



# Rocking Horse Academy Preschool 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

<b>Registration Fee</b> (\$100 single, \$150 family, Corral Kid \$30) <i>Registration fee must be paid at time of enrollment and is non-refundable.</i>	\$ _____
Supply Fee Rate _____ X _____ (# students enrolling) = <i>Due first week of enrollment (non-refundable)</i>	\$ _____
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 weeks tuition) written notice of intent to withdraw, may apply the deposit to your final 2 weeks of tuition owed. If 30 days (4 weeks tuition) 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 \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_





## Rocking Horse Academy Financial EFT Enrollment

Rocking Horse Academy offers a convenient service called EZ-EFT 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 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 **TODAY!!**  
Feel free to stop by, call or email if you have any questions!!

Thank you,  
Laura Oborski  
Accounts Manager  
loborski.rha@austin.twcbc.com



<b>EZ-EFT Authorization Form</b>	<p>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 <b>ROCKING HORSE ACADEMY</b>.</p> <p>CHOOSE ONE:</p> <p><input type="checkbox"/> Checking Account Transfer</p> <p><input type="checkbox"/> Savings Account Transfer</p> <p><i>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.</i></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ Zip _____</p> <p>Signature _____ Date _____</p> <p><b>*Voided check MUST be attached*</b></p>
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# 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 PICK UP OTHER THAN PARENT/GUARDIAN. (MUST HAVE 1)

Check ALL that apply.

NAME	RELATION
CELL	ALT NUMBER
<input type="checkbox"/> EMERGENCY CONTACT	<input type="checkbox"/> AUTHORIZED PICKUP

NAME	RELATION
CELL	ALT NUMBER
<input type="checkbox"/> EMERGENCY CONTACT	<input type="checkbox"/> AUTHORIZED PICKUP

NAME	RELATION
CELL	ALT NUMBER
<input type="checkbox"/> EMERGENCY CONTACT	<input type="checkbox"/> AUTHORIZED PICKUP

NAME	RELATION
CELL	ALT NUMBER
<input type="checkbox"/> EMERGENCY CONTACT	<input type="checkbox"/> AUTHORIZED PICKUP

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



Rocking Horse Academy  
**Preschool Acknowledgements/Permissions**

Child's Name \_\_\_\_\_

**Initials are required for each statement.**

\_\_\_\_\_ **Parent Handbook (available at [www.rockinghorseacademy.com](http://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.

\_\_\_\_\_ **Document Service Fees:** I have read the service fee rates should I ever need copies of school records and understand I must pay for services before receiving documents. I must also pay a fee should I request any RHA employee to testify at court or submit to a deposition or any other event that takes the employee away from his/her duties.

\_\_\_\_\_ **Immunizations:** As per our policy, Rocking Horse Academy requires a current copy of immunization records. The child must have received all Texas state-recommended shots appropriate for each age group. It is the parent's responsibility to provide updated shot records. Failure to do so may result in an interruption of services. We do not accept waiver other than short-term medical waivers.

\_\_\_\_\_ **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 #
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\_\_\_\_\_ **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 4<sup>th</sup> 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  
**Preschool Medical Form**

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.	

<b>Standing order for the application of parent-provided non-prescription, topical medications, creams, lotions</b>	
<b>Teething</b> _____ (Anbesol, Orajel, other)	<b>Ointment</b> _____ (Bacitracin, Neosporin, Zinc Oxide, other)
<b>Diaper Rash</b> _____ (Dr. Smith's, A&D, Desitin, other)	
<b>Sunscreen (non-aerosol or pump-lotion only)</b> _____ (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/Guardian 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 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 \_\_\_\_\_ Gender \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

- Married/Partners    Divorced    Separated    Single Parent    Mother Custody  
 Father Custody    Legal Guardian    Adopted  
 Legal Document (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:(circle long or short)

- Isn't bothered by it very long.    Takes a (long----short) time to adjust to new children.  
 Gets excited when meeting different people.    Takes a (long----short) time to adjust to new places.  
 Takes a (long----short) time to adjust to new adults.    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/Guardian 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 Preschool Parent Handbook Summary

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](http://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 dropoff exceptions will be made for a Doctors appointment with a note.
- Late pickup 6:35 p.m. charged \$15 + \$1/minute
- Excessive late pickups (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.)

### **Dropoff/Pickup:**

- 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 dropoff and at pickup 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.

