



# *Cub Haven Academy*

LA GRANGE, TEXAS

*Handbook*

# About Us:

Cub Haven Academy is a private educational program located in the heart of **La Grange, Texas**, dedicated to providing a safe, nurturing, and academically rich environment for children in **Kindergarten through 8th grade**. Our academy was founded on the belief that every child deserves individualized attention, strong community connection, and a learning experience that supports their whole development—academically, socially, and emotionally.

At Cub Haven Academy, we strive to cultivate curiosity, confidence, and character. Our staff works closely with families to ensure each student receives the support they need to thrive. Through hands-on learning, small class sizes, and a commitment to excellence, we prepare students not only for school success but for lifelong learning.

We are proud to serve families in La Grange and the surrounding communities and to provide a school environment where every child feels valued, encouraged, and inspired.

# Why choose us?

Families choose Cub Haven Academy because we approach education with the whole child in mind. Some of the reasons our program stands out include:

- **Balanced Learning Structure**

We provide a *4-hour instructional day* focused on core academics, followed by afternoons dedicated to hands-on, project-based, and experiential learning.

- **Small Class Sizes**

Personalized attention allows every learner to feel seen, supported, and challenged appropriately.

- **Holistic Educational Approach**

Our philosophy blends structured teaching with creativity, exploration, and meaningful real-world application.

- **Community-Centered Environment**

Located in La Grange, TX, we embrace small-town values, strong relationships, and a safe, family-oriented atmosphere.

- **Homeschool Day Opportunities**

We support local homeschool families by offering dedicated days for enrichment, socialization, and supplemental learning.

- **K-8 Program Continuity**

Students benefit from an uninterrupted educational journey that supports long-term development and stability.

# Hours of operation:

## **Regular School Hours:**

**Monday – Friday:** 8:30 a.m. – 3:30 p.m.

## **After-School Program:**

**Monday – Friday:** 3:30 p.m. – 5:30 p.m.

## **Free Fridays:**

Every Friday, students will enjoy **Free Days**, which include fun, engaging, and educational activities designed to encourage creativity, curiosity, and social development. These days still incorporate learning but in a relaxed, play-based format.

# Tuition Rates & Policies

## Full-Time Students

### **\$235 per week**

Full-time tuition includes:

- All instructional hours
- After-school care from 3:30 p.m. to 5:30 p.m.
- Discounts on additional educational programs
- Priority enrollment for our Summer Programs

## Homeschool / Part-Time Days

*Hours: 8:30 a.m. – 3:30 p.m.*

- **1 Day per Week:** \$50
- **2 Days per Week:** \$75
- **3 Days per Week:** \$125
- **Sibling Discounts Available**

## Non Full-Time Student Afterschool Care

\$20 per day, per child

## Tuition Payments Policy

- All tuition fees are due the prior week of attendance.
- Failure to make payment will result in the child being unable to attend until the balance is paid.
- Late payments will incur a \$50/day fee.
- All payments will be processed through autopay.
- Late fees will be added to the following week's tuition.
- Student late pick-up will be charged \$5 per minute past pick-up time.

# Sick Policy

**To maintain a healthy environment for all students and staff, Cub Haven Academy follows a strict sick policy:**

- Children must be kept home if they exhibit fever of 100.0°F or higher, vomiting, diarrhea, persistent cough, rash of unknown cause, or any other signs of contagious illness.
- Students must be fever-free for 24 hours without the use of fever-reducing medication before returning to school.
- If a child becomes ill during the day, parents/guardians will be contacted for immediate pick-up.
- All students with contagious illnesses will be required to provide a doctor's note before returning to school.
- In the case of communicable diseases (such as flu, strep, COVID-19, pink eye, etc.), families must inform the school as soon as possible so proper precautions can be taken.
- Missed days due to illness are not credited toward tuition.

# Holiday closure schedule

**Cub Haven Academy will be closed on the following holidays each year:**

- New Year's Day
- Martin Luther King Jr. Day
- Presidents' Day
- Spring Break (One week in March – dates will follow the local district calendar)
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Break (Thursday and Friday)
- Christmas Break (Two weeks – dates will follow the local district calendar)

**Additional closure days may be announced with advance notice for staff development or emergency situations.**

**Tuition rates will still be due during holiday closures.**

# Vaccination policy

**Cub Haven Academy respects family choice while prioritizing the health and safety of our community. We maintain a flexible and understanding approach to immunization requirements while still following state guidelines.**

## **Vaccination Documentation**

**We kindly request that families provide either:**

- A current immunization record OR
- A valid Texas exemption form (reasons of conscience or medical exemption)

## **Exemptions**

**We accept:**

- Texas Department of State Health Services (DSHS) Immunization Exemption Forms
- Medical exemption forms signed by a licensed physician

## **Our Approach**

- We do not require students to be fully vaccinated to attend as long as proper exemption documentation is on file.
- We work with families to ensure forms remain current and compliant with state requirements.



