



Where learning and loving... go hand in hand!

LITTLE MUNCHKINS LEARNING CENTER 2020 Denton Dr. Austin, TX 78758 512-454-1877 Fax 512-973-8365

Enrollment Application

Child Birthdate Sex Code 374

Address City Zip

Home Phone Admission Date Withdrawal Date SS# / /

Parent / Guardian Information

Form with fields for Mother and Father information including Name, Address, City, Zip, Phone numbers, E-Mail, and Employer.

In case of emergency when neither parent nor guardian can be reached...Call:

Name Address Ph

The following person may pick-up my child from Little Munchkins:

Name Ph Cell

Days your child will normally attend the center:

- Monday Tuesday Wednesday Thursday Friday

Meals normally to be served to your child in the center:

- Breakfast Lunch PM Snack

What hours will your child normally be in the center? : until :

Authorization for Emergency Medical Attention

In the event that I cannot be reached or make arrangements for emergency medical attention, I authorize the staff of LMLC to obtain medical assistance and/or transportation for my child from Emergency Medical Services (EMS), to the closest Emergency Center, or to:

Dr. at Address at Ph

or to Dell Children's Medical Center of Central Texas at 4900 Mueller Blvd at Phone 324-0000.

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Parent / Guardian Signature Date



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Health Requirements

Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Immunization History: Texas law (HB 106) requires that all children admitted to childcare facilities must be immunized. Children may be provisionally admitted if immunizations are begun and continued as rapidly as medically possible. All records must be current within seven (7) days of admission. This child has received the following immunizations:

Immunization Dates:

Table with 6 columns: Immunization Name, 1, 2, 3, 4, Booster. Rows include DTaP, OPV/IPV, Hepatitis A/B, HIB, MMR, Varicella, PCV, Hearing Screening, and Vision Screening.

- Checkboxes for: A copy of immunization record has been placed in child's folder; My school age child attends \_\_\_\_\_ School at Ph \_\_\_\_\_ and has a copy of Immunizations on file at the school.

Admission Requirements: (One of the following must be presented within one week of admission.)

- Doctor's Statement: I have examined this child within the past year and find that he/she is physically able to take part in the day care program.

Doctor / Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Checkboxes for: A form or written statement from a health service or clinic; Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the day care program. Within the next 12 months, I will obtain a physician's statement or a form or statement from a health service or clinic and will submit it to Little Munchkins; My child has an appointment for a physical examination on \_\_\_\_\_; My initials give consent for Little Munchkins staff to administer these non-prescription medicines without contacting me first. Tylenol Cough Syrup/Decongestant Benadryl

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, or injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which LMLC should be aware of: \_\_\_\_\_

NOTE: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign and affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

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



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(7/11)

### **Authorizations, Acknowledgments and Agreements**

1. I authorize Little Munchkins Learning Center permission to provide my child emergency care and first aid when necessary and for my child to be transported to an emergency medical facility. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital/medical personnel to undertake examination and emergency treatment if warranted.
2. I authorize Little Munchkins Learning Center to transport my child to and from school, on field trips, on educational trips, and on other center-sponsored activities.
3. I authorize Little Munchkins Learning Center to include my child in supervised water activities.
4. I authorize permission to Little Munchkins Learning Center to photograph/videotape my child and use the resulting photographs/videotapes for any lawful purpose deemed proper by Little Munchkins Learning Center, including use for publicity. I understand this may include but will not be limited to publishing the photograph and posting such on the Little Munchkins Learning Center website. I relinquish all rights, title and interest in the photographs, negatives, and videotape film.
5. I agree to provide updates to all information (addresses and phone numbers) and current immunization history on my child to Little Munchkins Learning Center on a regular basis. I will also provide results of visual acuity and hearing sensitivity screening for my child at four (4) years of age.
6. I acknowledge that I have been provided with information concerning the procedures and operational policies of Little Munchkins Learning Center.
7. By enrolling my child in Little Munchkins Learning Center, I understand that I am responsible for tuition payments by the 1<sup>st</sup> and 15<sup>th</sup> of each month. All tuition is to be paid in advance of care provided and if payment is not made timely, I am subject to having my child removed from the center within five (5) business days of delinquency. Any amount owed to Little Munchkins Learning Center will be subject to legal collection proceedings through small claims court, and any court costs and counsel will be added to collection totals.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(7/11)



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## Discipline and Guidance Policy

The Texas Department of Family and Protective Services require that the following discipline and guidance policy be made available to you.

*Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance*

- 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.

My signature verifies I have read the Discipline and Guidance Policy for Little Munchkins Learning Center.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## **Operational Policies**

*In addition to the introduction booklet that you have received, The Texas Department of Family and Protective Services require that the following operational procedures be available to you.*

