

Welcome to Hope Children's Center! We are so excited that your child(ren) will be starting with us soon.

As soon as possible, we will need **your child's name, your name, and your email address** so that we can make an account with you in ProCare. ProCare is our administrative payment system. Please email us this information, and feel free to email the paperwork to Krystal Leedy, Assistant Director at krystal@hopeaustin.org or bring it to the office.

Here is what included in your enrollment packet (**bolded** items we will need back):

- 1. Admission Information (3 pages)
- 2. Parent Acknowledgement and Authorization (1 page)
- 3. Profile Sheet (1 page)
- 4. Tuition amounts (1 page) (Note: This is not in our online packet)
- 5. Information about ProCare and AutoPay (4 pages)
- 6. Information about the ProCare Parent App (1 page)
- 7. Round Rock ISD School Calendar (1 page)
- 8. Some helpful hints on how to deal with separation anxiety (1 page)
- 9. Optional: Cultural Celebrations & Home Language Survey (1 page)

In addition to the things listed above in bold, we also need:

- 1. A letter from a doctor stating that your child is well enough to be in childcare.
- 2. Immunization Record
- 3. If your child is 4 years old or above, we will also need a copy of their most recent hearing and vision screenings.
- 4. If your child has an allergy, we need you to fill out another allergy form in addition to all the others.

Let us know if you have any questions. Thank you for enrolling with Hope Children's Center, and we will see you soon!

Marci Reves, Director 512-258-0101 marci@hopeaustin.org



Admission Information Form

Child Information					
Child's Full Name: Chi		ild's Date of Birth:		Child lives with	1:
Child's Home Address:			Date	of Admission:	Date of Withdrawal:
Parent Information					
Parent 1 Name:			Par	ent 1 Phone Nur	nber:
Parent 1 Drivers License Number and State:		Parent 1 Email:			
Parent 2 Name:			Par	ent 2 Phone Nur	nber:
Parent 2 Drivers License Number and State:		Parent 2 Email:			
In case of emergency, call:					
Name of emergency contact:	Re	lationship:		Emergency cor	tact phone number:
Address:					
Authorized Pick-up List (Only the people listed	l, ot	her than the ones above, ar	re auth	orized to pick up	my child):
Name of Authorized Person:	Re	lationship:		Authorized Per	son's phone number:
Name of Authorized Person:	Re	lationship:		Authorized Per	son's phone number:
Name of Authorized Person: Rela		elationship:		Authorized Person's phone numbers	

Child's Special Care Needs (check all t	hat apply):				
 Environmental allergies 		Limitations or restrictions	s on child's activities		
Food intolerance		Reasonable accommodat	ions or modifications		
Existing illness		Adaptive equipment			
Previous serious illness		Symptoms or indications	of complications		
○ Injuries and hospitalizations (p	ast 12 months)	 Medications prescribed f 	or continuous long-term use		
Other:					
Explain any needs selected above:					
Does your child have diagnosed food a	llergies: Yes	No Food allergy Emergency Plan Sul	omitted Date:		
		,			
Child daycare operations are public ac	commodations unde	er the Americans with Disabilities Act (A	DA), Title III. To learn more,		
· · · · · · · · · · · · · · · · · · ·		pelieve that such an operation may be pr	**		
		e at (800) 514-0301 (voice) or (800) 514-	_		
, ,			,		
Signature—Parent or Legal Guardian	Date Signed				
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	range for emergend	cy medical care, I authorize the person	in charge to take my child		
Name of Physician	Address		Phone Number		
Name of Physician	Address		Phone Number		
Name of Emergency Care Facility	Address		Phone Number		
Name of Emergency Care Facility	Address		Priorie Number		
I give consent for the facility to secure	any and all necessa	ry emergency medical care for my child			
I give consent for the facility to secure	arry arra arr riccessa	Ty efficigency incurcal care for my efficient			
Signature—Parent or Legal Guardian	Date Signed				

Admission Requirement: Health Statement	
Choose one of the following options for the health care statement. One must be presented when your child is admitted or	•
within one week of admission. Choose ONLY ONE option:	
 1. Health Care Professional's Statement: I have examined the above named child within the past year and find the 	ıt
they are able to take part in a day care program. (This one MUST be signed on this paper):	
Name & Address of Health Care Professional:	
Signature—Health Care Professional Date Signed	
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	dav
care program. Within 30 days of admission, I will obtain a health care professional's signed statement and submi	-
to HCC.	
Admission Requirement: Immunization or Vaccination Record	
We must have an Immunization Record for your child before they can come to Hope Children's Center.	
I have attached an Immunization Record for my child.	
I will be bringing an Immunization Record for my child before they are entrusted into the care of HCC.	
© Exclusion from Compliance Requirement: 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 Section 161.0041 Hea	alth
and Safety Code submitted no later than the 90 th day after the affidavit is notarized.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
and Safety Code Submitted no later than the 90° day after the amuavit is notalized.	
More information about immunizations in the state of Texas can be found at www.dshs.state.tx.us/immunize/public.shtm	<u>l</u> .
Admission Requirement: Vision and Hearing Screening (Four-Year-Olds and Above ONLY)	
We must have a Vision and Hearing Screening if your child is 4 years old or above.	
I have attached a Vision and Hearing Screening from my doctor.	
My child has had a Vision and Hearing Screening. Within 30 days of admission, I will obtain the results of the Vision	on
and Hearing screening from my doctor.	
Exclusion from Compliance Requirement: 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	
nearing servering commete with the tenets of practices of a character of religious denomination	
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.	
Child's Parent or Legal Guardian Date	
Center Designee Date	



