2026-2027 Enrollment Package

We are so excited to have your family join us for
the 2026-2027 school year at Leaps-n-Bounds!

Please note all paperwork is due before your child's first day!

7010 Village Center Drive
Austin, Texas 78731
(512)346-5327
(512)346-5328 fax
www.leaps-n-boundschildcare.com

Enrollment Package
2026 - 2027

Enrollment Checklist:

- Contract (provided by LNB)
- Admission Information (6 pages)
  - Signature on Health-Care Professional's Statement (found on page 4 of the Admission Information)
- Copy of current immunization records (MUST provide before your child's first day of enrollment)
- Parent's Rights
- Operational Discipline and Guidance Policy
- Leaps N Bounds Waiver of Claim
- Parent Handbook Checklist
- Fees: Due on or before your child's first day of school
  - Registration Fee of $150 per child
  - Supply Fee of $150 per child (*prorated if child is enrolled after the month of September)

    Monthly Tuition (*prorated based on the day your child begins care that given month)
- Yellow Emergency Card (provided by LNB)



2026-2027 School Calendar
7010 Village Center Drive
Austin, Texas 78731
OFFICE (512) 346-5327 FAX (512) 346-5328

August 2026

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

September 2026

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026

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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026

S	M	T	W	T	F	S
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2027

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Aug 7	Last Day of 25-26 School Year
Aug 10-14	Staff Development Week
Aug 17	First Day of School
Sept 7	Labor day, Closed
Sept 30	Fall Picture Day
Oct 9	Staff Development Day
Nov 25-27	Thanksgiving Break, Closed
Dec 24-31, Jan 1	Winter Break, Closed
Feb 5	Staff Development Day
Mar 10	Spring Picture Day
Mar 26	Good Friday, Closed
May 3-7	Teacher Appreciation Week
May 6	Muffins With Mom
May 21	PreK Graduation
May 31	Memorial Day, Closed
June 2	Splash Day
June 9	Splash Day
June 16	Splash Day
June 17	Donuts With Dad
June 23	Splash Day
June 30	Splash Day
July 7	Splash Day
July 14	Splash Day
July 21	Splash Day
July 28	Splash Day

Tentative Dates for Holiday Parties
Aug 13- Back to School Night!
Oct 30- Halloween Party
Nov 19- Thanksgiving Feast
Dec 17- Santa Visit & Holiday Party
Feb 12- Valendtine's Day Party
Mar 17- St. Patricks Day Festivities
Mar 25- Easter Party

To Be Announced
Sept 26- St. Jude Walk (Volunteer Opportunity!)
May TBD- Great Strides Walk (Volunteer Opportunity!)
May 21- PreK Graduation (Tentative Date)

February 2027

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2027

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2027

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2027

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

School Closed | Staff Development (No Students) | First/ Last Day of School | Picture day

Muffins with Mom | Donuts with Dad | Pre- K Graduation | Teacher Appreciation Week | Splash Day

TEXAS Health and Human Services

Form 2935
June 2026

Admission Information

Use this form to collect all required information about a child enrolling in day care. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

Section 1 – General Information

Operation's Name	Director's Name
Child's Full Name	Child's Date of Birth
Child lives with: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian	
Child's Home Street Address, City, State and ZIP Code	
Date of Admission	Date of Withdrawal
Name of Parent or Guardian 1	
Address of Parent or Guardian 1, if different from the child's	
Name of Parent or Guardian 2	
Address of Parent or Guardian 2, if different from the child's	

List phone numbers below where parents or guardian may be reached while child is in care.

Parent 1 Area Code and Phone No.	Parent 2 Area Code and Phone No.	Guardian's Area Code and Phone No.

Custody documents on file? ◯ Yes ◯ No

In case of an emergency, when the parent or guardian cannot be reached, call:

Name of Emergency Contact	Relationship	Area Code and Phone No.
Street Address, City, State and ZIP Code		

I authorize the child care operation **to release** my child to leave the child care operation **only** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name	Area Code and Phone No.
Name	Area Code and Phone No.
Name	Area Code and Phone No.