# What you should know

## Attendance Policy

Regular attendance is essential for student success. Families are asked to notify the academy if a student will be absent. Excessive absences may require a meeting with administration. Missed days do not reduce tuition.

## Behavior & Conduct Policy

Cub Haven Academy promotes a respectful, positive learning environment. Students are expected to:

- Treat peers and staff with kindness
- Follow classroom guidelines
- Use appropriate language and behavior Behavior concerns will be communicated to families, and repeated issues may require a conference.

## Communication Policy

We value strong communication between school and families. Updates will be shared through email, newsletters, and scheduled conferences. Parents are encouraged to reach out with questions or concerns at any time.

## Emergency Procedures

The academy follows safety protocols for fire, severe weather, medical emergencies, and building evacuations. Drills will be conducted regularly. Parents will be notified promptly in the event of an actual emergency.

## Field Trip Policy

Field trips may be scheduled throughout the year to support hands-on learning. Parents will be notified in advance and must sign permission forms. Additional fees may apply depending on the trip.

## Meals & Snacks

Cub Haven Academy will provide **breakfast, lunch, and a daily snack** for all students. We promote healthy eating and ensure meals are nutritious and age-appropriate.

## Technology & Electronic Devices

Students may only use electronic devices when approved by staff for educational purposes. Personal devices should remain in backpacks unless otherwise instructed.

## Dress Code

Students should wear comfortable, weather-appropriate clothing suitable for active, hands-on learning. Closed-toe shoes are recommended. Clothing with inappropriate graphics or language is not permitted.

## Parent/Guardian Responsibilities

Parents and guardians agree to:

- Communicate with staff regarding student needs
- Keep student records and contact information up to date
- Ensure timely tuition payments
- Follow all policies outlined in this handbook

## Enrollment & Withdrawal Policy

Enrollment is based on available space. If a family chooses to withdraw, a two-week written notice is required. Tuition will still be due during the notice period.

## Photo & Media Release

Families will be asked to sign a media release allowing the academy to use photos or videos of students for educational or promotional purposes. Parents may opt out by submitting a written request.

Please sign and return

## Handbook Acknowledgment & Signature Form

By signing below, you acknowledge that you have received, read, and agree to follow all policies and procedures outlined in the Cub Haven Academy Policy Booklet.

You understand that these policies are designed to ensure a safe, healthy, and effective learning environment for all students. You also agree to communicate with staff regarding any questions or concerns.

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Secondary Parent/Guardian Signature (optional):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form, you acknowledge your responsibility to stay informed of any updates or revisions to the handbook throughout the school year.

# Enrollment form

## Cub Haven Academy

### Enrollment Application Form

#### Student Information

- Child's Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Age: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Primary Language Spoken at Home: \_\_\_\_\_
- Address: \_\_\_\_\_

#### Parent/Guardian Information

##### Primary Parent/Guardian

- Full Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Home Address (if different): \_\_\_\_\_

##### Secondary Parent/Guardian

- Full Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Home Address (if different): \_\_\_\_\_

#### Enrollment Details

- Program/Class Enrolling In: \_\_\_\_\_
- Requested Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Schedule (choose one):
  - ☐ Full-Time
  - ☐ Part-Time
  - ☐ Homeschool Days
- Days Needed: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

#### Emergency Contacts (Must be different from parents)

1. **Name:** \_\_\_\_\_
  - **Relationship:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_
  - **Relationship:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_

## Authorized Pick-Up Persons

1. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
3. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## Medical Information

- **Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- **Preferred Hospital:** \_\_\_\_\_
- **Allergies:** \_\_\_\_\_
- **Medications:** \_\_\_\_\_
- **Special Health Needs:** \_\_\_\_\_

## Immunization Status

- ☐ Up-to-date on all required vaccinations
- ☐ Exemption on file
- **Notes:** \_\_\_\_\_

## Developmental & Background Information

- **Any diagnosed conditions?** \_\_\_\_\_
- **Previous childcare/preschool experience:** ☐ Yes ☐ No
  - If yes, where? \_\_\_\_\_
- **Any behavioral, emotional, or learning considerations?**

## Permissions

- **Photo/Video Permission:** ☐ Yes ☐ No
- **Walk/Outdoor Activity Permission:** ☐ Yes ☐ No
- **Emergency Medical Treatment Permission:** ☐ Yes ☐ No