Parent Acknowledgment & Authorization

I acknowledge the following policies: (circle Yes or No)

Signature of Parent/Legal Guardian

Prin	t Pare	arent/Legal Guardian Name Child's Days of t	Child's Days of the Week & Age						
Prin	t Child	hild's Name Child's Date of I	Birth						
Yes	NO	My child may be transported by emergency personnel (EMS) for my child's needs.	to the nospital as HCC deems necessary						
		My child may be transported in a personal vehicle in the ever							
Yes	•		•						
l giv	e perr	ermission to HCC for the following regarding transportation: (cir	cle Yes or No)						
Yes	No	I consent to receive photos from Procare. (Pictures will only be sent to the parents of children in your classroom)	om through this private app.)						
Yes	No	My child's image may be used on HCC's social media (i.e. Fa	cebook and Instagram.)						
Yes	No	My child's image may be used on the HCC website.							
Yes	No		My child's image may be used in HCC classrooms, classroom projects, and bulletin boards. (If no, there are some classroom projects that your child may not be able to participate in.)						
I giv	e perr	ermission to HCC for the following regarding photos: (circle Yes	·						
Yes	No	My child can participate in water activities like water table p	olay and sprinkler play.						
_	-	ermission to HCC for the following regarding water activities: (ci	·						
Yes	No	I acknowledge that withdrawal from HCC requires a 30-day for all fees (including tuition) within those 30 days.	notice in writing, and I am responsible						
Yes	No	I am responsible for picking up my child at 1pm for HCC, 2:1 for The Club. Late fees are issued if I pick up my child after t	•						
Yes	No	I am to provide my child a lunch and a snack, water bottle, o applicable).	hange of clothes, and diapers (if						
Yes	No	Once I have paid enrollment fees, they are nonrefundable.							
Yes	NO	•	(If no, you will not be able to enroll. Please read the Parent Handbook, which can be found online at hopeaustin.org/hcc-registration/ - Click Registration Forms)						

Date



Profile Sheet

Child's Full Name:		
Preferred name to be called at school:		
Parent 1 Name, occupation, and interests	Mom ODad Other C	Guardian
Parent 2 Name, occupation, and interests	Mom ODad Other G	uardian
Does your family have membership at Hope Pre	sbyterian Church? Yes (No
School District you reside in:		
Name	Date of Birth	Gender
Siblings		
Has your child ever been separated from their	parents before? If so, how o	did they do?
	215	
Has your child ever been with a group of childr	en? if yes, where?	
How would you characterize your child (sensiti	ve. easy-going, aggressive,	quiet. etc.)?
		44, 513.7.
Is there some recent incident in your child's life	a wa shauld ba awara af2	
is there some recent incident in your child's life	: we should be aware or:	
Child's favorite activities & toys:		
Child's primary language & any other language	s snoken:	
child 3 primary language & any other language	ээрокст	
Please list any other pertinent information con any hearing, vision, or speech difficulties).	cerning your child that will	be helpful to their teacher (includ



Welcome to MyProcare, a free online portal for you to access your account information and easily pay tuition. MyProcare is safe, secure, and created with your convenience in mind. (If you do not have an email on file with Hope Children's Center, please email the director, Marci, at marci@hopeaustin.org)

How to Log in:

- 1. Go to MyProcare.com
- 2. Enter your email address (the email you have on file with Hope Children's Center) and choose **Go.**
- 3. Enter the confirmation code sent to your email, choose a password, and press Go.
- 4. Then you may use the Pay button to make a payment with your card or set up *Recurring Payments*.

The next few sheets are how to set up Recurring Payments on myProcare:

- 1. If you would like HCC to input your financial information, use the **Automatic Payment Processing** Form, fill out either section A or B on that form.
- 2. If you would like to set up a Recurring Payment yourself, follow the **Tuition Express Recurring**Payment Setup instructions.

Automated Payment Processing



800.338.3884 • procaresoftware.com

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Safe. Convenient. Easy.

