



## ENROLLMENT INSTRUCTIONS

Thank you for your interest in Little Tyke Creative Child Care. The steps below will walk you through our online enrollment process:

**STEP 1** – Contact one of the center directors in your area to confirm availability. A list of centers is provided below for your convenience.

**STEP 2** – Once confirmed, fill out all the information requested on pages 2-5 of this pre-enrollment packet.

**STEP 3** – When all the forms are filled out, please click the “**Save & Download Now**” button located in the upper left to download a completed copy of the pre-enrollment forms. Then email the completed pdf to the appropriate center. A list of center email addresses is provided on page 6. You may also print the completed form and mail or bring it into one of the centers.

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## CENTER LOCATIONS

### **Cleburne Center**

Address: 1805 Brookhaven St, Cleburne, TX 76031  
Phone: (Metro) 817-558-3224

### **Crowley Center**

Address: 120 Harris Dr, Crowley, TX 76036  
Phone: 817-297-1721

### **Eules Center**

Address: 1000 Villa Dr, Eules, TX 76040  
Phone: 817-283-9209

### **Glade Crossing Center**

Address: 3033 N. Main St., Eules, TX 76039  
Phone: 817-283-1113

### **Hallmark Center**

Address: 1312 Sycamore School Rd, Fort Worth, TX 76134  
Phone: 817-293-3278

### **Brentwood Stair Center**

Address: 6913 Brentwood Stair Rd, Fort Worth, TX 76112  
Phone: 817-451-9375

### **North Beach Center**

Address: 7001 N. Beach, Fort Worth, TX 76137  
Phone: 817-232-4008

### **Sotogrande Center**

Address: 1734 Sotogrande Blvd, Hurst, TX 76053  
Phone: 817-571-7720

### **North East Center**

Address: 8204 Blvd 26, Fort Worth, TX 76180  
Phone: 817-281-7387

### **Smithfield Center**

Address: 6700 Smithfield Rd, Fort Worth, TX 76180  
Phone: 817-281-5783

### **Baker Blvd Center**

Address: 6923 Baker Blvd, Fort Worth, TX 76118  
Phone: 817-284-8521

### **Santa Fe Center**

Address: 1718 Santa Fe, Weatherford, TX 76086  
Phone: (Metro) 817-596-7556



REVISED 2011

### PHILOSOPHY

The Creative Child Care, Inc. Centers, "Little Tyke," are designed for the working family and particularly, for the young child. The center and their curriculum provide a setting for varied opportunities for creative learning in keeping with the child's intellectual, physical, social, and emotional growth.

The atmosphere of "Little Tyke" must allow for the many individual growth patterns of its enrollment. To provide this creative learning atmosphere, the approach to teaching should be an informal, yet individual, method. Its essential components are exploration, discovery, creativity, achievement, and happiness.

It is the task of the center's director and staff to interact, observe, and develop ways of managing and structuring the environments so that the student can develop a growth pattern uniquely his own. The structure of planning interest centers with flexibility and openness are fundamental to Creative Child Care, Inc. concepts.

### PARENT AGREEMENT WITH "LITTLE TYKE"

#### FOR FULL TIME ENROLLMENT

Child's Name \_\_\_\_\_ will be enrolled in the center from \_\_\_\_\_ (time) until \_\_\_\_\_ (days), beginning \_\_\_\_\_.

If my child is absent a full week and I notify the Center, in advance, the charge will be one-half the usual fee ... Otherwise there will be no refund or reduction. I understand by signing this agreement I have received a discount of the professional fee schedule. In order to receive this discount I must pay the full weekly fee even if my child is absent one to four days, including these holidays: New Year's Day, July 4th, Labor Day, Thanksgiving, Christmas and Memorial Day. I will be allowed one week's free vacation, after child has attended one calendar year. If I notify the Center in advance for additional vacation weeks, the fee will be half, otherwise the full weekly fee is required. The center must be notified one week in advance in writing of child's withdrawal.

