



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	
Registration Fee (\$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		\$ _____	
Child 2 Security Deposit* \$300		\$ _____	
<p>_____ Paid in full _____ 6 Equal Payments _____ Other</p> <p>Security Deposit may be paid in full or divided into 6 equal payments (or 1/2 or 1/3).</p> <p>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</p> <p><i>*Families who have paid the deposit in full AND given us 30-days (4 tuition weeks) written notice of intent to withdraw may apply the deposit to their final 2 weeks of tuition owed. If 30-days (4 tuition weeks) written notice is NOT given, the deposit is forfeited.</i></p>			

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 _____

Payment Schedule If Dividing Fees:

[illegible]

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 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 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.

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/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
Preschool Acknowledgments/Permissions

Child's Name _____

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. **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 slideshows 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.

_____ **Withdrawal** I acknowledge that Rocking Horse Academy requires 30-days written notice (4 tuition weeks) to withdraw from school. If a 30-day written notice is NOT given, I will forfeit the security deposit.

_____ All accounts must be set up for EFT Bank Draft. Accounts can not be divided.

_____ I have read, understand, and agree to abide by the RHA's "Healthful Food & Beverage Policy" provided in the Enrollment Packet and available on our website www.rockinghorseacademy.com

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 _____ 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)

- | | |
|--|--|
| <input type="checkbox"/> Isn't bothered by it very long. | <input type="checkbox"/> Takes a (long----short) time to adjust to new children. |
| <input type="checkbox"/> Gets excited when meeting different people. | <input type="checkbox"/> Takes a (long --- short) time to adjust to new places. |
| <input type="checkbox"/> Takes a (long----short) time to adjust to new adults. | <input type="checkbox"/> 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)

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 Doctor's 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)
- All accounts must be set up for EFT Draft.
- Must be paid in full without deduction for absences or holidays
- 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.)
- If for any reason tuition is not or cannot be paid in full by the due date, a fee will be assessed.
- Tuition **MUST BE PAID** in full including assessed fees or NSF fees no later than 6:30 P.M. Friday. Unpaid tuition will result in suspension of enrollment until payment is received or payment arrangements are made.

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 drop-off 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.

Home lunches should be nutritious (no candy, no juice) Refer to our Parent Handbook regarding our beverage policy.
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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	2 nd Friday August
Labor Day	1st 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.

Only one account will be made for each child/family; we can't split the account. Both parents/guardians are legally liable for the full payment of tuition. We cannot become involved in financial disputes between parents or guardians.

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

EZ-EFT Authorization Form

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 any time 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



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. Burleson 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.