Section 2 – Consent Information

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ For emergency care ☐ On field trips ☐ To and from home ☐ To and from school

2. Field Trips

◯ I give consent for my child to participate in field trips.

◯ I do not give consent for my child to participate in field trips.

Comments

3. Water Activities

I give consent for my child to participate in the following water activities. Check all that apply.

☐ Water table play ☐ Sprinkler play ☐ Wading pools ☐ Swimming pools ☐ Aquatic playgrounds

1. Is your child a competent swimmer? ◯ Yes ◯ No If no, your child is required to wear a life jacket while in or near a swimming pool.

2. Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ◯ Yes ◯ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Note: A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Procedures for parents to participate in activities
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website

5. Meals

I understand the following meals will be served to my child while in care. Check all that apply.

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care

My child is normally in care on the following days and times.

Day of Week	A.M.	P.M.	Day of Week	A.M.	P.M.
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

7. Receipt of Parent's Rights

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Parent or Legal Guardian Signature **Date Signed**

8. Child's Special Care Needs

Check all that apply.

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment, include instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above.

Does your child have diagnosed food allergies? ◯ Yes ◯ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at 800 514-0301 (voice) or 800 514-0383 (TTY).

Parent or Legal Guardian Signature **Date Signed**

9. School-Age Children

My child attends the following school	School Area Code and Phone No.

My child has permission to: ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address.

☐ Child's required immunizations, vision and hearing screening are current and on file at their school.

Section 3 – Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Area Code and Phone No.

Street Address, City, State and ZIP Code

Name of Emergency Care Facility	Area Code and Phone No.

Street Address, City, State and ZIP Code

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

Parent or Legal Guardian Signature **Date Signed**

Section 4 – Requirements for Exclusion from Compliance

◯ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Health and Safety Code Section 161.0041 submitted no later than the 90th day after the affidavit is notarized.

◯ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Section 5 – Vision Exam Results

Right Eye 20/ Left Eye 20/ ◯ Pass ◯ Fail

Signature **Date Signed**

Section 6 – Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right:				◯ Pass ◯ Fail
Left:				◯ Pass ◯ Fail

Signature **Date Signed**

Section 7 – Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

◯ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.

◯ A signed and dated copy of a health care professional's statement is attached.

◯ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

◯ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

_____ _____
Health Care Professional Signature **Date Signed**

_____ _____
Parent or Legal Guardian Signature **Date Signed**

Section 8 – Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1 – 2 months (second dose)	
	6 – 18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15 – 18 months (fourth dose)	
	4 – 6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12 – 15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12 – 15 months (fourth dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6 –18 months (third dose)	
	4 – 6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12 – 15 months (first dose)	
	4 – 6 years (second dose)	
Varicella	12 – 15 months (first dose)	
	4 – 6 years (second dose)	
Hepatitis A	12 – 23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

Section 9 – Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above.

Signature **Date Signed**

Section 10 – Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature **Date Signed**

Section 11 – Additional Information About Immunizations

For more information about immunizations, visit the Texas Department of State Health Services website at https://www.dshs.texas.gov/immunizations/public.

Section 12 – Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Section 13 – Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

Section 14 – Signatures

Child's Parent or Legal Guardian Signature **Date Signed**

Center Designee Signature **Date Signed**

TEXAS Health and Human Services

Operational Discipline and Guidance Policy

Form 1099
November 2025

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

Directions: Parents will review this policy when enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Section 1 – Discipline and Guidance Policy

Discipline must be:

1) individualized and consistent for each child;
2) appropriate to the child's level of understanding; and
3) 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:

1) using praise and encouragement of good behavior instead of focusing only on unacceptable behavior;
2) reminding a child of behavior expectations daily by using clear, positive statements;
3) redirecting behavior using positive statements; and
4) 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:

1) corporal punishment or threats of corporal punishment;
2) punishment associated with food, naps or toilet training;
3) grabbing or pulling a child;
4) putting anything in or on a child's mouth;
5) humiliating, ridiculing, rejecting or yelling at a child;
6) subjecting a child to harsh, abusive or profane language;
7) placing a child in a locked or dark room, bathroom or closet;
8) placing a child in a restrictive device for time out;
9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Section 2 – Additional Discipline and Guidance Measures

Only applies to Before or After School Program (BAP) or School Age Program (SAP) that operates under 26 TAC Chapter 744.