At the signing of this agreement I will pay a non-refundable annual fee of \$ \_\_\_\_\_ which includes registration costs and supplies.  
I agree to pay the current weekly-monthly fee of \$ \_\_\_\_\_ in advance by Tuesday, 6:00 p.m. **Balance due after Tuesday will be subject to book-keeping fee.**  
(Rates subject to change.) This does not include breakfast. Fees are due Monday a.m. for the current week. If not paid, child may not be able to attend.

I have read "Little Tyke's" policy and am aware of its provisions. Parents are responsible for all bills in case of emergency medical care.

Creative Child Care, Inc. reserves the right to withhold its TAX ID # if your account has an unpaid balance.

Public School children will be charged \$ \_\_\_\_\_ per day for extended care when they spend the full day at the center.

#### FLEXTIME ENROLLMENT

Sign attached contract.

### POLICIES, PROCEDURES & INFORMATION

#### 1. Medical

- Each child must enroll with a medical form and/or a statement signed by a physician that (s)he is free from communicable and infectious disease and the (s)he is able to participate in group activities. Immunization records, as required by Texas Department of Health, must be on file and reviewed/updated each year. When a child reaches his/her fourth birthday the parent is responsible for obtaining documentation of the vision and hearing screening required by the Texas Department of Health.
- Any medicine given to a child must be authorized by prescription or written statement of a physician or parent. Medicine must be in its original container with the child's name and date clearly printed on it. Parents must sign the medicine chart for medication to be dispensed.
- If a child shows symptoms of an illness while at the Center (s)he will be kept isolated from the other children and the parent (or other designated person) notified. State regulations require a child with illness be removed from the Center.

#### 2. Other Records

An enrollment card must be completed by the parent in cooperation with the Center's personnel.

#### 3. Center Information

- The Center will be open twelve months a year. Monday through Friday from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. The Center will be closed on New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas.
- The age range and license capacity is posted on our state license.
- Little Tyke is operated in accordance with U.S. Department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, age, handicap, religion, national origin or political beliefs.
- Little Tyke does periodically use pesticides as part of total building maintenance.
- For your child's well-being, the Center reserves the right to admit or dismiss a child.
- Bad Weather Policy: On icy mornings please call the Center to make sure we are able to open. On icy days our vans will operate at the discretion of the Director for the safety of the children.

#### 4. General Policies/Procedures

- All children should have a complete change of clothing (underwear, outer clothing, and socks) at the Center. Clothing should be clearly marked with the child's name. For safety reasons it is advised children not be allowed to wear thongs.
- Only parents or person authorized by parents may pick up a child.
- Children must be left in the presence of a staff member. Parents must bring their children into the Center. Little Tyke responsibility begins when the child is in the care of the staff member in charge. Parent or authorized person resumes the responsibility for the child when that person enters the Center.
- Parents will be advised of special problems and concerns about their children.
- Discipline guidelines will be fair, consistent and encourage children to make wise decisions.
- Parents should feel free to ask for a teacher-parent conference.
- If any complaints, problems, comments, or suggestions arise, please contact your Center Director to resolve the situation.
- All changes of place of employment, work and home phone numbers and addresses must be given to the Center immediately.
- Since breakfasts (which are optional), mid-morning and mid-afternoon snacks, and well balanced noon meals are served; it is best that no additional foods be brought into the Center, except for special days to be announced by the Center. NOTE: Little Tyke Centers on USDA Food program serve breakfast, lunch, and p.m. snack.
- In order that a child will not be disappointed with a broken or lost toy, it is better that (s)he use the Center's toys only rather than bring his/her own. Exception: A soft toy for naptime or a toy for special occasions.
- Little Tyke is not responsible for "Babysitting" arrangements made by Little Tyke Staff and enrolled families.

