

Rice Children’s Campus  
5504 Chaucer Drive  
Houston, Texas 77005-2632  
713-348-KIDS (5437)  
<http://childrenscampus.rice.edu/>



RICE CHILDREN’S CAMPUS

## Rice University Children’s Campus Documentation Bundle

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## Enrollment Application

### CHILD'S INFORMATION

|  |             |           |          |
|--|-------------|-----------|----------|
| First Name   | Middle Name | Last Name | Nickname |
| Address (street, city, state, zip)   |             |           |          |
| Birthdate  | Age         | Gender    |          |
| Please list any additional information you would like for us to know about your child (special needs, attachments, etc.) |             |           |          |

### PARENT/GUARDIAN INFORMATION

| Parent/Guardian (Rice Affiliated)   | Parent/Guardian   |
|---|---|
| *Name: _____  | Name: _____   |
| Relationship: _____   | Relationship: _____   |
| Address: _____<br>_____   | Address: _____<br>_____   |
| Email Address: _____  | Email Address: _____  |
| Home Phone: _____   | Home Phone: _____   |
| Work Phone: _____   | Work Phone: _____   |
| Mobile Phone: _____   | Mobile Phone: _____   |
| Driver's License #: _____ State: _____  | Driver's License #: _____ State: _____  |
| Rice Department: _____  | Employer: _____   |
| Mail Stop: _____<br>_____   | Business Address: _____<br>_____  |
| University Affiliation:   | University Affiliation:   |
| <input type="checkbox"/> Rice Faculty <input type="checkbox"/> Rice Staff <input type="checkbox"/> Rice Student | <input type="checkbox"/> Rice Faculty <input type="checkbox"/> Rice Staff <input type="checkbox"/> Rice Student |

*\*Upon acceptance of a space in the Children's Campus proof of legal guardianship will be required*



## Enrollment Application (page 2)

### EMERGENCY CONTACT (if Parent/Guardian cannot be reached)

|      |       |                       |
|------|-------|-----------------------|
| Name | Phone | Relationship to child |
| Name | Phone | Relationship to child |
| Name | Phone | Relationship to child |
| Name | Phone | Relationship to child |
| Name | Phone | Relationship to child |

### PERMISSION TO PARTICIPATE

**I grant permission for my child to:**

- Participate in the school's daily activities
- Use all learning and recreational materials and indoor/outdoor equipment connected with the school's programs
- Participate in evaluations conducted by school administration and staff
- Sit for class photographs or otherwise be included in photographs made in connection with the school programs or for any other purpose with no financial remuneration
- Leave the premises of the school on foot or by vehicle under the supervision of school administration or staff for neighborhood walks, field trips, fire drills, excursions or any other school activities
- Be transported for medical treatment
- Participate in water activities at the school such as sprinkler play, water table play, splashing/wading pools, etc.

Signature of Parent/Guardian

Date



## Enrollment Application (page 3)

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### WRITTEN AUTHORIZATION TO RELEASE

As Parent/Guardian, it is my responsibility to ensure that my child is released directly to a school staff member upon arrival. I will not pick up my child from the school without making a staff member aware of my child's departure. Other than my child's parents/guardians, the only other persons authorized to pick up my child from the school without my prior written permission are the following persons. I understand that the school may refuse to release my child to any person.

|                    |                    |
|--------------------|--------------------|
| Name               | Name               |
| Driver's License # | Driver's License # |
| Name               | Name               |
| Driver's License # | Driver's License # |

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**Signature of Parent/Guardian**

**Date**

### SCHOOL POLICY ACKNOWLEDGEMENT

I have read all school literature that has been provided and I agree to abide by all school policies. Further, I agree to provide all records required by the school or state law. I release the school, its administration and staff and Rice University and its trustees, employees and representatives of any liability for property damage or loss, injury or accident arising, directly or indirectly, in connection with my child's attendance of a school program, including field trips and study trips.

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**Signature of Parent/Guardian**

**Date**



## Enrollment Overview

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### APPLICATION

Parents/guardians may place their child's name on the waitlist at any time. When a vacancy occurs, the parents/guardians of the student will be notified of availability. Once a vacancy occurs, parents/guardians will be asked to submit a completed Enrollment Application in order to apply for a space in the Rice Children's Campus.

Children from six weeks through five years of age, regardless of race, color, creed, sex, religion, ancestry and national or ethnic origin are eligible for enrollment so long as a parent/guardian meets the eligibility requirement set forth by Rice University.

### ENROLLMENT

A non-refundable application fee of \$75.00 is due upon submission of the enrollment materials and a tuition deposit equal to one-half of the monthly tuition is due for each child once admission is accepted. Provided the school receives 45 days advance written notice of your intention to permanently withdraw your child and all financial obligations have been met, the tuition deposit will be refunded at the time of departure.

### ADMISSION

The following must be on file before a student can be admitted:

1. All fees;
2. Completed Enrollment Application;
3. Completed Financial Agreement; and
4. Completed Medical Information Form.

