



**St. Thomas Aquinas Catholic Parish
Child Development Center**



**Tuition Agreement
September 1st, 2023-July 31st, 2024**

Parent's Name(s): _____ Date of Agreement: _____

Child's Name: _____ Date of Birth _____

Child's Name: _____ Date of Birth _____

Child's Name: _____ Date of Birth _____

Parent(s) agree to pay tuition for the above-named child(ren) before the 7th of the month, in advance of care provided. Parent(s) also agree to make tuition payments in advance of planned absences or Child Development Center closures. It is understood that tuition rates remain set regardless of closures, vacations, or absences.

Parent(s) agree to the following: (Please Initial)

_____ One-time \$50 Registration Fee (only applies to families not currently enrolled).

_____ Late Payment charge of \$25 per child after the 7th of the month.

_____ Late Pickup fee of \$1.00 per minute per child after 6:00pm.

_____ If payment is not received by the 12th of the month, my child(ren) will be withdrawn and will no longer receive childcare services at St. Thomas Aquinas Child Development Center.

_____ Tuition rate is effective for the entire term of the agreement. Changes in tuition are based upon room moves, not the birthdate of the child. A room move form signed by the director and agreed upon by the parent(s) required for a change in tuition before the beginning of the next school year (Aug. 1, 2024).

_____ Parent(s) agree to give St. Thomas Aquinas Child Development Center 30 days advance notice of withdrawal from the center.

I, (parent(s) name) _____ have read, understand, and agree to comply with St. Thomas Aquinas Child Development Center Policies & Procedures and Financial Agreement. Any requested changes after this signature must be in writing and signed by both parties, except for parent default of payment, in which the services will be terminated after the third day of nonpayment.

Summary of Tuition:

_____ per month paid before the 7th of the month in advance of services.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



St. Thomas Aquinas Child Development Center P A R E N T C O N T R A C T



Name of Child: _____ **Date of Birth:** _____

I have read St. Thomas Aquinas CDC's Parent Handbook. I understand it and agree to abide by all the procedures and following policies contained within it.

Please initial each line below:

_____ **Tuition & Fees**

Tuition is due on the first day of each month. A \$25 late fee per child will be assessed after the 7th of each month, regardless of reason for lateness. (ex: illness, vacation, out of town, etc.) Children will be dismissed from the CDC if tuition is not paid by the 12th of the month. I understand paid tuition is non-refundable, non-transferable and will not be prorated. I also understand that late fees are considered part of tuition. ALL FEES are non-refundable. (Please refer to Parent Handbook.)

_____ **Withdrawal**

A 30-day notice is required prior to withdrawal. A \$25 re-registration fee will be assessed for children who withdraw and return in the same academic year.

_____ **Access Card**

Each parent is issued a card for their use only which will work during our operating hours (M-F 7:00-6:00.) If your access card becomes lost or missing for any reason and you will need a new one, a \$10 charge will be added to your account on Tuition Express for each new card. When your child withdraws or graduates, you will need to return the cards to the CDC office.

_____ **Volunteer**

If I plan to volunteer in my child's class, I will attend an *Ethics and Integrity in Ministry Workshop* and submit to a background check in accordance with the Diocese of Austin.

Parent/Guardian Signature

Date

St. Thomas Aquinas CDC

2541 Earl Rudder Fwy. South
College Station, Tx, 77845

☎ (979)485-8130

✉ cdc@stabcs.org

🌐 <https://stabcs.org/child-center>



St. Thomas Aquinas Catholic Parish
Child Development Center
Enrollment Information

Operation Name St. Thomas Aquinas Child Development Center		Director's Name Angela Garrett	
Child's Full Name	Male/Female	Child's Date of Birth	Child's Home Telephone No.
Child's Home Address		City	State Zip Code
Date of Admission		Date of Withdrawal	
Parent's or Guardian's Name		Address (if different from child's address)	
Parent/Guardian Email address/s (list for both parents if applicable)			
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 the local 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 the 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.			
Address:			
Phone:			

1. 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"/> water table play

2. PHOTOGRAPHY:
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for teachers to take candid photos or videotape of my child for school use only. This will include Facebook, webpages, and our handbook.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to arrange 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 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 caregivers should be aware of. **Please write none or N/A if this does not apply to your child.**

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).

