



Rocking Horse Academy

Pre-School Financial Agreement

Date enrolled: _____
 Classroom: _____
 Date withdrew: _____

Child's Name _____ DOB _____ Class _____ Tuition Rate _____

Child's Name _____ DOB _____ Class _____ Tuition Rate _____

Requested Start Date _____ EMAIL _____

PERSON RESPONSIBLE FOR INVOICE/PAYMENT

PARENT/GUARDIAN			PARENT/GUARDIAN		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
EMAIL			EMAIL		
CELL			CELL		

Registration fee (\$100 single, \$150 family, Corral Kid \$30) _____ \$ _____
Registration fee must be paid at time of enrollment and is non-refundable.

Supply fee rate _____ X _____ (# students enrolling) = _____ \$ _____
Due first week of enrollment (non-refundable)

Child 1 Security Deposit* (=300 FT/200 PT)(separate check) _____ \$ _____

Child 2 Security Deposit* (=300 FT/200 PT)(separate check) _____ \$ _____

_____ Paid in full _____ 6 equal payments _____ other

Security deposit may be paid in full or divided into 6 equal payments; however, the security deposit **MUST** be paid with separate checks. Do NOT include your security deposit payment with your tuition.

Wait-listed infants (Foals 1 & 2) must have their \$300 security deposit paid **before 30 days prior to enrollment**. Failure to do so may result in loss of reservation. Deposit is subject to forfeiture if the student does not enroll within 14 days of the reservation date

**Families who have paid the deposit in full or have been enrolled longer than 90 days AND given us 30 days (4 tuition weeks) written notice of intent to withdraw may apply the deposit to your final 2 weeks of tuition owed. If 30 days (4 tuition weeks) written notice is NOT given, the deposit is forfeited.*

I have read and agree to the terms of this Financial Agreement. I understand that failure to pay by these terms will result in loss of enrollment for my child(ren). Tuition is charged every 2 weeks regardless of absences or illness. Failure to pay the account as owed can result in court judgments, negative credit reporting, and collections. (Rates are subject to change)

Parent/Guardian signature

Parent/Guardian signature

Staff signature

Social Security #

Driver's License #

Social Security #

Driver's License #

Date

Payment schedule if dividing fees:

Due Date	Tuition	Security Deposit <i>Separate Ck</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes _____



Rocking Horse Academy

PreSchool Enrollment

CHILD'S NAME: _____ **DATE OF BIRTH:** _____ **GENDER:** _____

PARENT/GUARDIAN			PARENT/GUARDIAN		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
EMAIL			EMAIL		
CELL	HM PHONE		CELL	HM PHONE	
EMPLOYER:	WK PHONE		EMPLOYER:	WK PHONE	

EMERGENCY CONTACTS & AUTHORIZED TO PICKUP		OTHER THAN PARENT/GUARDIAN. (MUST HAVE 1)	
NAME:	RELATION:	NAME:	REATION:
CELL	ALT NUMBER	CELL	ALT NUMBER
<input type="checkbox"/> EMERGENCY CONTACT		<input type="checkbox"/> EMERGENCY CONTACT	
<input type="checkbox"/> AUTHORIZED PICKUP		<input type="checkbox"/> AUTHORIZED PICKUP	
NAME:	RELATION:	NAME:	RELATION:
CELL	ALT NUMBER	CELL ()	ALT NUM.()
<input type="checkbox"/> EMERGENCY CONTACT		<input type="checkbox"/> EMERGENCY CONTACT	
<input type="checkbox"/> AUTHORIZED PICKUP		<input type="checkbox"/> AUTHORIZED PICKUP	

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____



Rocking Horse Academy

Child's Name _____

Medical Information:

Dr: _____	Phone _____
Preferred Hospital _____	Phone _____
Address _____	City _____

Insurance Co. _____	Policy # _____
Group # _____	Date of Exp. _____

Drug Allergies: _____	Food Allergies _____
Insect Allergies: _____	Chronic Conditions: _____
Special Needs: _____	Prescribed Medications: _____
Serious Medical Conditions/Surgeries w/in the last 12 months: _____	
If you answer yes to any of the above allergies or conditions, further medical documentation will be required.	