- We are open Monday through Friday from 7:00 a.m. to 6:00 p.m. year round. We are closed for these holidays: New Years Eve, New Years Day, Good Friday, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving and Friday after, Christmas Eve, Christmas Day and day after.
- Children must be clocked in and out daily, and are only released to names entered into our database. Clock in and out records are retained for 3 months.
- Children with fever (more than 100.4), diarrhea, vomiting, or rash, must be picked up from the center immediately. A 24 hour 'free of' waiting period is required before child may return to the program.
- Any medication given must be signed on the medicine log in the child's room. The full name of the child, name of medication, time, dosage and full name of staff administering the medication must be on the log. Logs are retained for 3 months. Refrigerated medicines must be placed in a Ziploc bag.
- In a medical emergency, priority is ensuring the stability of the child. One staff contacts parents and if necessary, another staff contacts 911 services.
- The attached Discipline and Guidance Policy form and Authorization, Acknowledgments and Agreements form require a parent/guardian signature for the child's folder.
- Monthly menus are posted and published online and follow all guidelines of TXDH. The kitchen is inspected by Travis County Health Department semi-annually under the same guidelines as other food establishments and restaurants.
- Immunization requirements must be current and updated as shots are given. Any exception to normal shot requirements must be in writing from the child's doctor.
- Written notification is given for any situation that has placed a child in danger, contagious illness, or changes in our operational policies and rate structure.
- Written notification for any water activity or field trip requiring transportation in center vans or private car will be given. Monthly newsletters and the website also give prior notification of these activities.
- Animals are not allowed in the center.
- All transportation of children complies with Senate Bill 61 concerning child safety and booster seats.
- Review or discussion of any concerns about the policies and procedures of the center may be discussed with the Director at any time.
- Without having to secure prior approval, parents are free to enter, visit, observe, participate, and monitor the operation and activities of the center at any time.
- The most recent copies of inspections (DFPS, Health, Fire, and Kitchen) are available for review by the water fountain. Also, as a result of HB 2086, information regarding Gang-Free Zones for child care centers is posted.
- A copy of Minimum Standards for Licensed Child Care (9/06) is available for review in the office.
- Numbers for local agencies are: Child Care Licensing 834-3195 or [www.dfps.state.tx.us](http://www.dfps.state.tx.us)  
Child Abuse Hotline 800-252-5400





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## **Payment Policies**

*The child care business is very unique. We see our customers (parents) every day, and are here to serve our clients (children) in a consistent manner. Childcare is a labor-intensive industry, therefore the center's costs remain fixed throughout the year...regardless of a child's presence or absence. Facility scheduled and announced holidays are included in our rate structure. In order for Little Munchkins to operate smoothly, the following payment policies are set forth in our center structure.*

**Families may choose one of the following payment options:**

### ***Payment Option 1: Monthly***

A monthly fee of \$\_\_\_\_\_ is due by the 5<sup>th</sup> of each month. Monthly payments are considered late if received after the 5<sup>th</sup> of each month and are subject to a \$30 late fee.

### ***Payment Option 2: Twice a Month***

A semi-monthly fee of \$\_\_\_\_\_ is due on the 1<sup>st</sup> and 15<sup>th</sup> of each month. Payments are considered late if received after the 5<sup>th</sup> and the second business day after the 17<sup>th</sup> of each month. Semi-monthly payments may be subject to two late fees of \$30 each if the account is not current.

### ***Payment Option 3: Weekly***

A weekly fee of \$\_\_\_\_\_ is due by Monday morning of every week. The monthly rate is divided by four to establish this pay option. Because of the 5<sup>th</sup> week months, regular payments on every Monday will eventually place the account ahead so that periodically a weekly payment may be skipped. A late fee of \$10 will be added weekly if payments are not paid timely.

### ***Payment Option 4: Bank / Debit Card***

Little Munchkins accepts ***Visa, Master Card, Discover and American Express*** and is happy to charge or debit your tuition. You may leave a copy of your number on file if you choose to have LMLC charge your card on a regular basis.

### ***Prepayment Discount***

A prepayment discount of 5% will be applied to any account paid by cash or check from three (3) to six (6) months in advance. This payment will reflect on the account statement at a discounted rate. Payments in advance from three to six months by credit card will receive a 3% discount.

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**Electronic Payment Authorization Form**  
*Contact Information*

Parents Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payment Plan**

**Payment Amount:** \$ \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Banking Information**

**Method of Payment:**  Checking  Savings  Credit Card

*Bank Information*

\_\_\_\_\_  
Routing Numbers (9 digits)      Account Number      Voided Check #

*Credit Card Information*

\_\_\_\_\_  
Credit Card Number      Expiration Date      Security Pin

**Frequency of Payments:**  Monthly  Two -Times a Month  Weekly



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## **Payment Authorization**

I authorize Modern Payment Solutions, LLC, on behalf of Little Munchkins Learning Center to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until LMLC receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford LMLC reasonable opportunity to act. (Min 30 days)

All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to Modern Payments Solutions ,LLC 15 - days prior to any change being implemented. I understand that this payment plan may be cancelled by LMLC or Modern Payment Solutions LLC, due to Non- Sufficient Funds (NSF). I understand that I will be held liable to pay the NSF fees that will be charged by my bank. In event that LMLC is charged an NSF fee by the bank or a revoke authorization fee, I understand that I will be liable to pay these fees and authorize LMLC to debit my account for these amounts.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold LMLC, the bank, and Modern Payment Solutions, LLC harmless from damage, loss, or claim resulting from all authorized actions hereunder.

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**Customer's Signature**

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**Date**





# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

**Part 1. All Household Members** CODE: \_\_\_\_\_

Name of Enrolled Child(ren):	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
<b>Names of all household members</b> (First, Middle Initial, Last)		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and case number. NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

Check here if no case number

**Part 4. Total Household Gross Income—You must tell us how much and how often**

A. Name (List <b>only</b> household members with income) <i>(Example)</i> Jane Smith	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**

An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* \* \*  I do not have a Social Security Number



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

## Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

## Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- I do elect to allow my household information to be disclosed.
- I do not elect to allow my household information to be disclosed.

## Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Tier I \_\_\_ Tier II \_\_\_  
 Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."