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 select one of the 2 options below:
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 able to take part in the day care 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 . (a form your doctor can email over)
3. <input type="checkbox"/> Any child aged 4 or above is REQUIRED to provide a doctor statement of hearing and vision screening. (We need a copy specifying if they passed or failed.)

Signature – Parent or Legal Guardian

Date

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) St. Thomas Aquinas Child Development Center to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) (3% Processing Fee on Credit Card payments!)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

Your Name
Any Street, Anytown
Tel: (001) 555-0000

0001

DATE _____

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$ _____

DEPOSIT SLIPS NOT ACCEPTED

100 DOLLARS

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555

RE _____ MP _____

123456789 **000123456789** **0001**

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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St. Thomas Aquinas Child Development Center ALLERGY FORM



Name of Child: _____ Date of Birth: _____

Allergy Acknowledgement

- ☐ My Child DOES have a food allergy.
- ☐ My child does NOT have a food allergy.

Allergy Emergency Plan

(To be completed by ALL children with food allergies. A copy of this plan must remain in the child's classroom and in their file.)

1. A list of food the child is allergic to.

2. Possible symptoms if exposed to food on the list.

3. The steps to take if a child has an allergic reaction.

Emergency Contact Information

Name: _____

Phone #: _____

Doctor's Name: _____

Doctor's Phone #: _____

Healthcare Professional Signature

Parent/Guardian Signature

Date

St. Thomas Aquinas CDC

2541 Earl Rudder Fwy. South
College Station, Tx, 77845

📞 (979)485-8130

✉ cdc@stabcs.org

🌐 <https://stabcs.org/child-center>



St. Thomas Aquinas Catholic Parish
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Getting Acquainted

Name of Child: _____ Date of Birth: _____ (circle) Male / Female

Father's name: _____ cell #: _____ work #: _____ home #: _____

Address: _____ Profession: _____

Mother's name: _____ cell #: _____ work #: _____ home #: _____

Address: _____ Profession: _____

Sibling: _____ age: ____ Sibling: _____ age: ____ Sibling: _____ age: ____

My pets and their names: _____

Comfort item? (e.g., favorite stuffed animal) _____ (can be used at nap time)

I am allergic to and how severe: _____

Am I a good eater? (circle) yes no sometimes **I am potty trained?** (circle) yes no working on it

What is the most important experience/skill you would like for your child to have or gain this year? What are your expectations for the teachers/the program? (Use the back if you need more space.) _____

EMERGENCY Contacts / RELEASE List:

If parent(s) cannot be reached, I hereby authorize the Child Development Center to allow my child to leave the facility ONLY with the following persons: I understand they are required to show their driver's license to prove their identity. (If you are divorced/separated, please bring a copy of the Custody order signed by the judge, showing who has custody of the child at any point in time.) **I will notify the Child Development Center in writing if anyone, other than the person(s) listed below, will pick up my child.**

1. Name: _____ cell #: _____ work #: _____

Address: _____

2. Name: _____ cell #: _____ work #: _____

Address: _____

3. Name: _____ cell #: _____ work #: _____

Address: _____

4. Name: _____ cell #: _____ work #: _____

Address: _____

- (circle)** I give / do not give permission for my child's teacher to take candid photographs or videotape of my child for school use only.
- (circle)** I give / do not give permission for my child to participate in water play activities.



Inappropriate Behavior Policy

Aggressive behavior is defined as biting, scratching, hitting, kicking, punching, pinching or any other actions that may cause physical harm to another person. We understand that aggressive behavior unfortunately, is a part of a day care setting. Our goal is to help identify what is causing the behavior and resolve these issues. State regulations require that the parents of the child inflicting injury and the parents of the child who was injured be contacted immediately. Names of the children are not allowed to be shared with either set of parents.

For the child injured:

1. First aid is administered to the injury and the child is soothed.
2. The "Incident Report" form is filled out documenting the incident and parents are notified via ProCare.
3. The Incident Report must be **electronically signed** by a parent/guardian the day of the incident.

For the child that inflicted injury:

1. The teacher will firmly tell the child "NO" and explain to them that the behavior exhibited is wrong.
2. The child will be placed on a thinking square for no longer than the child's age (ex. Two years old, two minutes).
3. The "Incident Report" form is filled out documenting the incident and parents are notified via ProCare.
4. The Incident Report must be **electronically signed** by a parent/guardian the day of the incident.

