



ADMISSION INFORMATION

Purpose: Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

GENERAL INFORMATION

Operation's Name: Faith School for Young Children		Director's Name: Amber Herrmann	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	

CONSENT INFORMATION

CHECK ALL THAT APPLY:

1. TRANSPORTATION

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care on field trips to and from home to and from school

2. FIELD TRIPS

I give consent for my child to participate in field trips.

I **do not** give consent for my child to participate in field trips.

Comments:

3. WATER ACTIVITIES

I give consent for my child to participate in the following water activities:

water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

5. MEALS

I understand that the following meals will be served to my child while in care:

None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

CONSENT INFORMATION

CHECK ALL THAT APPLY:

6. DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.	Signature - Parent or Legal Guardian	

CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, 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:

Does your child have diagnosed food allergies? Yes No Plan submitted on:

Child day care 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).

Signature - Parent or Legal Guardian:

Date Signed:

SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:

School Phone Number:

My child has permission to (check all that apply):

walk to or from school or home ride a bus be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

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 check only one option:

- HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

Health Care Professional's Signature:

Date Signed:

- A signed and dated copy of a health care professional's statement is attached.
- 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.
- My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

ADMISSION REQUIREMENT

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

REQUIREMENTS FOR EXCLUSION

- 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 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- 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 that I am an adherent or member of.

VISION EXAM RESULTS

R 20/

L 20/

Pass

Fail

Signature:

Date Signed:

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Signature:

Date Signed:

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1–2 months (second dose) 6–18 months (third dose)	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15–18 months (fourth dose) 4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6–18 months (third dose) 4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose) 4–6 years (second dose)	
Varicella	12–15 months (first dose) 4–6 years (second dose)	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis A	12–23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	

PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature :

Date Signed:

VARICELLA (CHICKENPOX)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.

Parent's Signature:

Date Signed:

ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm.

TB TEST (IF REQUIRED)

Positive

Negative

Date:

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.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

SIGNATURES

Child's Parent or Legal Guardian:

X

Date Signed:

Center Designee:

X

Date Signed:

CHILD INFORMATION SHEET
Faith School for Young Children

Please note that this information is for the CONFIDENTIAL USE of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand your child.

Child's Full Name: _____ Name called: _____

Home Address: _____ City: _____ Zip _____

Telephone _____ Birthdate _____ Sex: _____

Mother's Name: _____

Where she can be reached during the day:

Place: _____ Phone: _____

Mother's profession or special field of interest (whether or not active): _____

Father's Name: _____

Where he can be reached during the day:

Place: _____ Phone: _____

MARITAL STATUS OF PARENTS

Married _____ Single _____ Divorced _____ Separated _____

If divorced, please describe custody and visitation agreement for the child _____

For a child not to be released to a parent, we must have the divorce decree, or restraining order on file in the school office.

OTHERS IN YOUR HOUSE:

Brothers and sisters of child and their ages:

Other Adults:

Name: _____ Relationship _____

Name: _____ Relationship _____

Other significant persons in your child's life (stepfamilies, grandparents, babysitters, and so forth):

Names:

Relationship to child:

Does your child have a pet? _____

Kind _____ Name _____

Have there been births, deaths, adoption, or other changes in the family structure which affected your child? If so, describe briefly what happened and the effect on your child.

Tell us briefly how you explained this event to your child: _____

Does your family attend church? _____ Which church? _____

Is your child involved in church activities? _____

What opportunities does your child have to play with other children?

_____ Neighborhood _____ Sunday school/church _____ cousins/other family

_____ Nursery school or other classroom experience _____ Other: _____

What are your child's favorite play activities? _____

Do you consider your child hard to manage or easily managed? _____

What methods of discipline have you found most effective? _____

What fears does your child have? _____

How are they expressed? _____

What do you and your child enjoy doing together? _____

What trips, vacations, or other family experiences are remembered with the most pleasure? _____

What special happenings is your child apt to tell us about? _____

How much television does your child watch each day? _____

What are his/her favorite programs? _____

CIRCLE THE WORDS THAT BEST DESCRIBE YOUR CHILD:

Aggressive	Honest	Immature	Disobedient	Self-disciplined
Mature	Oppositional	Vivacious	Manipulative	Conscientious
Over-protected	Social	Cheerful	Self-centered	Follower
Shy	Confident	Irritable	Easily Discouraged	Perfectionist
Helpful	Witty	Responsible	Motivated	Positive Leader
Anxious	Articulate	Well-liked	Organized	Easily Led

How much sleep does your child require daily? _____

Does your child nap regularly? _____ Usual bedtime? _____

HEALTH HISTORY

What communicable diseases has your child had? (Indicate date or age).

Chicken pox _____ Scarlet fever _____

Mumps _____ Measles _____

Impetigo _____ Conjunctivitis (Pink Eye) _____

Does your child have frequent: colds _____ coughs _____ seizures _____ convulsions _____

Has your child had a serious illness, surgery, or hospital stay? _____

If so, please describe condition and child's reaction: _____

Are bowel and bladder functions regular and under control? _____

Has your child had:	Vision test? _____	Results _____
	Hearing test? _____	Results _____
	Speech test? _____	Results _____
	Dental Check-up? _____	Results _____

Has your child ever been professionally tested? (Yes or No) If so, when and where _____
What was the diagnosis? _____

Does your child have any allergies? _____

If so, to what substances? _____

How are allergies manifested? _____ (hay fever, stomach upset, other)

Does your child have any dietary restrictions? _____

If so, please describe _____

Is this restriction because of allergy, family preference, medical needs, other? _____

Describe your child's overall health. _____

Please use the back of this page to give any additional information you think might be important for us to have.