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:

- make sure the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for more information; and
- make sure that the disciplinary measures used are not considered abuse, neglect or exploitation as specified in Texas Family Code Section 261.001.

Section 3 – Effective Date, Signature and Role

This policy is effective on the following date	**Signed by**

Role: ◯ Parent ◯ Caregiver or Employee ◯ Household Member, Chapter 747 only

Section 4 – Minimum Standards Related to Discipline

- Title 26, Chapter 744 Subchapter G
- Title 26, Chapter 746 Subchapter L
- Title 26, Chapter 747 Subchapter L

TEXAS Health and Human Services

Form 2987
October 2023

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

(1) enter and examine the child care facility during the facility's hours of operation without advanced notice;

(2) review the child care facility's publicly accessible records;

(3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;

(4) obtain a copy of the child care facility's policies and procedures;

(5) review, at the request of the parent or guardian, the facility's:

(A) staff training records; and

(B) any in-house staff training curriculum used by the facility;

(6) review the child care facility's written records concerning the parent's or guardian's child;

(7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:

(A) video recordings of the alleged incident are available;

(B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and

(C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;

(8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;

(9) be provided the contact information for the child care facility's local Child Care Regulation office;

(10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and

(11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

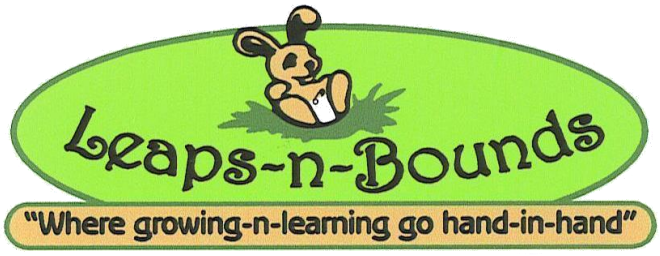
_____ _____

Signature of Parent or Guardian **Date**

Resources

Facility Information and Online Compliance History: http://txchildcaresearch.org

Child Care Regulation Contact Information: https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation



Leaps-n-Bounds
7010 Village Center Drive
Austin, Texas 78731
346-LEAP (5327)

WAIVER OF CLAIM

For and in consideration of the acceptance of the child or children named below for instruction at Leaps-n-Bounds, Austin, Texas, the undersigned parent(s) or natural guardian(s) hereby release Leaps-n-Bounds from any claim which may be asserted by the undersigned, or which may be asserted on behalf of said child or children on account of personal injuries or property damages occurring on the premises of Leaps-n-Bounds and understand that the children will be permitted to play outside on play equipment and the undersigned assumes all of the risks which may be involved in normal activities of the school.

The undersigned expressly agree(s) that Leaps-n-Bounds and its personnel may, when deemed necessary and in the best interests of the children, administer first aid and obtain appropriate medical or surgical treatment for the children, in emergencies, when the consent of a parent may not be practical or possible to obtain.

The undersigned also release(s) any person whether directly connected with Leaps-n-Bounds or not, who may transport the children on school field trips, from all claims which may arise by virtue of injury to the child or children while on such field trip, it may be understood that the child or children will be the guests of those transporting them.

Child

Child

Parent/Guardian Signature Date

Parent/Guardian Signature Date



_____Admission Policy

_____Supplies to bring daily

_____Sign in and out

_____Clothing

_____Health Procedures

_____Immunizations

_____Outside Play

_____Snacks and Lunches

_____Communication

_____Compliance

_____Field Trips

_____Fire and Emergency Drills

_____Guidance and Discipline

_____Holidays

_____Inclement Weather

_____Medication

_____Medical Emergencies

_____Moonlighting

_____Notification

_____Open Door Policy

_____Policy Changes

_____Pets

_____Routines and Rest Period

_____Safety

_____School Pictures/Snapshots

_____Transportation

_____Vision & Hearing

_____Volunteers

_____Water Play

I have received, understand, and will comply with the information contained in the Parent Handbook and all policies of Leaps 'N Bounds. I understand that failure to comply may be grounds for removal from this program. I pledge to support Leaps 'N Bounds in a positive manner and to help maintain the tradition of growing-n-learning going hand-n-hand.