## Tuition Agreement

I acknowledge that tuition is due according to Cub Haven Academy's tuition policies, including holiday payment requirements.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Office Use Only

- **Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- **Classroom Assigned:** \_\_\_\_\_
- **Registration Fee Paid:** ☐ Yes ☐ No
- **Tuition Rate:** \_\_\_\_\_
- **Received By:** \_\_\_\_\_

**Thank you for enrolling at Cub Haven Academy!**



## Photo & Media Permission Form

Cub Haven Academy occasionally takes photos and videos of students during daily activities, special events, field trips, and classroom projects. These images may be used for:

- School newsletters
- Classroom displays
- Social media pages
- School website
- Promotional materials

Please indicate your level of permission below.

### ✓ Photo/Media Consent Options

**(Please check one)**

☐ **I GIVE permission** for Cub Haven Academy to photograph or video my child. These images may be used for classroom, educational, and promotional purposes.

☐ **I DO NOT GIVE permission** for Cub Haven Academy to photograph or video my child for any purpose.

### Student Information

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

### Signatures

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing, you understand that images shared online may be publicly visible. You may change your permission status at any time by providing a written request to administration.

# Emergency Contact Form

Please complete the following information to ensure we can reach you quickly in the event of an emergency.

## Student Information

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

## Parent/Guardian Information

**Primary Parent/Guardian Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Secondary Parent/Guardian Name (optional):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Emergency Contacts (Other Than Parents/Guardians)

**Contact #1 Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Contact #2 Name:** \_\_\_\_\_



# Medicine Authorization

## Cub Haven Academy

### Medication Authorization Form

This form must be completed in full before staff can administer any medication to your child. A separate form is required for each medication.

#### Child Information

- **Child's Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

#### Medication Details

- **Medication Name:** \_\_\_\_\_
- **Prescription or Over-the-Counter:** ☐ Prescription ☐ OTC
- **Reason for Medication:** \_\_\_\_\_
- **Dosage Amount:** \_\_\_\_\_
- **Route of Administration:** ☐ Oral ☐ Topical ☐ Inhaled ☐ Other: \_\_\_\_\_
- **Frequency / Time(s) to be Given:** \_\_\_\_\_
- **Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- **End Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- **Storage Requirements:** ☐ Refrigeration Needed ☐ Room Temperature

#### Physician Information (Required for prescription medication)

- **Physician Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Clinic/Hospital:** \_\_\_\_\_
- **Physician Signature (if required):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

#### Parent/Guardian Authorization

I authorize Cub Haven Academy staff to administer the above medication to my child as directed. I understand that:

- Medication must be in its original container with a pharmacy or manufacturer label.
- Staff cannot alter dosage or administration schedule.
- Staff will document each dose given.
- Any unused medication will be returned or disposed of at the end of the authorization period.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School Use Only

- Date Medication Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Received By (Staff): \_\_\_\_\_
- Medication Log Location: \_\_\_\_\_

Medication Administration Log

Date	Time	Dose Given	Staff Initials	Notes

Thank you for helping us keep your child safe and healthy!

# Allergy Action Plan

## Cub Haven Academy

### Allergy Action Plan & Allergy Information Form

This form must be completed for any child with a known food, environmental, or medication allergy. This form ensures staff can respond quickly and appropriately in the event of an allergic reaction.

#### Child Information

- Child's Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Classroom/Teacher: \_\_\_\_\_

#### Allergy Details

- Type of Allergy (check all that apply):
  - ☐ Food
  - ☐ Medication
  - ☐ Environmental (insects, pollen, etc.)
  - ☐ Other: \_\_\_\_\_
- Allergen(s): \_\_\_\_\_
- How the allergy was diagnosed:
- Has your child ever had a severe reaction (anaphylaxis)? ☐ Yes ☐ No
  - If yes, please explain: \_\_\_\_\_

#### Symptoms to Watch For

Please check all symptoms your child has shown or may experience:

- ☐ Hives / Rash
- ☐ Itching
- ☐ Swelling (face, lips, tongue)
- ☐ Difficulty breathing
- ☐ Wheezing
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Dizziness / Fainting
- ☐ Other: \_\_\_\_\_

#### Medication & Treatment Plan

- Does the child require an EpiPen or Auvi-Q? ☐ Yes ☐ No
  - Location of EpiPen at school: \_\_\_\_\_
- Does the child require an antihistamine (e.g., Benadryl)? ☐ Yes ☐ No
  - Dosage: \_\_\_\_\_
- Other prescribed treatments: \_\_\_\_\_
- Steps for staff to take during a reaction: \_\_\_\_\_

### Physician Information (Required for severe allergies)

- Physician Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Clinic/Hospital: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Parent/Guardian Instructions & Authorization

I authorize Cub Haven Academy staff to follow the above allergy action plan for my child. I agree to provide all necessary medications in their original containers and update the school of any changes.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### School Use Only

- Date Medication Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Received By (Staff): \_\_\_\_\_
- Location of Allergy Plan Posted: \_\_\_\_\_
- Reviewed By: \_\_\_\_\_

Please update this form anytime your child's allergy information changes.



