



## 2025-26 REGISTRATION QUESTIONS FOR STUDIO BELLA EXPLORERS

### CHILD

1. Child's first name and last name
2. Child's Birthdate-MONTH, DATE, YEAR
3. What is the first day your child will attend Explorers: MONTH, DATE, YEAR
4. My child will be enrolled in \_\_\_\_ grade for the 2025-2026 school year GRADE

### PARENTS

5. The child's parents are single, married, separated, divorced, or widowed
6. Who does the child live with: Mom, Dad, Both Guardian
7. What is the child's home address- STREET, CITY, ZIP CODE
8. PARENTAL INFORMATION: Name of parent/guardian #1-FIRST AND LAST NAME
9. PARENTAL INFORMATION: Address of parent/guardian #1 IF DIFFERENT FROM CHILD'S HOME ADDRESS- STREET, CITY, ZIP CODE
10. PARENTAL INFORMATION: Phone number of parent/guardian #1
11. PARENTAL INFORMATION: Email address for parent/guardian #1
12. PARENTAL INFORMATION: Name of parent/guardian #2-FIRST AND LAST NAME
13. PARENTAL INFORMATION: Phone number of parent/guardian #2
14. PARENTAL INFORMATION: Address of parent/guardian #2 IF DIFFERENT FROM CHILD'S HOME ADDRESS- STREET, CITY, ZIP CODE
15. PARENTAL INFORMATION: Email address for parent #2

### CUSTODY

16. CUSTODY AGREEMENT: Do you have a custody agreement or custody schedule?
17. CUSTODY AGREEMENT/SCHEDULE: I/We understand that if divorced, Studio Bella requires a NOTARIZED copy of the divorce decree section that deals with the custody agreement, including the custody schedule. PLEASE NOTE: If the child/children cannot be released to a non-custodial parent, we must have a legal document on file. This/These document(s) are required and need to be sent to the site director BEFORE my child/children can attend Explorers, no later than August 1st-PLEASE INITIAL

### EMERGENCY/RELEASE

18. EMERGENCY CONTACT INFORMATION: Please provide the NAME of a person other than the parent/guardian in case they cannot be reached during an emergency- FIRST AND LAST NAME
19. EMERGENCY CONTACT INFORMATION: Please provide the ADDRESS of a person other than the parent/guardian in case they cannot be reached during an emergency- STREET, CITY, ZIP
20. EMERGENCY CONTACT INFORMATION: Please provide the PHONE NUMBER of the person above, other than the parent/guardian, in case they cannot be reached during an emergency.
21. RELEASE INFORMATION: NAME of person(s) other than a parent/guardian to whom the child may be released- FIRST AND LAST NAME

22. RELEASE INFORMATION: ADDRESS of the person(s) other than a parent/guardian to whom the child/children may be released- STREET, CITY, ZIP
23. RELEASE INFORMATION: PHONE NUMBER of person(s) other than a parent/guardian to whom the child/children may be released.
24. NON-RELEASE INFORMATION: Is there someone specifically who cannot pick up your child? If so, please list their first and last name. Studio Bella requires a photo of that person before school begins so we can ensure that person will not pick up your child. Please answer N/A if this does not apply to you- FIRST AND LAST NAME or N/A
25. EMERGENCY INFORMATION: NAME of the child's physician.
27. EMERGENCY INFORMATION: ADDRESS of the child's physician- STREET, CITY, ZIP
28. EMERGENCY INFORMATION: PHONE NUMBER of the child's physician
29. EMERGENCY INFORMATION: NAME of the emergency care facility of choice.
30. EMERGENCY INFORMATION: ADDRESS of the emergency care facility of choice- STREET, CITY, ZIP.
31. EMERGENCY INFORMATION: PHONE NUMBER of the emergency care facility of choice.
32. EMERGENCY MEDICAL CARE RELEASE: In an emergency, I/We authorize Studio Bella to secure medical care and transportation to obtain medical treatment.
33. EMERGENCY MEDICAL CARE RELEASE: If necessary, I/We prefer my/our child to be transported to the nearest clinic or hospital.