_____

Mother/Guardian Date

_____

Father/Guardian Date

ENROLLMENT CONTRACT

1. TUITION AND FEES

Beginning _____, childcare services will be provided for _____. Services will be provided on the following days _____. The current tuition rate for your child is $_____ per month.
**Rates are subject to change with reasonable notice as conditions require.

Please initial the following statements below indicating that you have ready each item thoroughly and understand your contractual agreement with Leaps-n-Bounds.

_____**REGISTRATION FEE:** A $150 non-refundable fee is due upon registration to secure placement. **If your child is currently enrolled, this fee does not apply.*

_____**SUPPLY FEE:** An annual supply fee of $150 per child is due upon enrollment with the first month's tuition. **If your child is enrolled after September, the supply fee is pro-rated for that year from the start month through the following August.*

_____**PAYMENT OF TUITION:** I understand that the monthly tuition is due and payable on the first week day of each month, OR half is due on the 1st and the other half is due by the 15th of every month. We accept cash, check, and money orders in the office. You also have the option to pay by credit card on our website (www.leaps-n-boundschildcare.com) or you may set up bill pay through your bank account.

_____**TUITION PAYMENT SCHEDULE:** I have chosen to make monthly tuition payments using the following payment schedule: *(Please initial your selection.)*

_____Full tuition payment on the 1st of every month.

_____Half tuition payment on the 1st of every month, and the remaining half by the 15th of every month.

_____**RETURNED CHECKS:** A $35.00 returned check fee will be charged for any returned checks. **After a check is returned, the account becomes a **cash only account**.

_____**LATE OR UNPAID TUITION:** ***If payment is not received by the third school day of each month, I understand that a late payment fee of $35 will automatically be applied to my child's account.*** I understand that if my account is delinquent for more than one week, I will be asked to withdraw my child until my account is made current. The school cannot guarantee a child's position will be held when a child is withdrawn due to unpaid tuition. Any unpaid tuition fees will be sent to a collection agency.

_____**PROCEDURE FOR LATE DROP OFF**: Our policy is for all children to be at school by 9 AM. Certain circumstances may arise that permit your child to be late, however, confirmation from the office is needed to attend school for the day. Habitual tardiness with no communication may result in termination.

_____**CHARGES AND PROCEDURE FOR LATE PICK UP:** I understand that if I fail to pick up my child by the scheduled closing time (6:00 PM), I will be charged a late fee of $1 per minute per child until your child(ren) is picked up. *The amount due must be paid at the time of pick up*. Furthermore, I understand that habitual tardiness may result in termination.

_____**HOLDING POSITION THROUGH SUMMER:** I understand that if I choose to remove my child(ren) from care for the summer months only (i.e., June-August), I will be required to pay a half month's tuition each of the three months by the 1st of each month in order to hold my child(ren)'s position for the fall-to-spring months (i.e., September-May).

2. HOLIDAYS, ABSENCES AND CLOSINGS

No refunds or credits will be given for absences, holidays, inclement weather closings, or staff development days.

_____**HOLIDAYS:** I understand that the school is closed for the holidays listed on the published school calendar. I agree that I will not receive a refund, credit, or any other allowance for holidays.

_____**ABSENCES:** I agree to inform the school office immediately, preferably by e-mail, if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for absences.

_____**VACATION:** After being enrolled for six months, each full-time enrolled child, infant through Pre-K, is offered a $100 credit for vacation/tuition forgiveness once per full-time enrollment year for 5 consecutive days out. You must request this credit with a 2-week advance written notice. This credit cannot be combined with a week that contains a Leaps-n-Bounds holiday or staff development day.

_____**INCLEMENT WEATHER/CLOSINGS:** Leaps-n-Bounds will follow the Austin Independent School District's (AISD's) decision on the closing of school due to severe weather. If AISD is not operating, Leaps-n-Bounds will make a judgement call based on all available resources.