When Aggressive Behavior Continues:

1. The child's teacher will reach out to parents/guardians to notify them that there is a pattern of behavior developing and that they will enact the following procedures in the classroom:
2. The child will be placed next to the teacher to help prevent any additional incidents
3. The child will be observed by staff to determine what is causing the behavior (teething, communication, frustration, etc.).
4. The child will be given positive attention and approval for positive behavior.

When Aggressive Behavior becomes Excessive:

Step 1) If a child inflicts 2 injuries in a one-week period (5 weekdays) in which a mark is left, **a digital form titled "Continued Inappropriate Behavior Log" will be sent to parents via ProCare.** This form requires parent signature and includes the expectation for parent intervention to occur in the household.

Step 2) If a child inflicts 2 injuries in a one-week period (5 weekdays) in which a mark is left, **the child will be suspended for 1 business day and parents will be required to schedule a parent/administrator conference to discuss a "Behavioral Action Plan."**

Step 3) If a child inflicts 2 injuries in a one-week period (5 weekdays) in which a mark is left, **the parents will be asked to make other daycare arrangements.**

If a child who has been through steps 1-3 goes 2 weeks (10 business days) without inflicting injury, we will go back to step one. If this is not achieved, administration will decide based on the severity of the injuries, if the child will remain enrolled.

If a child inflicts an injury of any kind to a peer and/or staff member twice in one school day, they must be picked up from day care for the rest of the day. This will not count toward the 1-day suspension.

Signature: _____

Date: _____



Infants

Food/Snacks: Food made from home or bought from the store should be labeled with your child's first and last name. Food made from home should be labeled with what it contains. Example: If you send a sandwich, it should have everything inside of the sandwich labeled. (Ham, cheese, etc.) With the date it was prepared. For snacks, feel free to send anything they are eating at home: baby food, puffs, yogurt, fruit, oatmeal, crackers, juice, etc...

Cups/Utensils: Giraffes are sippy cup training so please bring a sippy cup labeled with your child's name. Please also label any utensils you bring from home. Bottles/sippy cups/food containers will be sent home daily so you can wash them and return them.

Bottles: All bottles should be premade with either breastmilk or formula. They should be labeled with the child's full name, date that it was prepared, and whether it contains formula or breastmilk. They will be refrigerated and then properly warmed. If your baby prefers their formula at room temperature, just let us know.

Warming: We use bottle warmers or crockpots to warm up bottles to ensure that the milk is properly heated and maintains a controlled temperature.

- *Formula* can stay out for one hour before expiring and can only be warmed once.
- *Breastmilk* can stay out for two hours before expiring after the first initial warming.

*If your baby **refuses** a bottle feeding, we will continue to try and feed your little one every 15-30 minutes until that bottle has expired. If your child is napping during bottle-feeding time, we will feed your little one once they wake unless informed to do otherwise.

Pacifiers: You can send your child in with a pacifier with a clip, if the clip is not attached to anything, including clothing. Remember to label your child's pacifier in some way via a ribbon, sticker, personalized clip, etc.

Diapers/Wipes/Diaper Rash Cream: On your first day please bring: at least one sleeve of diapers, 2 packs of wipes, cleanser/salves/ointment for diaper changes and lotion or oil for massages. Please ensure that all items are labeled with your child's name.

Extra change of clothes: Please bring 4 extra sets of clothes for us to change them into if theirs become soiled. Please consider bringing a jacket or a sleep-sack for naptime.

Supply List: At the end of each week, we send home a supply list to inform you if we are running low on any supplies so that you can bring more.

Sleep: Until your little one is 4 months old, they will be on a "Sleep on Demand" schedule. Once a baby turns 4 months old, we start working with them on a scheduled sleep pattern. Our quiet time is as follows:

9:00am-10:00am Morning Nap/Quiet Time

12:00-2:00pm Lunch Nap/Quiet Time

Some infants may require an extra nap. If an infant has had a rough night, getting over an illness, teething, or just having a tough day, we will of course let them get extra sleep or may adapt to a different sleep schedule for the day.

Signature: _____

Date: _____

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>

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