

RED DOOR

12035 De Forest St. Houston, Texas 77066

Bus: 281-587-0030 Fax: 281-587-0064

Email: admin@reddooropen.org

www.reddooropen.org

Tuition rate: _____

Registration fee: _____

Supply fee: _____

Deposit: _____

Admission Date: _____

Program: _____

Start Date: _____

Care: Fulltime _____ Parttime: _____

Withdrawal Date: _____

Food Forms completed: _____

NCI: ___Y/N

Contract Agreement

-
- **Parents: All forms must be sign & filled in all areas before admitting children**

The undersigned parent(s) hereby give RED DOOR permission to care for their child in accordance with this contract. In consideration of the mutual agreement and covenants contained in this contract. Parent(s)/Legal Guardian agree to all the following:

Policy and Procedure

RED DOOR Learning Academy will provide equal opportunity to all children without any discrimination regards to race, sex, age, color religion, gender, national origin, disability of any applicants.

1. RED DOOR Learning Academy business hours are: 6:30am – 6:30pm Monday – Friday
2. RED DOOR Learning Academy will be closed the following holiday: New Year's Day, MLK Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving Day, Christmas Eve @ 2:00 pm, Christmas Day, New Year's Eve @ 2:00 pm. Any holiday that fall on the weekend will be acknowledged the day before or the day after. No discounts from tuition will be made for holidays or other days on which the facility does not operate.
3. **Contracted Hours:** 6:00am – 6:30pm Monday – Friday
RED DOOR Learning Academy will provide service for the following days and time.

Mon.	Tues.	Wed.	Thur.	Fri.
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Intial (in all blanks)

FEES:

4. ___ I agree to pay a weekly tuition fee of \$ _____ every Monday.
5. ___ Parent or Guardian agree to pay tuition weekly on /or before every Monday.. If tuitions are not paid in full on/ or before end of day (Monday). I agree to pay a late fee of **\$35.00.** I agree if tuition is not paid after Wednesday my child will automatically be disenrolled. **I will re-enroll my child and pay a registration fee of \$100.00 per child.**
6. ___ Red Door does not accept "partial payment" Tuition must be paid in full.
7. ___ I agree to pay a weekly tuition fee in full regardless of attendance or absent for the week.
8. ___ If my child attend as part-time I agree to pay a weekly tuition fee of \$ _____ 75.00 _____. Part-time child care tuition is defined to be less than **2-days per week or a maximum of 3 hours per day.**
9. ___ Red Door accepts daily drop-in. Drop-in fee are **\$ 55.00 per day.** (also with full contract signatures and information.
10. ___ I agree to pay a returned check fee of **\$35.00** for all checks returned unpaid. I agree after two (2) returned checks I will be put on a **"Cashier's check, Money order"** status.
11. ___ I agree to pay a late pick-up fee of **\$35.00 per child** the first 15 minute after schedule closing time , and \$3.00 per minute per child thereafter.

Clothing & Supplies

11. ___ Red Door will not be responsible for any lost or stolen personal items brought from home so please leave toys at home, unless it is a show and tell day.
12. ___ Every child needs an extra change of clothing for emergency purpose left at the center, even if the child is fully potty trained.
13. ___ Every child need a travel size blanket left at the center during quiet time. (Please label all children's belongings).

Children's Uniforms:

The parent or guardian agrees to provide uniform garments for the above named child as required by RD . Children are required to wear the RD uniform Monday thru Friday starting with Toddlers 2 (class) and for field trips, (if you have not purchased your Red Tshirts.for field trips) .

Medication/Immunization:

__ Children should have a current immunization record prior to enrollment. Immunization record need to be updated in compliance with the state laws.

14. __ Red Door will only administer medicine to the subject child upon written authorization by the Parent or Guardian. Written authorization may be made by using the standard Red Door form, “**Authorization to Administer Medicine**” In each case the parent or guardian should complete and the form and deliver it to the designated staff member.