### **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 (especially sweaters, jackets, sweatshirts)
- 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.
- Home lunches should be nutritious (no candy, no juice). Refer to our Parent Handbook regarding our beverage policy.
- Fresh water in a labeled water bottle must be provided every day. Only water can be in the bottle.

***Rocking Horse Academy will not be responsible for lost items.***

## 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.

## Holidays and Closures

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

- 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/Nits (We have a no nit policy.)
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 doctor'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 doctor'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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Rocking Horse Academy

# Emergency Plan & Transportation Parent Letter

To Parent(s)/Guardian:

This letter is to communicate with all our enrolled families our commitment and plan for the safety and welfare of your child(ren) while attending Rocking Horse Academy.

Our Emergency Plan provides for a response to all types of emergencies. In the event of an emergency situation that requires an evacuation of our school's facility, our staff will make every attempt to contact you in such an event. Please be sure to supply us with up-to-date emergency contact information including your email and an out-of-area contact, if possible.

Depending on the circumstance of the emergency, we will use one of the following protective actions:

- **On-Site Evacuation:** Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- **Sheltering In-Place or Lock-down:** Sudden occurrences in weather or other hazardous situations may dictate taking cover inside the building.
- **Off-Site Evacuation:** Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility by Rocking Horse Academy's program vehicles, staff vehicles, parent vehicles, volunteers or neighbors and/or walking. Staff will remain with and care for your child(ren) at all times during an event. Attendance will be checked regularly whenever our children are moved. Staff will bring any necessary medications, supplies, and emergency records. In the event that we receive different instructions from emergency personnel, every attempt will be made to contact you with the alternate plan or post messages on Facebook and Twitter if possible.

**Emergency Relocation Facility A**

(Primary option near school)

Plum Creek Golf Course Pavilion

750 Kohler's Crossing

Kyle, TX 78640

512-262-5555 - Site Contact: Marc Farris - Club Manager

**Emergency Relocation Facility B**

(Secondary option near school)

Saint Anthony Catholic Church 801 N. Burlison Road

Kyle, TX 78640

512-268-6966 - Site Contact: Father Juan Carlos Lopez

*Students will remain at the relocation facility accompanied by our teachers and staff while family/guardian/emergency contacts are notified of the situation. If you're not sure how to get to any of these locations, please ask for directions BEFORE there's an emergency.*

Modified Operation: Cancellation/postponement or rescheduling of normal business operations may be required. These actions are normally taken in case of a winter storm or building/transportation problems (such as utility disruptions or mechanical difficulties) that may make it unsafe for children in a variety of situations.

Please listen to local radio/television stations for announcements relating to any of the emergency actions listed above. If it ever becomes necessary to relocate, a sign will be posted on the main entrance stating which facility we've gone to (A or B). We will attempt to leave a message on the school's main number 512-405-3700. If possible, we will also post announcements on Facebook and/or Twitter. We do ask that you limit your calls during an emergency. This will keep the main telephone line free to make emergency calls and relay information.

Just in case these options are not available, you may try to contact us at  
512-578-9673 (cell)

**This is for EMERGENCY USE ONLY.**

Our Emergency Plan relies directly on your contributions of extra clothing, medication, diapering supplies, water supply donations, and your preparation for an emergency situation. Please take the time to implement your own Family Plan. Please keep this information with you so that you will know how to contact and find us in the event of an emergency or evacuation.

***An "Emergency Contact Card" is in each classroom or at the front desk for you to complete. This form will be used to contact families and verify authorized emergency contacts in order to release your child. Please ensure that only those persons you list on the form attempt to pick up your child.***

**In order to guarantee we have all of our student's most up-to-date emergency information, our school will require that all children's "Emergency Contact Card" be resubmitted at the beginning of each school year regardless of your last update.**

We realize that emergency circumstances may require changes to your plans, but I urge you to NOT make different arrangements if at all possible. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact me at 512-405-3700 ext 305.

Sincerely,  
*Rebecca Eichen*  
Director



Rocking Horse Academy  
**Emergency Plan & Transportation Parent Consent**

To the Parent(s)/Guardian of \_\_\_\_\_  
Print Child's Name

By signing this form, I acknowledge that I have read and understand Rocking Horse Academy's Emergency Plan Parent Letter and I give permission for my child to be transported in the event of an emergency.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***Please return to us as soon as possible or by your first day of enrollment.***

***Families will be asked to review and sign this form annually at Back to School Night.***