



2021-2022 Enrollment Package

We are so excited to have your family join us for the 2021-2022 school year at Leaps-n-Bounds!

Please note all paperwork is due on or 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



August 2021						
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				
September 2021						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
October 2021						
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
November 2021						
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28	29	30				
December 2021						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
January 2022						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

2021-2022 School Calendar
7010 Village Center Drive
Austin, Texas 78731
OFFICE (512) 346-5327 FAX (512) 346-5328

Aug 9-13	Staff Development Week
Aug 16	First Day of School
Sept 6	Labor day, Closed
Oct. 22	Staff Development Day
Nov 24-26	Thanksgiving Break, Closed
Dec 24	Christmas Break, Closed
Dec 31	New Years, Closed
Feb 4	Staff Development Day
April 15	Good Friday, Closed
May 5	Muffins With Mom
May 20	PreK Graduation
May 30	Memorial Day, Closed
June 8	Splash Day
June 15	Splash Day
June 16	Donuts With Dad
June 22	Splash Day
June 29	Splash Day
July 4	Independence Day, Closed
July 6	Splash Day
July 13	Splash Day
July 20	Splash Day
July 27	Splash Day

To Be Announced	
May 20- PreK Graduation (Tentative Date)	
Spring Pictures	

February 2022						
S	M	T	W	T	F	S
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13	14	15	16	17	18	19
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27	28					
March 2022						
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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 2022						
S	M	T	W	T	F	S
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
May 2022						
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
June 2022						
S	M	T	W	T	F	S
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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 2022						
S	M	T	W	T	F	S
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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 Day of School
- Muffins with Mom
- Donuts with Dad
- Pre- K Graduation
- Splash Day
- Picture day



Enrollment Package 2021 - 2022

Enrollment Checklist:

- Contract (provided by LNB)
- Admission Information (3 pages)
 - Signature on Health-Care Professional's Statement (found on page 2 of the Admission Information)
- Copy of current immunization records (MUST provide by your child's first day of enrollment)
- Authorization for Emergency Medical Care
- 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 (*pro-rated if child is enrolled after the month of September)
- Yellow Emergency Card (provided by LNB)

ADMISSION INFORMATION

Operation Name <p style="text-align: center;">Children's Leaps-N-Bounds</p>		Director's Name <p style="text-align: center;">Annette Podrebarac</p>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	E-mail Address	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> TRANSPORTATION: <div style="display: flex; justify-content: space-between;"> Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school </div>			
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips: Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: <input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

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

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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).

Signature – Parent or Legal Guardian

Date

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

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.

Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date

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

3. 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.

4. 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 will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)

Positive

Negative

Date:

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

Signature

Date

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

Parent's signature

Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official
notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at

www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director Nombre del Dueño o Director del Centro de Cuidado de Niños Annette Podrebarac
--

to take my child (or children):

a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

to:

a:

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

or to:

o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

Signature-Parent or Legal Guardian
Firma-Padre o Tutor

Date/Fecha

Discipline and Guidance Policy for

Leaps-n-Bounds

Name of Operation

- ◆ 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 upon 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) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
 - (9) 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

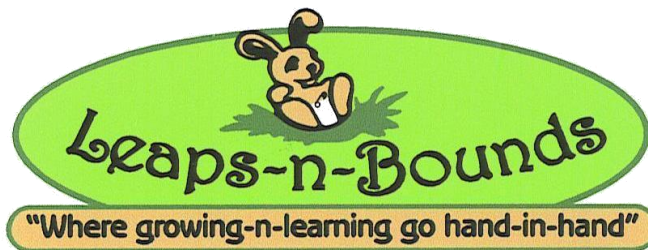
My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

parent employee/caregiver household member of child-care home



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 | _____ Field Trips | _____ Policy Changes |
| _____ Supplies to bring daily | _____ Fire and Emergency Drills | _____ Pets |
| _____ Sign in and out | _____ Guidance and Discipline | _____ Routines and Rest Period |
| _____ Clothing | _____ Holidays | _____ Safety |
| _____ Health Procedures | _____ Inclement Weather | _____ School Pictures/Snapshots |
| _____ Immunizations | _____ Medication | _____ Transportation |
| _____ Outside Play | _____ Medical Emergencies | _____ Vision & Hearing |
| _____ Snacks and Lunches | _____ Moonlighting | _____ Volunteers |
| _____ Communication | _____ Notification | _____ Water Play |
| _____ Compliance | _____ Open Door Policy | |

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