DATE OF WITHDRAWAL \_\_\_\_\_ DATE OF ADMISSION \_\_\_\_\_

REASON \_\_\_\_\_ ★ PARENT \_\_\_\_\_

THE CENTER REQUIRES AT LEAST 1 WEEK NOTICE BEFORE WITHDRAWAL DIRECTOR \_\_\_\_\_

**This form must be completed before the child can attend the center.**

Home address of child and name of person responsible for tuition bill: \_\_\_\_\_ email address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Food Stamp Case No. / TANF (AFDC) Case No., if applicable \_\_\_\_\_ / \_\_\_\_\_

Home address of child and name of person responsible for tuition bill: \_\_\_\_\_ email address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Child's SS # \_\_\_\_\_

OTHER THAN PARENTS: Names of persons authorized for pick-up and emergency contacts.  
(Child will not be allowed to leave center with anyone else, without written authorization from parent)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

Please complete this information so Little Tyke may know some personal history about your child's individual needs:

Reason for enrollment: \_\_\_\_\_

1. Is the child toilet trained? \_\_\_\_\_

2. What does he/she say when he/she wishes to use the toilet? \_\_\_\_\_

3. Has he/she been cared for by other than parents? \_\_\_\_\_ (If child care center, please note name) \_\_\_\_\_

4. Does he/she need help in:  
Dressing? \_\_\_\_\_ Undressing? \_\_\_\_\_ Toilet? \_\_\_\_\_ Washing Hands? \_\_\_\_\_ Eating? \_\_\_\_\_

5. Does he/she have any special fears? \_\_\_\_\_

6. Describe child's play experiences:

Outdoor: \_\_\_\_\_

Favorite Games: \_\_\_\_\_

Favorite Toys: \_\_\_\_\_

7. Does your child take a nap at present? \_\_\_\_\_

8. Foods: Likes \_\_\_\_\_ Dislikes \_\_\_\_\_

9. Changes in child's life within the last 12 months (i.e. move, divorce) \_\_\_\_\_

10. Discipline used at home? \_\_\_\_\_

11. Comments or additional information: \_\_\_\_\_

**Statements required by Little Tyke, Creative Child Care, Inc. and The Texas Department of Family and Protective Services in order for a child to participate in the center's program.**

**SCHOOL AGE CHILDREN**

My child attends the following school and his/her immunization and vision/hearing records are on file at the school and all immunizations and tuberculosis test results are current.

NAME OF SCHOOL: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

★ SIGNATURE PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMISSION FOR TRANSPORTATION**

I hereby give my consent for Little Tyke to transport my child on excursions, before and after school pickups, or other planned trips away from the center. I understand that all precautions will be taken to ensure the health and safety of my child. I realize Little Tyke's responsibility for students who attend public school begins when the child is on the van. I understand Little Tyke/staff are not responsible for circumstances beyond its/their control.

★ SIGNATURE PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMISSION FOR WATER ACTIVITIES**

I hereby give my consent for my child to participate in water activities. These may include but are not limited to: wading, free swim, swimming lessons, and water play. I understand all possible precautions will be taken to safeguard the well-being of my child. I understand Little Tyke/staff are not responsible for circumstances/conditions beyond its/their control.

Previous experience of my child:

★ SIGNATURE PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**SPECIAL ACTIVITIES STATEMENT**

I hereby give my consent for my child to participate in the special activities as provided by the center. I understand any additional fees for these special activities will be added to my weekly fees.

★ SIGNATURE PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

- Yes  No I have received the "Little Tyke Parent Handbook"
- Yes  No I acknowledge receipt of the Discipline and Guidance Policy Form
- Yes  No I hereby give my consent for Little Tyke to use photographs of myself and my child/ren for software, newsletter, in-center and I.D. purposes only.

★ SIGNATURE PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Select the answers to each question for our Demographic Reports:

- A. Referral:**  Newspaper  Yellow Pages  Flyers  Friends  Internet  Other
- B. Single, (Head of Household):**  Yes  No
- C. Education:**  Some High School  Completed High School  Some College  Completed College
- D. Total Family Income Before Taxes:**  \$7,500-14,999  \$15,000-24,999  \$25,000-34,999  \$35,000-49,999  over \$50,000
- E. Home:**  Renting  Buying
- F. Center is closer to:**  Work  Home



This form is designated to meet legal requirements established in HB 1452. Acts of the 61st Legislature, Regular Session, which provides that any person who has custody of a minor may give consent to medical care if the person has an affidavit signed by one or both parents authorizing the person to give consent.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In order to meet legal requirements, I hereby authorize the Director, or any staff member [representative(s)] of Little Tyke child care facility, to give consent for any and all necessary emergency medical care/transportation for my child. \_\_\_\_\_ while said child is in said individual's custody. I will be responsible for all emergency care fees. All bills are to be sent directly to parent or guardian at the address below.