State Law requires That All Medicine Must be:

- a. In their original prescription container,
- b. Clearly labeled with the identity of the medicine and a prescription number.
- c. The child's name must clearly appear on the container itself, and the date upon which the medicine was brought to Red Door must clearly appear on the container.
- d. The medication must be administered to the child with written parental permission and as stated on the label directions, or as amended by Physicians.

Vacation/Fees

15. __ Red Door will give 1-week vacation in a year after enrollment of one (1) full year. (this vacation time does not roll into the next year). I agree to pay 50% percent of tuition of one week as a holding fee during my absence. If 50% not paid for week of vacation child will be disenrolled and registration fee of \$100 to be obtained and tuition to re-enroll (base on availability)
16. __ I agree to pay my 50% of my weekly tuition during my days.
17. __ If vacation time is used before one (1) full year of service I agree to pay 100% percent of tuition each week as a holding fee during my absence in advance. If Payment is not made, your child will be disenrolled, upon returning a \$100 registration and tuition.to re-nroll (based on availability).
18. __ If any payment obligation under this contract is not paid on schedule day I agree to pay all cost of collection, including but not limited to reasonable attorney and/or court fees, whether or not a lawsuit is commerce as part of the collection process.

WITHDRAWAL:

- a. The obligation for full payment of tuition and other fees will continue until the date indicated by the parent or guardian as the date of withdrawal. The parent or guardian agrees to furnish RED DOOR with at least 30 days advance written notice of such of withdrawal .In no event will a delayed or retroactive notice of withdrawal have effect of canceling tuition or other fees applied prior to the actual date of receipt by RED DOOR of such notice of withdrawal.

STATE MINIMUM STANDARDS:

- a. A copy of the Minimum Standards of the State Department of Human Resources, regulating childcare operations within the state , is available at RED DOOR for review by parents.

THIS ENROLLMENT AGREEMENT REMAINS ON FILE:

- a. A copy of the enrollment agreement will remain within the files of RED DOOR so long as the subject child remains actively enrolled at the facility and is available for inspection by the parent or guardian at anytime.

INFORMATION IN CHILD’S FILE MUST BE KEPT CURRENT:

- a. The parent guardian is required by state law to update information furnished herein as necessary, with changes initialed and dated by the parent and the Director (or designee).

Termination

Red Door reserve the right to terminate this agreement at any time for any sufficient reason, including but not limited to late payment, misbehavior or unruliness of the child. The staff will make every effort to give a reasonable notice to allow parents time to obtain alternate childcare arrangements. You also have the right to withdraw your child from Red Door at any time, for any reason. However, you must give us a two-week notice when canceling services.

Discipline

In discipline, we try to figure out why the child is exhibiting unacceptable behavior and redirect them. If that does not work, we use the methodology by removing the child from the situation and placing them away from others ,but with the teacher , with a quiet activity until the child has regained composure and is capable of interacting positively with other children will always notify the parent of the child's behavior. And notify parent via phone call or in writing or email. We Do not yell, degrade, humiliate , or demean the children. We are here to build self esteem, produce a loving, safe environment.

Clothing and Supplies

Please label all children's belongings, including naptime blankets and pillow. Please supply a change of clothes each day, even if the child is fully trained. Please leave toys at home , unless it is show and tell day.

General Authorization:

We hereby grant Red Door permission for the above named child to

- a. Take part in all program activities including the use of all indoor and outdoor equipment.
- b. To photographed **or** videotaped in connection with daily program activities.
- c. Leave the premises of Red Door to take part of planned educational field trips or activities supervised by staff of Red Door(provided that such trips or
- d. participate in Red Door water activities: be transported under Red Door supervision for purposes of taking part in educational field trips or other activities.

Mother or guardian _____ **Date** _____

Father or guardian _____ **Date** _____

Medical Authorization:

19. ___ We hereby, grant Red Door permission to take action deemed necessary and its judgement in supplying **Emergency Medical Services** . We understand that, consent with the circumstances of the situation and available time, Red Door will attempt to contact and follow the instruction of the parent or guardian ,physician, or other person(s) . We hereby grant permission to Red Door to contact and comply with the advice of an available physician, ambulance personnel, or emergency personnel .We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by Red Door in making emergency medical treatment available to the above name child. If my child exhibits any of the symptoms listed below after being notified I will immediately remove my child from the center. Red Door may isolate my child from other children in facility until pick-up authority arrives.