### TUITION PAYMENTS

Tuition fees are paid in advance by the month. The fee is due on the first day of each month. Tuition fees are non-refundable and are not prorated.

A \$20.00 late fee will be charged for payments received over 5 days late. Tuition fees over 15 days late can result in dismissal from the school and forfeiture of your deposit. A fee of \$40.00 is charged on all returned checks.

### PERMANENT WITHDRAWAL

Provided the school receives 45 days advance written notice of your intention to permanently withdraw your child and all financial obligations have been met, the tuition deposit will be refunded at the time of departure. If you withdraw without meeting these requirements, or you enroll and subsequently do not enter the school, your deposit will be forfeited. Any temporary withdrawal without payment of fees will result in forfeiture of the tuition deposit and will necessitate beginning the enrollment process anew.



## Enrollment Overview (page 2)

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### TEMPORARY ABSENCE

Any absence from the school without payment of tuition and fees is considered permanent withdrawal, resulting in forfeiture of the tuition deposit. The enrollment process must begin anew in order to re-enter the school.

### SCHOOL-INITIATED WITHDRAWAL

In order to ensure the maintenance of the proper Montessori environment, school administration may request the withdrawal of a student for one of the following reasons:

1. Constant disruptive behavior on the part of the child;
2. Unwillingness of the parents to comply with school policies as outlined in the Parent Guide; or
3. Non-payment of tuition and fees.

### CONTACT INFORMATION

If you have any questions, please contact the Center for Early Childhood Education (CECE) at:

**Prior to August 25<sup>th</sup>, 2008**

Center for Early Childhood Education  
1112 Prairie Street  
Houston, TX 77002  
713-222-2482  
[info@CenterForEarlyChildhoodEducation.com](mailto:info@CenterForEarlyChildhoodEducation.com)

**After August 25<sup>th</sup>, 2008**

Center for Early Childhood Education  
5504 Chaucer Drive  
Houston, TX 77005-2632  
713-348-5437  
[info@CenterForEarlyChildhoodEducation.com](mailto:info@CenterForEarlyChildhoodEducation.com)



## Financial Agreement

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### ONE-TIME APPLICATION FEE

Rice Children's Campus operates on a waiting list basis only. The school's curriculum is based on a 12-month school-year which begins in September and ends in August. A non-refundable application fee of \$75.00 is required to enroll your child once you are notified of availability. This fee covers the cost of enrollment including an enrollment packet and a copy of the Parent Guide. If you enroll your child and then subsequently do not enter the school, this application fee is non-refundable.

### TUITION DEPOSIT

A one-time tuition deposit equal to one-half month's tuition is due at the time of enrollment. This tuition deposit is to be paid in conjunction with the application fee. Provided the school receives 45 days advance written notice of your intention to permanently withdraw your child and all financial obligations have been met, the tuition deposit will be refunded at the time of departure. If you withdraw without meeting these requirements or if you enroll and subsequently do not enter the school, your deposit will be forfeited. Any temporary withdrawal without payment of fees will result in forfeiture of the tuition deposit and will necessitate beginning the enrollment process anew.

### TUITION FEE

Tuition fees are paid in advance by the month. The fee is due on the first day of each month. Tuition fees are non-refundable and are not prorated.

A \$20.00 late fee will be charged for payments received over 5 days late. Tuition fees over 15 days late can result in dismissal from the school and forfeiture of your deposit. A fee of \$40.00 is charged on all returned checks.

### ELIGIBILITY

Any temporary withdrawal without payment of tuition fees will result in the loss of eligibility status. In order to meet operating expenses and provide Rice Children's Campus faculty year-round positions, the school is unable to guarantee a slot in the future to any parent who withdraws his/her child. Eligibility to participate in the school's enrollment process as established by criteria set forth by Rice University. Once eligibility is established, a parent/guardian may request placement on the school's waiting list. Children of the eligible parent/guardian may officially enroll no more than 60 days prior to the parent/guardian commencing his/her position at Rice University. Child(ren) of the eligible parents/guardians may remain enrolled in the school for a period of no more than 60 days after the official date of departure.

### ACTIVITY FEE

Optional extracurricular activities are available for additional fees. These fees will not be assessed without prior consent of the child's parent/guardian. All extracurricular fees are due in advance. All programs require a 30 day written request of withdrawal. Please make checks payable to the designated representative of the extracurricular program.



## Financial Agreement (page 2)

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### LATE FEE

A charge of \$10.00 is assessed for each 15 minutes, or part thereof, that your child is picked up after 6:00 p.m. A similar charge is applicable at the end of the extended care period, as appropriate. Chronic lateness or failure to pay late fees can result in dismissal from the school and forfeiture of your tuition deposit.

### PAYMENT OF FEES

I understand that all checks are payable to the Center for Early Childhood Education except for activity fees which are paid directly each extracurricular designated representative.

I agree to abide by the terms of this agreement. I further understand that if I decide to not enter the program as scheduled, my tuition deposit and enrollment fee are non-refundable.

I understand that my tuition deposit will be refunded, provided that I have given 45 days advance written notice of permanent withdrawal and all other financial obligations have been met. In all other events, my tuition deposit is forfeited.