### **SPECIAL CARE**

34. CHILD'S SPECIAL CARE NEEDS: I/We understand that if my child has special problems or special care needs, including any limitations or restrictions on the child's activities, any reasonable accommodations or modifications, any adaptive equipment provided for the child, including instructions for how to use the equipment, symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care and any medications prescribed for continuous, long term use. This documentation must be received BEFORE my child can attend Explorers so that the staff can plan and be prepared.
35. CHILD'S SPECIAL CARE NEEDS: Explain/give examples of any special care needs listed in the previous question that apply to your child.
36. CHILD'S SPECIAL CARE NEEDS: I/We understand that for Studio Bella to best serve my child, I will provide a copy of a 504 plan, an IEP, or a behavior plan, if applicable. This documentation must be received BEFORE my child can attend Explorers. This is so the staff can provide the appropriate accommodations/modifications. PLEASE INITIAL.
37. AMERICANS WITH DISABILITIES ACT (ADA): I/We understand that child day care/after-school operations are public accommodations under the ADA, Title III-PLEASE INITIAL
38. FOOD ALLERGIES: Does your child have a doctor's diagnosis for food allergies?
39. FOOD ALLERGIES: I/We understand that if my child has a food allergy or allergies diagnosed by a doctor, a completed food allergy emergency plan must be submitted BEFORE my child can attend Explorers. PLEASE INITIAL
40. FORMS: I/We understand that all forms must be emailed to the site director before my child can attend Explorers. PLEASE INITIAL
41. PERMISSION: My child has permission to: (check all that apply) walk home, be picked up by a sibling under 18, ride a bus

### **MISCELLANEOUS**

42. MISCELLANEOUS INFORMATION: My child's t-shirt size is: SIZE
43. ITEMS NOT ALLOWED AT EXPLORERS: I/We understand that the following items are not allowed/should be put away in backpacks: Smart Watches, iPhones, Toys, Candy, Pokemon Cards- PLEASE INITIAL
44. MEALS: I/We understand that DISD provides snacks for each child and that we are welcome to provide snacks from home instead of the DISD snack. Studio Bella is not responsible for the nutritional value of the snacks brought from home. Suggested sample menus can be found on the following website: [www.myplate.gov/eat-healthy/what-is-myplate](http://www.myplate.gov/eat-healthy/what-is-myplate)-PLEASE INITIAL

## MEMORANDUM OF UNDERSTANDINGS

45. PARENT/GUARDIAN MEMORANDUM OF UNDERSTANDING: AUTO-DRAFT AND TUITION: I/We understand that auto-draft payments are scheduled on the 1st of every month, August 1, 2025 - May 1, 2026. All payments are the same amount of \$ 276.00- PLEASE INITIAL
46. PARENT/GUARDIAN MEMORANDUM OF UNDERSTANDING END-OF-DAY PROTOCOLS: 1. Late pick-up policy: Our closing time is 5:55. Parents/Guardians will be charged a fee of \$25 for anyone picked up at 6:01 or later. Students picked up late more than five times may be dismissed from the Program.  
2. As stated, only Authorized Adults are permitted to pick up students. PLEASE INITIAL
47. PARENT/GUARDIAN MEMORANDUM OF UNDERSTANDING BEHAVIOR AND DISCIPLINE PROTOCOLS -  
1. Students must come directly to the Program area after the regular school day is dismissed. Parents/Guardians must inform Program staff in advance if a student will not be attending the Program that day. 2. Studio Bella Explorers Program will follow the Discipline Policy in the Parent/Guardian Handbook. Behavioral and disciplinary issues will be addressed according to severity. The Discipline Policy should be reviewed for further detail. 3. If a student leaves the Program area(s) without permission from a Program staff member, the student will be dismissed. Refunds are forfeited due to behavior. A student must always ask permission to leave the Program area (e.g., a room, a playground, etc.) unless an apparent emergency occurs-PLEASE INITIAL
48. COMMUNITY GUIDELINES: During the first week of programming, your student(s) will receive these guidelines that all Explorers are expected to follow: As a participant in the Explorers program, I understand that I just: 1. Report directly to the program each day. 2. Continue to follow the school guidelines while at Explorers and the Community Guidelines of the program. 3. Treat all adults with respect as well as other Explorers. 4. Ask for permission to leave any designated area-PLEASE INITIAL
49. PARENT/GUARDIAN MEMORANDUM OF UNDERSTANDING ENTRANCE REQUIREMENTS - I/We understand that upon completing my registration, I will receive a link to the Studio Bella for Kids Written Operational Policies-PLEASE INITIAL
50. PARENT'S RIGHTS: I/We understand that Minimum Standard 744.521 outlines the rights of a parent with a child enrolled in a child care center AND that these rights are included in my after-school care program's Plan of Operations-PLEASE INITIAL