Symptoms are as followed:

- Fever of 99.9 or higher
- Indescribable rash
- Unidentifiable skin irritation
- Ringworm
- Diarrhea
- Vomiting

23. I agree if my child exhibits any of the symptoms listed above I will keep him/her free from the center for 24 hours after symptom cleared unless I provide a legal document statement stating the child is not contagious.
24. Red Door agrees to notify the parent of any contagious disease about which the center has knowing knowledge that the children may have been exposed to while at the facility.
25. I agree to notify Red Door of any illness or problem my child may have accrued that might affect other children in the childcare facility.
26. In addition, Red Door may request that parent supply a specific item for the benefit of the child from time to time. If the parent has failed to supply the item requested within a reasonable period of time, Red Door will purchase all items needed. I agree to reimburse Red Door for the reasonable cost.
27. I agree to pay for any accidental or willful destruction of any property located at the

facility weather owned by Red Door , staff and/or classmates at the replacement cost. If such destruction was, in the sole opinion of Red Door caused by the child.

28. Red Door reserve the right to remove a child for continued disciplinary problems when necessary.

29. Red Door is entitle to change any of the terms in this contract, including but not limited to fees, by providing parent with one (1) month advance written notice of change.

By signing this contract, the undersigned represent that the undersigned has understood and agreed to the terms and condition in this contract. Breach of this contract in any way by the Parent may result in immediate termination of childcare service

Parent/Guardian Name: _____ **Date:** ____/____/____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Accepted: Director (or designee) _____ **Date:** ____/____/____

CHILDREN'S RED DOOR LEARNING ACADEMY

12035 De Forest St.
Houston, Texas 77066
Bus. 281-587-0030 Fax 281-587-0064

Child's Information

Child's Name: _____ Date of Birth: ____/____/____ Sex:

M____F____

Last

Initial

First

Address: _____ Home #

(____)-_____

Street

City

State

Zip

Parent/Guardian Information					
Father's Name	Address	City	State	Zip	Home #: Cell #
Employer:	Address	City	State	Zip	Employer #
Mother's Name	Address	City	State	Zip	Home # Cell #

Employer:	Address	City	State	Zip	Employer #
Guardian Name	Address	City	State	Zip	Home #: Cell #
Employer:	Address	City	State	Zip	Employer #
AUTHORIZATION I hereby authorize Children's Red Door Learning Academy to release my child ONLY to the following person(s)					
Name	Address	City	State	Zip	Phone #
Name	Address	City	State	Zip	Phone #
Name	Address	City	State	Zip	Phone #
In case of an emergency please contact one of the following if no parents/guardian cannot be reach					
Name	Address:	Phone #	Relationship		
Name	Address:	Phone #	Relationship		
Name	Address:	Phone #	Relationship		

Parent/Guardian Signature: _____ Date: ____/____/____

CHILDREN'S RED DOOR LEARNING ACADEMY

12035 De Forest St. - Houston, Texas 77066

Release Form

Child's Name: _____ Date of Birth: ____/____/____ Date: ____/____/____

Check All That Apply	
<ul style="list-style-type: none"> <input type="radio"/> Transportation: I hereby ___ give ___ do not give- consent for my child to be transported and supervised by a licensed insured vehicle equipped with seatbelt for every child and driver to and from: ___ School ___ Field Trip. Driver is properly licensed by the State of Texas. 	
<ul style="list-style-type: none"> <input type="radio"/> Field Trips: I hereby ___ give ___ do not give- consent for my child to participate in fields trips. 	
Parent Comment:	
<ul style="list-style-type: none"> <input type="radio"/> Water Activity: I hereby ___ give ___ do not give- consent for my child to participate in water activities: ___ Sprinkler play ___ Splashing/Wading pool --- Swimming Pool ___ Water Table Play 	
<ul style="list-style-type: none"> <input type="radio"/> Receive of Written Operational Policies: I acknowledge receiving Children's Red Door Learning Academy's ___ operational policy and procedure ___ discipline and guidance procedure 	
Parent/Guardian Signature: _____	Date: ____/____/____