I understand that failure to abide by the policies of the school or any temporary absences from the school without payment of tuition and fees can result in dismissal from the school and forfeiture of my tuition deposit.

I understand that my child may be asked to withdraw from the school campus due to circumstances deemed appropriate by the school administration, including behavioral problems and non-payment of tuition and fees.

I have read the above agreement and agree to fully comply with its terms.

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Signature of Parent/Guardian

Date



## Medical Information

### MEDICAL HISTORY

|   |                                    |                                      |  |
|---|------------------------------------|--------------------------------------|--|
| Name  |                                    |                                      |  |
| Height  | Weight                             | Hair color                           | Eye color                              |
| Is your child taking any prescription medications? If so, describe fully:   |                                    |                                      |  |
| What illnesses has your child had?  |                                    |                                      |  |
| <input type="checkbox"/> Ear infection  | <input type="checkbox"/> Allergies | <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Hay fever  | <input type="checkbox"/> Asthma    | <input type="checkbox"/> Hepatitis   | <input type="checkbox"/> Mumps         |
|   |                                    |                                      | <input type="checkbox"/> Hives         |
|   |                                    |                                      | <input type="checkbox"/> Other _____   |
| Any other pertinent information related to your child's medical history – including food allergies, etc. (attach extra pages if necessary): |                                    |                                      |  |

The above information represents a full disclosure of my child's medical history and any special circumstances which the school should be aware.

Signature of Parent/Guardian

Date

### VISION AND HEARING SCREENING

Vision and hearing testing is required for all children 4, 5, 6, 8 and 10 years of age. Testing must be done by a certified professional.

|   |                |                |                               |   |
|---|----------------|----------------|-------------------------------|---|
| <b>VISION SCREENING</b>                                   | R 20/ _____    | L 20/ _____    | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL                               |
| Signature – Certified Vision/Hearing Screener             |                | Date           |                               |   |
| <b>HEARING SCREENING</b>                                  | <b>1000 Hz</b> | <b>2000 Hz</b> | <b>4000 Hz</b>                |   |
| <b>Right</b>  |                |                |                               | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| <b>Left</b>   |                |                |                               |   |
| Signature - Signature – Certified Vision/Hearing Screener |                | Date           |                               |   |



## Medical Information (page 2)

### IMMUNIZATION RECORD

(Alternatively provide a copy of the child's immunization record signed by a physician)

| Age ►<br>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,<br>Tetanus,<br>Pertussis  |       |       |           |       |       |        |        |        |           |         |         |
| Haemophilus<br>influenzae type b  |       |       |           |       |       |        |        |        |           |         |         |
| Pneumococcal  |       |       |           |       |       |        |        |        |           |         |         |
| Inactivated<br>Poliovirus   |       |       |           |       |       |        |        |        |           |         |         |
| Influenza   |       |       |           |       |       |        |        |        |           |         |         |
| Measles, Mumps,<br>Rubella  |       |       |           |       |       |        |        |        |           |         |         |
| Varicella   |       |       |           |       |       |        |        |        |           |         |         |
| Hepatitis A   |       |       |           |       |       |        |        |        |           |         |         |
| Meningococcal   |       |       |           |       |       |        |        |        |           |         |         |
| 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: <i>My child had varicella disease (chickenpox) on or about _____ and does not need varicella vaccine.</i> |       |       |           |       |       |        |        |        |           |         |         |

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 <http://webds.dshs.state.tx.us/immco/affiavit.shtm>. I understand this affidavit is valid for two years.

Signature of Parent/Guardian

Date



## Medical Information (page 3)

### ADMISSION REQUIREMENTS

One of the following must be presented when your child is admitted. Please check below to indicate the option you select:

|   |  |      |
|---|--|------|
| 1.  | <input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the early childhood education program.   |      |
|   | Health Care Professional's Signature   | Date |
| 2.  | <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.  |      |
| 3.  | <input type="checkbox"/> 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.  | <input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the early childhood education program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit to the school. |      |
| Name and address of health care professional: |  |      |
|   |  |      |

Signature of Parent/Guardian

Date

### WAIVER OF CLAIMS

I hereby release the school, its child care providers, and Rice University, and their respective directors, staff, administration, trustees and owners, from any claim that may be asserted on behalf of myself or my child for personal injury or property damage occurring on the premises of the school. I am familiar with the kind of activities which my child may be engaged in at the school and I am also aware that my child will be permitted to play on the school playground equipment. I assume all the risks which may be involved in normal activities of the school.

I expressly agree that the school and its staff may, when deemed by them necessary and in the best interest of the child, administer first aid and obtain appropriate medical or surgical treatment for my child in emergencies when the consent of a parent/guardian may not be practical or possible to obtain.

I also release any person who may transport my child on school field trips, whether or not he/she is directly connected with the school, from all claims which may arise by virtue of injury to my child while on such field trips, and it is understood that my child is considered a guest of those transporting him/her.

Signature of Parent/Guardian

Date