# Cub Haven Academy

## Late Pick-Up Policy & Acknowledgment Form

Cub Haven Academy is committed to providing high-quality care and maintaining appropriate staffing ratios. Late pick-ups create staffing and scheduling challenges and may cause distress for children. Please review the policy below and sign to acknowledge your understanding.

### Late Pick-Up Policy

- Our center closes at 5:30 PM.
- Parents/guardians must pick up their child on or before closing time.
- A late fee will be charged for any child picked up after closing.

### Late Fee Structure

- A fee of \$5 per minute per child will apply after closing time.
- Late fees are due at pick-up or added to the next tuition invoice.
- Chronic late pick-ups (3 or more within a 30-day period) may result in:
  - A formal warning
  - A meeting with administration
  - Possible termination of enrollment if the issue continues

### Emergency Situations

We understand emergencies may occur. If you anticipate being late:

1. Call the school immediately.
2. Provide the name of an authorized pick-up person if needed.

Please note: Calling ahead does not waive late fees.

### Parent/Guardian Acknowledgment

I have read and understand the Cub Haven Academy Late Pick-Up Policy. I agree to follow the guidelines and pay any applicable late fees.

- Child's Name: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Office Use Only

- Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Received By: \_\_\_\_\_

# Emergency Medical Treatment

## Cub Haven Academy

### Authorization for Emergency Medical Treatment

This form authorizes Cub Haven Academy staff to obtain emergency medical care for your child when you cannot be reached. This form must remain current and on file at all times.

#### Child Information

- Child's Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City/State/ZIP: \_\_\_\_\_

#### Parent/Guardian Information

##### Primary Parent/Guardian

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Alternate Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

##### Secondary Parent/Guardian

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Alternate Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

#### Emergency Contacts (Must be different from parents)

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Medical Information

- Child's Physician: \_\_\_\_\_

- Physician Phone: \_\_\_\_\_
- Preferred Hospital: \_\_\_\_\_
- Insurance Provider: \_\_\_\_\_
- Policy/Group Number: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Special Health Needs: \_\_\_\_\_

## Authorization for Emergency Medical Treatment

In the event of an emergency when I cannot be reached, I authorize Cub Haven Academy staff to:

- Seek emergency medical care for my child.
- Contact emergency medical services (EMS).
- Transport my child (or have my child transported) to the nearest appropriate medical facility.
- Allow medical professionals to administer treatment as deemed necessary.

I understand that I am responsible for all medical charges incurred.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## School Use Only

- Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Received By: \_\_\_\_\_



# Immunizations & Exemption

## Cub Haven Academy

### Immunization & Vaccine Record Form

This form must be completed and accompanied by an official immunization record from a healthcare provider. State-required immunizations must be up to date unless a valid exemption form is provided.

#### Child Information

- Child's Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City/State/ZIP: \_\_\_\_\_

#### Parent/Guardian Information

- Parent/Guardian Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

#### Immunization Record

(Please attach a printed immunization record from your child's healthcare provider.)

Vaccine	Dose 1 Date	Dose 2 Date	Dose 3 Date	Dose 4 Date	Dose 5 Date
DTaP					
Polio (IPV/OPV)					
Hepatitis B					
Hib					
MMR					
Varicella					
Hepatitis A					
PCV (Pneumococcal)					
Influenza (Annual)					
Other: _____					

### Exemption Information (If Applicable)

- Type of Exemption:
  - ☐ Medical Exemption (requires physician form)
  - ☐ Personal/Religious Exemption (state-required form must be attached)
- Expiration Date (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Notes: \_\_\_\_\_

### Healthcare Provider Verification

*(Optional but recommended)*

I certify that the above immunization information is accurate and up to date as of the date signed.

- Provider Name: \_\_\_\_\_
- Clinic/Hospital: \_\_\_\_\_
- Provider Signature: \_\_\_\_\_
- Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## Parent/Guardian Acknowledgment

I acknowledge that I have provided accurate immunization information for my child. I agree to submit updated records whenever new vaccinations are administered.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## School Use Only

- Record Received On: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Reviewed By: \_\_\_\_\_
- Next Update Required: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_