Photo and Video	
<p>Photographs are taken on different occasion such as holidays, Picture Day and special occasion sometimes used for _____ and crafts:</p>	
<ul style="list-style-type: none"> ○ I hereby ____give ____do not give- permission to the above provider/center permission to take photo of my child if the occasion should arise. ○ I hereby ____give ____do not give- permission to the above provider/center permission for my child to be videotaped if the occasion should arise. ○ I understand photos and videos will not be sold or distributed without my knowledge or permission. 	
<p>Parent/Guardian Signature: _____ Date: ____/____/____</p>	

Emergency Medical Treatment Consent	
<p>In the event I/We cannot be reached to make proper arrangement for emergency medical care. I authorize Children's Red Door Learning Academy to take my child to assigned facility or nearest medical center.</p>	
<p>Facility: _____ Phone # _____ (_____) - _____ <div style="display: flex; justify-content: space-around;"> Name Address </div></p>	
<p>Insured Name: _____ Number: _____ Policy _____ Holder: _____</p>	
Authorization	
<p>_____ and/or _____ understand the above medical, Hospital, or Dental treatment for my child in the event of injury or illness, while the child is in the care of the above name provider/center.</p>	

- I understand and agree that I would be 100% responsible for my medical treatment necessary.
- I understand every attempt will be made to contact the parent/guardian in the event medical treatment is necessary
- I understand certain medical emergency may not allow time for contact of the parent/guardian and if a life threatening situation arises immediate, medical attention will be sought by provider/center.

Parent/Guardian Signature: _____ Date: ____/____/____

Children's Red Door Learning Academy
12035 De Forest St. Houston, Texas 77066

Certificate of Health & Immunization Records

Health Information (please print)

Child's Name	Address	Home #	Birthdate:
Parent/Guardian Name	Address	Home #	
Physician Name	Address	Phone #	
Dentist Name	Address	Phone #	

- | | | |
|---------------------------------------|---------------------------------|------------------------------------|
| <input type="radio"/> Asthma | <input type="radio"/> Hepatitis | <input type="radio"/> Pneumonia |
| <input type="radio"/> Bee Allergies | <input type="radio"/> HIV/Aids | <input type="radio"/> Rubella |
| <input type="radio"/> Chicken Pox | <input type="radio"/> Measles | <input type="radio"/> Seizures |
| <input type="radio"/> Cystic Fibrosis | <input type="radio"/> Mumps | <input type="radio"/> Tubes in Ear |
| <input type="radio"/> Diabetes | <input type="radio"/> Polio | <input type="radio"/> Other _____ |

Is there any restriction on normal physical activities indicated? ___Yes ___No

If yes, please specify.

Do the child have any chronic medical conditions necessitating dietary supplement or restriction, or avoidance of allergies — ___Yes ___ No

If yes, please specify.

Known Allergies

Special attention required

- ☐ My child is enrolled in a regular medical program and has been examined by a doctor within the past 12 month
- ☐ My child has an updated immunization record on file at the elementary school he/she attends
- ☐ Vaccination or immunization is against my family religion belief, a statement to that effect will be provided on a church letterhead within 15 days along with an sign affidavit to that effect attach to this

form

**NOTE: All children must be examined by
a licensed physician or practitioner within
the last 12 months**

I hereby authorize Children's Red Door Learning Academy to take my child to my above named physician or facility for medical treatment in the event of an emergency in which neither parent/guardian can be reached.

I hereby authorize Children's Red Door Learning Academy to take my child to any/nearest licensed physician or medical treatment center to treat my child in case of an emergency in which the above Named physician cannot be respond