Date of Enrollment _____

Signature of parent/guardian filling out form _____ **Date** _____

Discipline and Guidance Policy for _____

Name of Operation

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

- parent employee/caregiver household member of child-care home

Faith School for Young Children Directory Form

If you would like your child's name and your contact information placed in the Faith School Directory please fill out and return this form to the school. This is a great resource for evites, setting up play dates, or just connecting with other parents! Please only provide information that you want printed in the directory.

Child's Name: _____ Child's Teacher: _____

Mom's Name: _____ Mom's Phone: _____

Mom's Email: _____

Dad's Name: _____ Dad's Phone: _____

Dad's Email: _____

Address: _____

Elementary School Your Child will attend: _____

First Aid Release

There are times when your child may get a small scrape, cut, or bug bite that may need first aid care. We would like to get upfront permission for administering these creams so that we can treat your child without having to call and request approval. All medication will be in the form of one time use packages. These creams will only be administered by our office staff. The following are creams that may be used. Please initial next to each cream that you will allow us to use and sign the bottom of this form.

_____ Antibiotic Cream for minor cuts or scraps

_____ hydro-cortisone anti-itch cream for insect bites

_____ I hereby grant FSYC permission to administer the above medications in the event that they may need minor first aid care while in attendance at Faith School.

_____ My child cannot receive one of the above medications, I will provide an alternate for the schools use that will be kept in the office for the school year. I understand an alternative medication form will need to be filled out and on file for this medication.

_____ I do not want my child to receive any first aid beyond cleaning the area and applying a Band-Aid.

Parent Signature

Date Signed

Parent Policy Agreement

_____ We understand that my child's tuition is _____ per month. Tuition is due on the first of each month, and considered late on the 5th of the month. Late fees of \$5 per day will apply after the end of the 5th day.

_____ We understand that a late fee of \$5 per day will be added to all accounts not paid on time.

_____ A non-refundable registration fee of \$100 is required with your child's reservation information for the upcoming school year.

_____ Families that have two children enrolled at the same time are eligible for a \$15 credit off of the tuition of one child. Only one eligible discount will apply.

_____ Active church members who bring their child to FSYC are eligible for a \$15 credit off their tuition cost

_____ We understand that if I am late picking up my child I will be assessed a late fee of \$5 every five minutes my child remains after the allotted time after dismissal.

_____ We hereby grant to FSYC permission for our child to take part in all program activities and use all indoor and outdoor equipment.

_____ We hereby grant to FSYC permission for our child to be photographed or videotaped in classroom and outdoor activities.

_____ We hereby grant permission to the staff at FSYC to administer basic first-aid to my child in the event an accident occurs while on the premises.

_____ We have received and read a copy of the Parent Handbook and have reviewed all of the policies contained within. We agree to comply with all provisions and understand that FSYC can change any policy at any time and I will receive notice of any changes.

_____ Parents are to supply diapers, wipes, rash creams, an extra set of clothing, a nap mat (Toddlers, Two's, and 5 day 3's), and a small lightweight blanket (lovie) for nap time.

_____ I understand and agree that I will give two weeks notice, in writing, of permanent with-drawl from FSYC's program. I also understand that if my child leaves in the middle of a month, no reimbursement will be issued for tuition.

Parent's Signature

Date

**PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES
AND TO RECEIVE EMERGENCY MEDICAL CARE**

Faith School for Young Children

CHILD'S NAME _____ **BIRTHDATE** _____

I hereby grant permission for my child to use all the play equipment and to participate in all activities of Faith School for Young Children.

I hereby grant permission for my child to participate in any water activities at Faith School for Young Children. I understand that I will be given prior notice about the activities and that the staff-child ratio established by the Texas Department of Protective and Regulatory Services Minimum Standards will be maintained at all times.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parents or guardian through numbers listed on emergency information card.
4. If we cannot contact you or your child's physician, we will do any one or all of the following:
 - a. call another physician or paramedics,
 - b. call an ambulance,
 - c. have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under #4 above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school WILL NOT assume responsibility for a child who has not been taken to his/her classroom or chapel and greeted by a teacher, or been taken from the drop off line upon arrival at school.

Parent/Guardian Signature

Date

State of Texas
County of Ft. Bend

Subscribed and sworn to before me this _____ day of _____, 2017.

Notary Public

Supply List

Nap Mat (Toddlers, Two Year Olds and 5 day 3 year olds)

Lunch Box with child's name on the outside (lunches will not be warmed up or stored in the refrigerator, please plan your child's lunch accordingly)

A Daily Snack for your child (these must be brought each day, we do not have space to store snacks)

Medication Administration form filed out and signed by your child's doctor (if needed)

A backpack labeled with your child's name

Water bottle with your child's first and last name labeled on it/or sippy cup

A Change of clothes (toddlers and two year olds need two complete changes of clothes)

Diapers (stored in backpack) and wipes (stored in classroom) (if applicable)

An old t-shirt of daddy's to use for messy activities (this will become a class set and will be washed after each use)

Policies and Procedures Agreement

Please read our Parent Handbook before signing this document – the full handbook can be found on our website.

Parents must cooperate with Faith School for Young Children in carrying out all governmental laws, rules and regulation affecting the operation of the Center. Parents are expected to adhere to drop off and pick up procedures that are detailed under their specific areas of the handbook. It is the parent's responsibility to supply a completed application on each child in attendance and to maintain accurate information including current immunization records, contact names and telephone numbers.

Acknowledgement

Please sign and complete both portions on the bottom half of this page and return it to us on the first day of class. It is our hope that this packet has been helpful and informative. Our goal is to facilitate a smooth beginning and maintain a consistently smooth year.

Parent's Name (Please Print)

Child's Name (Please Print)

I, _____, acknowledge that I have read and understand the information supplied in the 2017-2018 Parent Handbook for FSYC.

Signature _____ Date _____