_____**STAFF DEVELOPMENT DAYS:** The school will be closed for employee development days throughout the year. These dates will be determined and are available on the school calendar.

3. LEAPS-N-BOUNDS POLICIES

_____**PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to follow them.

_____**DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's sign-in and sign-out procedure. A parent or person dropping off or picking up will sign each child in and out using the daily forms in the entry hall. If someone other than you will be picking up your child, a written note or email MUST be left with the office. Please include the date and the approximate time of pick-up along with the person's name and phone number. The school will require valid identification upon sign out.

_____**PHOTOGRAPHS:** Leaps-n-Bounds takes photos throughout the school year that may be published on the center's website and in marketing materials. Check "yes" or "no" below indicating if you give permission to having your child's photo(s) used in this publication and posted to the Leaps-n-Bounds website. Please provide a signature as well. Note that names of children will not be included in any print or website material.

- ☐ Yes, I agree to my child's being published as listed above.
- ☐ No, I don't agree to my child's being published as listed above.

Guardian Signature_____ Date_____

_____**ENROLLMENT TRIAL PERIOD:** I understand that there is a four-week trial period, beginning the day your child is enrolled. Either party may terminate this agreement within the trial period, with a 24-hour notice, with or without cause. No pre-paid fees will be refunded upon cancellation by the parent.

_____**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two-weeks written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two weeks, whether my child attends or not. I understand all fees (tuition, registration, supply fees) are non-refundable. I further understand that my child(ren) will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Contract.

_____**TERMINATION:** I understand that the Leaps-n-Bounds Director reserves the right to re-evaluate any child or family's continued participation in this program to determine that the program can meet the needs of the child and family. Failure to abide by all Leaps-n-Bounds policies may result in termination. Unless the child is a danger to him/herself or others in care, a two-week notice will be given and there will be no refund of prepaid fees, such as tuition, registration, and supply fees.

I/We have read, understand, and agree to abide by all the terms stated in the childcare contract. I/We also understand the terms and conditions may change as needed. I/We understand that I/We will be notified in writing of such changes.

Parent/Guardian Signature _____ Date _____

E-mail Address_____

Parent/Guardian Signature _____ Date _____

E-mail Address_____

Director Annette Podrebarac Signature _____ Date _____

TEXAS Health and Human Services

Form 2550
September 2023

Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards Sections 746.501(9) and 747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at _____ and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx

Safe Sleep Policy

All staff, substitute staff, and volunteers at _____ will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2427 and 747.2327].
- Place infants on a firm mattress, with a tight-fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non full-size cribs [Sections 746.2409 and 747.2309].
- For infants who are younger than 12 months old, cribs play yards should be bare except for a tight-fitting sheet and a mattress cover or protector. Items that should not be placed in a crib or play yard include: soft or loose bedding, such as blankets, quilts or comforters; pillows; stuffed toys and animals; soft objects; bumper pads; liners; or sleep positioning devices [Sections 746.2415(b) and 747.2315(b)]. Also, infants must not have their heads, faces or cribs covered at any time by items such as blankets, linens, or clothing [Sections 746.2429 and 747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [Sections 746.2415(b) and 747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [Sections 746.3407(10) and 747.3203(10)].
- If an infant needs extra warmth, use sleep clothing _____ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [Sections 746.2415(b) and 747.2315(b)].
- Place only one infant in a crib to sleep [Sections 746.2405 and 747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [Sections 746.2415(b) and 747.2315(b)] or the infant's clothing by a string, cord or other attaching mechanism that might be a suffocation or strangulation risk [Sections 746.2401(6) and 747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2426 and 747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [Sections 746.3703(d) and 747.3503(d)].
- Actively observe sleeping infants by sight and sound [Sections 746.2403 and 747.2303].
- If an infant can roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [Sections 746.2427 and 747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [Sections 746.2427 and 747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2428 and 747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security.

Signatures

This policy is effective on: _____ Child's name: _____

_____ _____
Signature — Director or Owner Date Signed

_____ _____
Signature — Staff member Date Signed

_____ _____
Signature — Parent Date Signed