Standing Order for the application of parent-provided non-prescription, topical medications, creams, lotions	
Teething _____	Ointment _____
(Anbesol, Orajel, Other)	(Bacitracin, Neosporin, Zinc Oxide, Other)
Diaper Rash _____	
(Dr. Smith's, A&D, Desitin, Other)	
Sunscreen (non-aerosol or pump-lotion only) _____	
(Coppertone, Johnson's, Other)	

Medical Emergency Authorization

In the event that my child should become ill or sustain an injury while in the care of Rocking Horse Academy, I/we give permission to the person(s) in charge to take whatever steps are necessary to obtain the required medical treatment for my child.

Parent Signature _____ **Date** _____



Rocking Horse Academy

Well-Check Statement (Physician)

Date: _____

Child's Name _____

I have examined the above-named child within the past year, and find that the child is physically able to take part in the child-care program.

Physician's Name

Physician's Signature

§746.611

Must I have a health statement for children in my care?

*Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03*

(a) A health statement is:

- (1) A written statement, from a health-care professional who has examined the child within the past year, indicating the child is physically able to take part in the child-care program.

Health status information is critical to ensuring that the individual needs of children are met, while protecting the health and safety of all children in care

Texas Department of Family and Protective Services 15

Parents: Please attach a current copy of your child's immunization record.



Rocking Horse Academy

Child's Name _____

Acknowledgements/Permissions

(Initials are required for each statement)

_____ **Parent Handbook (available at www.rockinghorseacademy.com):**

I have read, understand, and agree to abide by the written policies set forth in the Parent Handbook. I understand these policies may change; however, every attempt will be made to inform parents of those changes. I am responsible for reading memos, updates, & newsletters that may inform me of those changes.

_____ **Immunizations:** As per our policy, Rocking Horse Academy requires a current copy of immunization records. It is the parent's responsibility to provide updated shot records. Failure to do so may result in an interruption of services.

_____ **School-age Children:** My child attends the following school and his/her immunization record is on file at the school and all immunizations are current.

_____ School Name

_____ Address/Phone #

_____ **Hearing/Vision screening:** I understand all children four years of age and older must be screened for vision and hearing difficulties. I agree to provide the center with the results of that test within 30 days of my child's 4th birthday.

_____ **Therapists/Observers/Volunteers:** I am aware that Rocking Horse Academy cooperates with Texas State University, Hays CISD, ECI, and other professional institutions by allowing the students and personnel to observe our students and teachers. These individuals will be subject to Tx DFPS standards.

_____ **Transportation:** I hereby give my consent for my child to be transported and supervised by facility's staff on field trips or in cases of emergency.

_____ **Field trips:** I hereby give my consent for my child to participate in field trips under the supervision of a staff member or parent volunteer. (Individual permission slips and 48 hours notice or more will be given.)

_____ **Water activities:** I hereby give my consent for my child to participate in age-appropriate water activities. Individual notice will be posted.

_____ **Photographs:** I hereby give my consent for Rocking Horse Academy to use photographs (individual or group-still or video) of my son/daughter for in-school displays, graduation slide shows and art projects. We respectfully request that families taking photographs during school or school functions that include children other than their own please refrain from posting the photos on social media sites unless prior permission has been given by the other child(ren)'s parent/guardian.

Parent/ Guardian Signature _____ Date _____



Rocking Horse Academy

Child Information Sheet

This is confidential information for the Director, Assistant Director, and Teacher's use only for the sole purpose of understanding and developing your child's physical, emotional and educational needs. This form is voluntary and only used to give us guidance.