★ Signature of parent or guardian \_\_\_\_\_

Street \_\_\_\_\_

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

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

(Seal)

\_\_\_\_\_  
Name Printed \_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Texas

My commission expires \_\_\_\_\_

**This information is required before your child may attend the center.**

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOSPITAL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**EMERGENCY PHONE NUMBERS**

Mother's Name \_\_\_\_\_ Hm Phone (A/C) \_\_\_\_\_ Wk Phone (A/C) \_\_\_\_\_

Father's Name \_\_\_\_\_ Hm Phone (A/C) \_\_\_\_\_ Wk Phone (A/C) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Hm Phone (A/C) \_\_\_\_\_ Wk Phone (A/C) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Hm Phone (A/C) \_\_\_\_\_ Wk Phone (A/C) \_\_\_\_\_

**Include any information about the following:**

Allergy or allergic reactions: \_\_\_\_\_

Existing illness: \_\_\_\_\_

Any disabilities: \_\_\_\_\_

Previous illness or injuries: \_\_\_\_\_

Hospitalization during the past 12 months: (explain) \_\_\_\_\_

Any medication prescribed for long term continuous use: \_\_\_\_\_



## FINAL ENROLLMENT STEP

Thank you for completing and downloading the Little Tyke Creative Child Care Pre-Enrollment Form. Please email the completed pdf to the appropriate center listed below. You may also print the completed form and mail or bring it in. One of our directors will contact you once your application is processed. We look forward to serving you and your child!

### **Cleburne Center**

Physical Address: 1805 Brookhaven St, Cleburne, TX 76031

Email: [cleburne@littletykechildcare.com](mailto:cleburne@littletykechildcare.com)

### **Crowley Center**

Physical Address: 120 Harris Dr, Crowley, TX 76036

Email: [crowley@littletykechildcare.com](mailto:crowley@littletykechildcare.com)

### **Eules Center**

Physical Address: 1000 Villa Dr, Eules, TX 76040

Email: [eules@littletykechildcare.com](mailto:eules@littletykechildcare.com)

### **Glade Crossing Center**

Physical Address: 3033 N. Main St., Eules, TX 76039

Email: [gladecrossing@littletykechildcare.com](mailto:gladecrossing@littletykechildcare.com)

### **Hallmark Center**

Physical Address: 1312 Sycamore School Rd, Fort Worth, TX 76134

Email: [hallmark@littletykechildcare.com](mailto:hallmark@littletykechildcare.com)

### **Brentwood Stair Center**

Physical Address: 6913 Brentwood Stair Rd, Fort Worth, TX 76112

Email: [brentwood@littletykechildcare.com](mailto:brentwood@littletykechildcare.com)

### **North Beach Center**

Physical Address: 7001 N. Beach, Fort Worth, TX 76137

Email: [beachstreet@littletykechildcare.com](mailto:beachstreet@littletykechildcare.com)

### **Sotogrande Center**

Physical Address: 1734 Sotogrande Blvd, Hurst, TX 76053

Email: [sotogrande@littletykechildcare.com](mailto:sotogrande@littletykechildcare.com)

### **North East Center**

Physical Address: 8204 Blvd 26, Fort Worth, TX 76180

Email: [northeast@littletykechildcare.com](mailto:northeast@littletykechildcare.com)

### **Smithfield Center**

Physical Address: 6700 Smithfield Rd, Fort Worth, TX 76180

Email: [smithfield@littletykechildcare.com](mailto:smithfield@littletykechildcare.com)

### **Baker Blvd Center**

Physical Address: 6923 Baker Blvd, Fort Worth, TX 76118

Email: [richlandhills@littletykechildcare.com](mailto:richlandhills@littletykechildcare.com)

### **Santa Fe Center**

Physical Address: 1718 Santa Fe, Weatherford, TX 76086

Email: [weatherford@littletykechildcare.com](mailto:weatherford@littletykechildcare.com)