ROUTING NUMBER

ACCOUNT

NUMBER

CHECK

NUMBER

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 ACCO	OUNT AND CREDIT CA	AKD	
(we) hereby authorize (business name) charges to the below-referenced credit card account (Section A) OR, in account, indicated below (Section B). To properly affect the cancellation O days written notice. Credit union members: please contact your credit cardia automatic payments. Check with the center for accepted credit cardia.	on of this agreement, dit union to verify acc	my (our) checkin I (we) are require	d to give
COMPLETE ONE SECTION ONLY			
SECTION A (Credit Card)			
Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		
SECTION B (Bank Account)			
our 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	e below)	Checking	Savings
Authorized Signature	Date		
Your Name 0001	_	FOR OFFICIAL	USE ONLY
Your Name 0001 Any Street, Anytown DATE Tel: (001) 555-0000 DATE			
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DEPOSIT SLIPS NOT ACCEPTED 100 DOLLARS To Security final processing to the security final processing for th	"	ate Received	
Any Street, Anytown BANK Tel: (001) 555-5555			
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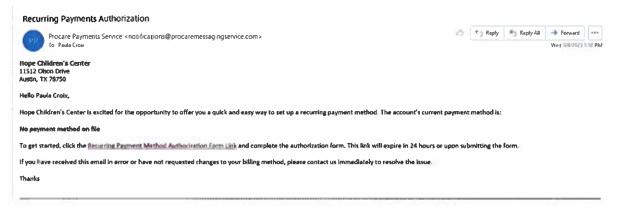
Tuition Express Recurring Payment Setup

Send Tuition Express Recurring Payment Setup Email:



- 3. Select the appropriate account payer.
- 4. Check the email box.
- 5. Check the Credit Card and ACH boxes.
- 6. Click send.

They will receive this email:



Once they click the link in the email, they will have the Recurring Payments Authorization Form open in a web browser window (see below). They will have the choice of Check or Credit card. Once they click save, it will automatically be setup in Procare.

Check Setup:

Recurring Payments Authorization Form

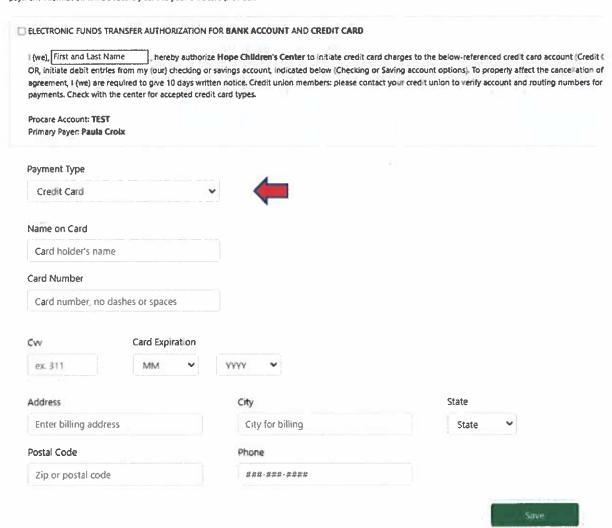
We are excited to offer you a quick and easy way to set up your recurring payment method. Please complete the required fields below, check the box that you agree, and your payment information will be securely sent to your childcare provider.

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R, initiate debit entries from my (our) ch		The second secon		
greement, I (we) are required to give 10 o syments. Check with the center for accep	*		tact your credit union to wenfy acc	ount and routing numbers for automatic
rocare Account: TEST				
Primary Payer: Paula Croix				
Payment Type		4		
Check	~	—		
Account Type				
Checking O Savings				
Name on Account				
Account holder's name				
Bank Routing/Transit Number				
Bank ABA Number				
Account Number				
Bank Account Number				
Confirm Account Number				
Bank Account Number				
Address		City	State	
Enter account address		City for account	State	•
Postal Code		Phone		
Zip or postal code		###-###-####		

Credit Card Setup:

Recurring Payments Authorization Form

We are excited to offer you a quick and easy way to set up your recurring payment method. Please complete the required fields below, check the box that you agree, payment information will be securely sent to your childcare provider.





We know how important it is to stay up to date on your child's learning journey, which is why we're excited to offer you access to Procare Solutions' best-in-class parent app.

How do I get the app?

You will receive an email from Procare with a unique 10-digit code and instructions on how to create an account. Once your account is created, you can download the free Procare child care mobile app from the Apple or Android stores. We can resend you this email if you missed it, please email the director, Marci Reves at marci@hopeaustin.org.

What Can I See on the App?

Once you download the Procare mobile app, you can stay up to date on your child's daily activities, milestones, and more! We can send you photos and videos of your child, as well as keep you in the loop on upcoming events and time-sensitive information.