1. Child's Name: _____ M/F _____

2. Parent/Guardian name _____ P/G name _____

Married/Partners _____ Divorced _____ Separated _____ Single Parent _____

Mother Custody _____ Father Custody _____ Legal Guardian _____

Adopted _____ Legal Documents _____

Please specify type

3. Date of birth: _____

4. My child likes to:

5. My child is happiest when:

6. My child may become frustrated when:

7. My child will express his/her anger by:

8. When dealing with change, my child:

_____ Isn't bothered by it very long

_____ Gets excited when meeting different people

_____ Takes a (long----short) time to adjust to new adults

_____ Takes a (long----short) time to adjust to new children

_____ Takes a (long----short) time to adjust to new places

_____ Takes a (long----short) time to adjust to new things

9. When faced with separation from his/her parents, my child:

10. My child may need help with:

11. I also want you to know:

12. Eating habits:

13. Napping habits:

14. Who usually disciplines your child: Mother Father Both

Usual form of discipline:

Parent's Signature _____

Date _____



Rocking Horse Academy

Discipline and Guidance Policy

Child's Name _____

- Discipline must be:
 - Individualized and consistent for each child;
 - Appropriate to the child's level of understanding; and
 - 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:
 - Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - Reminding a child of behavior expectations daily by using clear, positive statements;
 - Redirecting behavior using positive statements; and
 - 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:
 - Corporal punishment or threats of corporal punishment;
 - Punishment associated with food, naps, or toilet training;
 - Pinching, shaking, or biting a child;
 - Hitting a child with a hand or instrument;
 - Putting anything in or on a child's mouth;
 - Humiliating, ridiculing, rejecting, or yelling at a child;
 - Subjecting a child to harsh, abusive, or profane language;
 - Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - 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.

Parent/Guardian Signature

Date



Rocking Horse Academy

This is a summary of policies discussed in our handbook. Parents are encouraged to read the entire handbook to understand all of our policies. (A copy is available at www.rockinghorseacademy.com)

RULES OR POLICIES ARE SUBJECT TO CHANGE

The rules and regulations contained within are not exclusive. Other rules and regulations may be posted in and about the facility and shall be binding as described within this handbook in full. The Academy may, from time to time, choose to adopt and make amendments to its rules and regulations. All enrolled participants will be obligated to observe these policies. (Tuition rates are subject to change)

Hours of Operation: 6:30 a.m. – 6:30 p.m.

No drop-off between 10:00 a.m. – 2:30 p.m. The front door access code will be turned off during this time. Late drop-off exceptions will be made for a Dr.'s appt. w/a note
Late pick-up 6:35 p.m. charged \$15 + \$1/minute
Excessive late pick-ups (2 incidents w/in a 30-day period) will be charged \$15 + \$2/minute

Tuition:

Charged and due every other Monday (no exceptions)
Must be paid in full without deduction for absences or holidays
Late fees begin after Tuesday at midnight
Late fees \$15 Wednesday, \$5 /day thereafter until paid in full
As a service, invoices are emailed on Friday prior to tuition Monday (barring technical difficulties). (Be sure to notify us of any change in email addresses.)

Drop-off/Pick-up:

Sunscreen should be applied at home before school. We will re-apply sunscreen you provide after nap for the afternoon. (Permission forms available online.)
No food after 7:15 a.m. All food removed at 7:30 a.m.
An adult **MUST** accompany the child to the classroom
An adult **MUST** pick up the child from the teacher. Siblings may only pick-up or drop-off if they have a driver's license.
The adult **MUST** sign the classroom roster at drop-off and at pick-up times.
(If your child is on the playground, you may not stand on the back porch and call your child to leave without going to the teacher and signing the child out.)
If you arrange for someone else to pick up your child, please notify us.
That person must check in at the front desk and show a photo ID. Your child's file will be checked.

Enrollment/Withdrawal:

Parents may **NOT** change a child's enrollment status without permission from the director.
(From full time to part time or vice versa or from MWF to TTH)
Withdrawal requires 30 days (4 tuition weeks) written notice in order to have the deposit applied to your balance. Weekly tuition will not be prorated for partial weeks.

