it in a child's lunchbox, backpack, etc.

If a child takes any of the items listed above, it is the responsibility of the parent to make sure that the school has an adequate supply at all times. The school cannot be responsible for medicine that has run out.



Food Program

At Level Up Learning Zone we pride ourselves on providing healthy and nutritious food to all of our students, as well as being appealing and kid friendly at the same time. We understand that your child may be away from the home for up to ten hours per day and it is extremely important that the food that they consume fosters excellent growth and development. This is the reason for which we pay close attention to our menu and the foods that our students are receiving as well as encourage parents to pack healthy lunches if they are providing lunch for their children.

BREAKFAST

We recognize the importance of breakfast and therefore, we ensure that students are receiving a nutritious breakfast accompanied by milk to prepare them for the day. For this reason, you will find that we do not provide high sugar breakfasts as this can effect mood and behavior in children as well as their focus and attention in the classroom.

Breakfast is served from 7:30am –8:00am. If you are planning on your child eating breakfast at school, please have him/her here no later than 7:55am. This will allow your child a few minutes to finish eating by 8:00am when the school day begins. Breakfast will not be available from our kitchen for children arriving after 8:00am.

LUNCH

Classrooms will receive their lunches according to the times posted on their individual classroom schedules. Lunch is a quiet, social time when good manners and polite conversation are encouraged. Children are provided with fruit juices that are 100% juice with no sugar added.

You may wish to provide a lunch for your child. If so, this must be in a lunch box that is clearly labeled with your child's name and the teacher must be notified upon drop off of your child.

FOOD FROM HOME

If you would like to bring food for your child due to an allergy or child's preference, we ask that you honor our desire to provide an environment that is conducive to the needs of the group.

Please do not send candy or any food with high sugar content for the reasons mentioned above in the breakfast section.

SNACK

A snack will be provided according to the times posted on your child's individual classroom schedule.

MENU

Our menu is posted weekly on the board near the kitchen. You will also find copies for you to take as needed located at our sign-in table.

FOOD ALLERGIES

If your child has any food allergies, please notify the office immediately.

WE ARE NOT A PEANUT FREE ENVIRONMENT

If your student has an airborne allergy, please notify the office immediately.

BIRTHDAYS & CELEBRATIONS

Your child's birthday is a special day for him or her and for us. Parents are welcome to bring birthday treats. Some of the items that we recommend are cheese and crackers, vegetable or fruit trays, fruit juice boxes, cookies, cupcakes, and muffins.

Please make arrangements for birthday celebrations at least one week in advance with your child's teacher. We are happy to be a part of celebrating your child's special day!



Enrollment Packet

Operation Name Level Up Learning Zone		Director's Name Elena Rowell, Kayla Kiss, or Mario Sandoval	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission			Hours and days child will be in care
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
NAME: STREET ADDRESS: PHONE NUMBER:			CITY: STATE: ZIP:
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. 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:	
1. TRANSPORTATION:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees. <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips
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. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: 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 release my child to EMS personnel for treatment and/or transport of my child to:		
Select One		
Name of Emergency Medical Care Facility:	Address:	
<input type="checkbox"/> Covenant Women's and Children's Hospital	4000 24th Street Lubbock, Texas 79410	(806) 725-0000
<input type="checkbox"/> University Medical Center	602 Indiana Ave Lubbock, Texas 79415	(806) 775-8200
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 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. If none apply, please print "NA" for not applicable:

Signature: Parent or Legal Guardian _____ Date _____

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that a 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).

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. ☐ **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature

Date _____

2. ☐ A signed and dated copy of a health care professional's statement is attached.
3. ☐ 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.
4. ☐ 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:

NAME:

ADDRESS:

Signature - Parent or Legal Guardian

Date

IMMUNIZATION RECORD:

- ☐ I have provided / will provide the childcare operation with a copy of my child's most current immunization record.

Signature .. Parent or Legal Guardian

Date

Discipline and Guidance Policy for Level Up Learning Zone

- ◆ 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



RECEIPT OF OPERATIONAL POLICIES & PARENT HANDBOOK

I, _____, have been given
a copy of Level Up Learning Zone's
Operational Policies & Parent Handbook.

Employee Signature

Date

Please note: copies of these are kept at the front desk at all times and
additional copies may be requested at any time.

Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at Level Up Learning Zone and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

Safe Sleep Policy

All staff, substitute staff, and volunteers at Level Up Learning Zone will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide an Infant Sleep Exception Form 2710 signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415 and §747.2315]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415 and §747.2315].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing Pants, Socks, Long-Sleeved Onesie (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415 and §747.2315].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2415 and §747.2315].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide an Infant Sleep Exception Form 2710 signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide an Infant Sleep Exception Form 2710 signed by the infant's health care professional [§746.2428 and §747.2328].

Privacy Statement

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

Signatures

This policy is effective on (Date)	Child's name
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Signature — Director/Owner

Date Signed

Signature — Staff member

Date Signed

Signature — Parent

Date Signed

Level Up Learning Zone

Student Allergies—Doctor Diagnosed

Child's Name: _____

Does your child have any allergies (food or other) that a doctor has formally diagnosed: **Yes or No**

Per state licensing requirements, Level Up Learning Zone must have an Emergency Action Plan for any allergy that has been diagnosed. This Action Plan must be in writing from the doctor.

I understand that it is my responsibility to communicate to Level Up Learning Zone any allergies that I am aware of, or become aware of, in writing.

Parent Signature

Date

For any doctor diagnosed allergies, please complete the following:

Allergen: _____ **Degree of Reaction:** _____ **Date Diagnosed by Doctor:** _____

_____ Mild Moderate Severe _____

Expected Reaction: _____

Emergency Treatment Protocol (Must be completed by doctor):

Allergen: _____ **Degree of Reaction:** _____ **Date Diagnosed by Doctor:** _____

_____ Mild Moderate Severe _____

Expected Reaction: _____

Emergency Treatment Protocol (Must be completed by doctor):

Physician's Signature (only if applicable)

Date

SUNSCREEN PERMISSION SLIP



We strongly encourage the use of sunscreen EVERY time we go outside during the summertime. We would like to use one kind of sunscreen for everyone unless your child is allergic or has sensitive skin. **The sunscreen we provide is tear-free and alcohol-free and is pediatrician-tested to be mild on kid's skin and eyes.** If your child is not able to use our sunscreen for any reason you will need to provide your own.

☐ I give permission for my child to use the sunscreen provided by Level Up Learning Zone

☐ Please use the sunscreen that I have provided for my child.

☐ I do not want my child to use any kind of sunscreen while in care at Level Up Learning Zone

**Please make sure that you check one of the appropriate lines above and sign and date on the line provided below.*

Please make sure that any item brought from home is clearly labeled with your child's name.

Child's name

Parent/Guardian Signature

Date

This form is not valid unless signed by a parent or legal guardian.

PHOTO AUTHORIZATION FOR SOCIAL MEDIA CHANNELS



At Level Up, we believe that social media platforms are great tools to communicate with parent's about the upcoming events at our schools. We also use our social media channels to share pictures of the fun events we have going on daily at all of our locations.

_____ I give Level Up Learning Zone permission to use photos/videos of my child on their social media channels.

_____ I do not give Level Up Learning Zone permission to use photos/videos of my child on their social media channels.

**Please make sure that you check one of the appropriate lines above and sign & date on the lines provided below.*

Child's Name

Parent/Guardian Name

Date

This form is not valid unless signed by a parent/legal guardian.

Authorization for Direct
Payment via ACH
(ACH Debits)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment

I {we} authorize LevelUpLearningZone to electronically debit my {our} account

and if necessary electronically credit my, {our} account to correct (erroneous debits) as follows:

Checking Account/ or Savings Account {select one} at the depository financial institution ("DEPOSITORY") named below

Depository Name _____

Routing Number _____ Account Number _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]. _____

Date and/or frequency of debit _____

I (We) understand that this authorization will remain in full force and effect until I (we) notify Level Up Learning Zone (via written letter or text message to Mario Sandoval, Elena Rowell, or Kayla Kiss) that I (we) wish to revoke this authorization. I (we) understand that Level Up Learning Zone requires at least 30 days prior notice in order to cancel this authorization.

Names (Please Print)

Date

Signature

The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., In writing by mail to 100 Main Street, Anytown, TX that is received at least three (3) days prior to the proposed effective date of the termination of authorization.