The app also offers several "contactless" ways to check your child in and out. This helps us limit inperson interactions and unnecessary foot traffic at HCC so we can better ensure the health and wellbeing of you, your children and our staff.

Portfolio

We can now create a portfolio containing pictures taken throughout the day. These pictures will be available for you to download, share, print or link to Facebook.

We think you'll really enjoy this way for us to stay connected!

Let us know if you have questions.



Amended

Student Holiday/ Staff Development Day/ Teacher Work Day

Student/Staff Holiday



First/Last Days of School



Elementary School 7:40-2:55 • Middle School 8:20-3:35 • High School 9:05-4:20

*Based on 435 minute day

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August

3-14....Staff Development/ Preparation 15......First Day of School for Students

September

4.....Labor Day/ Student and Staff Holiday 25.....Student Holiday/ Staff Development Day

October

9.....Student Holiday/ Staff Development Day/Teacher Work Day

November

10....Student Holiday/ Staff Development Day 20-24....Thanksgiving Break/ Student and Staff Holiday

December

14......Last Day of Classes/ First Semester Ends 15......Teacher Work Day

18-29....Winter Break/ Student and Staff Holiday

January

1-2......Winter Break/ Student and Staff Holiday

3....Student Holiday/ Staff Development

15.....Martin Luther King, Jr. Day/ Student and Staff Holiday

February

19....Student Holiday/ Staff Development Day

NOTE: TEA Staff Development Waiver allows for 2100 minutes towards 5 days of Staff Development during the school year

roundrockisd.org

March

111-15....Spring Break/ Student and Staff Holiday

29.....Student and Staff Holiday

Apri

10.....Student Holiday/ Staff Development Day

May

23....Last Day of Classes/ Second Semester Ends

24....Teacher Work Day



Separation Anxiety Helpful Hints

One of the most stressful things about preschool is leaving your child at the door.

Most children will experience **separation anxiety** during the beginning of their pre-school years and some parents will experience it too. Although it is a normal step in your child's emotional development, we do not want it to be a stressful one. All of us here at Hope Children's Center have experienced separation anxiety with children. Your child is our #1 priority and we are here to make sure your child is loved, happy, comfortable and safe.

We have a few tips that will help you and your child have a happy and positive start to the day. Set **a happy and positive tone** before arriving to school and when picking up your child.

Make mornings and leaving your child at the door less stressful by:

- Setting your child's clothes out the night before
- Labeling all your child's belongings so you do not have to do this at school.
- Feeding your child before you leave home
- Singing songs while dressing your child
- Talking about your child's teacher and friends in their classroom
- Singing songs on the way to school
- Arriving at school on time
- Leaving your cell phone in the car so your child has your full, undivided attention
- Holding your child's hand and encourage your child to walk to their classroom. It is easier for your child to separate if they are not in your arms.
- Notifying teachers in writing of any changes in your child's routine
- Reassuring your child that you will be back
- Hugging, kissing, and telling your child goodbye, then leaving quickly. Prolonged separations make it more difficult for your child to adjust (and you too)
- Avoiding going back into the room, your child may become upset if he or she sees you again.

When you return to pick up your child:

- Arrive on time. This reassures your child that you will come in a timely manner
- Leave your cell phone in the car to show your child they are most important
- Tell and show your child how excited you are to see them
- Ask questions about their day and listen to what they have to say

We will make sure they are safe and know you are coming back. We will contact you if we are unable to comfort your child in a reasonable amount of time. You may also contact us at 512-258-0101.

You may get discouraged or stressed if your child still cries when you leave. It's natural. Please try to reassure your child. Separation anxiety can be a brief period or could last months. If you have tried these suggestions and your child is still experiencing separation anxiety, please come by our school office so we may discuss other strategies that may work for your child. We are here to make sure your child is comfortable and happy in their school. We want you and your child to have a positive experience here at Hope Children's Center.



"Grown Ups Come Back" - Daniel Tiger, PBS Kids



Cultural Celebrations & Home Language Survey

(optional)

Child's Full Name:	Completed by:
We want to build a strong home-school connection and to that is to broaden perspectives by celebrating our culture dominant ones. This helps to teach cultural appreciation f time to complete this form.	s, relationships with God, and languages other than the
Which holidays are important to you?	
What, if any, religion do you practice?	
What name, if any, do you use for God?	
We say/sing prayers of thanksgiving before we eat lunch (We'd love to learn them in all languages.)	
What words does your child use to name/call each speci	al person below:
Parent 1	
Parent 2	
Siblings	
Grandparents	
Other special people	
Pets	
If a language other than English is spoken at home:	
What languages do you speak at home?	
Who speaks which languages to whom?	
What other names does your child go by?	
What are your language learning expectations for your c	hild?
Do you have any questions or concerns? (feel free to use	the back of this page as well)