Clothing/Items from home

Children get dirty or have accidents. Please don't send them in "nice" clothes.
Please provide one extra set of clothes in case of an accident.
Children should only wear closed-toed shoes (no sandals, flip-flops, Crocs)
Please LABEL all articles of clothing (sweaters, jackets, sweatshirts especially)
Please LABEL all bedding.
Toys/personal items may **NOT** be brought to class unless requested by the teacher.
Bedding should be brought in the beginning of the week and taken home at the end of the week for laundering.

Holidays and closures

New Year's Day	January 1 st *
MLK (Teacher In-service Day)	3rd Monday in January
Good Friday (Teacher In-service Day)	Last Friday in March
Memorial Day	Last Monday in May
Independence Day	July 4 th
RHA Teacher In-service Day	2nd Friday August
Labor Day	1 st Monday in September
Columbus Day (Teacher In-service Day)	2nd Monday in October
Thanksgiving and the Friday after	4 th Thursday and Friday in November
Christmas Day	December 25 th *

The Academy will be closed the previous Friday or the following Monday, if a holiday falls on a Saturday or Sunday.

We will close an additional 2 days during the winter break. *Dates will be posted and specified depending on the day Christmas and New Year's Day falls.*

Illnesses

We post contagious illnesses on our classroom doors and notify TX DFPS when applicable.

Parents must pick up, or arrange to have their child picked up, within 90 minutes of attempted notification. Failure to comply will result in an additional fee of \$1.00 per minute after the 90 minutes.

1. Fever underarm 100 degrees
2. Rash – unexplained
3. Diarrhea-multiple
4. Vomiting-multiple
5. Eye infection or pink eye-constant discharge
6. Lice
7. Unable to participate in classroom activities

If your child becomes ill at night, please notify the front desk the next day that you will not be attending school.

Check handbook for specific guidelines on our notification process, when you can return to school and late pickup fees. Generally, the child must be symptom-free, without medication, for 24 hours before returning or submit a Dr.'s note clearing them to return to school.

Medication

All medication must be in the original container.

Medication will be administered according to the manufactured label, doctor's note, or prescribed instructions.

Must be checked in at the front desk and logged into the book

Must be accompanied by a Dr.'s note/current prescription

Will be administered at 11 a.m. and 3 p.m.

By signing this document, I am certifying that I have read the full parent handbook and agree to comply with all of its policies and procedures. I understand that this is a brief summary of some of the policies and procedures stated in the Parent Handbook

Parent Signature

Date



Rocking Horse Academy

Financial EFT Enrollment

Rocking Horse Academy accepts EZ-EFT banking service that makes it easy for you to pay your child care fees automatically – at absolutely no additional cost to you. The simple authorization form allows us to bill your financial institution on the designated tuition due date. There is no need for you to write checks, remember to drop off (or mail) them, or worry about late fees. Your record of payment will be listed each month on your banking statement.

Getting started is easy. Simply complete the attached authorization form, or pick one up at the front desk. Attach a voided check to the form or a letter from your bank you're your account information and return it to us. All authorization forms should be returned to the front desk ONLY; please do not give them to your child's teacher to be passed on to us.

EZ-EFT is safe, secure and easy. Sign up is required for processing tuition payments! Feel free to stop by, call or email if you have any questions!!

Thank you,
Cody Bench
Accounts Manager
accounts@rockinghorseacademy.com

I hereby authorize my financial institution to make periodic payments on my behalf from the checking or savings account listed below and transfer it to **ROCKING HORSE ACADEMY**.

CHOOSE ONE:

- Checking Account Transfer
- Savings Account Transfer

I understand that I am in full control of my payments and I will notify RHA at least one week in advance if at anytime I decide to make any changes, discontinue this service, or change or close my bank account.

Name _____

Address _____ City _____ Zip _____

Signature _____ Date _____

Voided check MUST be attached

EZ-EFT Authorization Form