

## Parent Orientation

Please read, initial, sign, and date the last page of this Handbook and return it to the director.

The Provider conducts an orientation to the family at enrollment. A signed and dated copy of the content of the orientation is kept in the office. The orientation includes the following:

- Tour of facility
- Introduction to teaching staff
- Parent visit with classroom teacher
- Overview of parent handbook
- Policy for late arrival
- Opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable
- An explanation of Texas Rising Star Quality Certification
- Explain guidelines of informing center/provider of any elements related to their CCS enrollment that the provider may be of assistance
- An overview of family support resources and activities in the community
- Child development and developmental milestones provided
- Expectations of the family
- Parents are informed of the significance of consistent attendance time:
  - Before educational portion of school readiness program begins
  - Impact of disrupting the learning of other children
  - Importance of consistent routines in preparing children for the transition to kindergarten
- Statements about limiting technology use on site to improve communication between staff, children, and families (e.g., refrain from cell phone use). In order to facilitate better communication between the parent(s), teachers, and the parent and child it is best if parents are not distracted by use of electronic devices while at the center/home.
- Statement reflecting the role and influence of families

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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:		Director's Name:	
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 <b>to call</b> in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> 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
<b>CHECK ALL THAT APPLY:</b>
<b>1. TRANSPORTATION</b> I give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
<b>2. FIELD TRIPS</b> <input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> I <b>do not</b> give consent for my child to participate in field trips. <b>Comments:</b>
<b>3. WATER ACTIVITIES</b> I give consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds

**CONSENT INFORMATION**

**CHECK ALL THAT APPLY:**

**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

**6. DAYS AND TIMES IN CARE**

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

<b>Day of the Week</b>	<b>AM</b>	<b>PM</b>
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:

1.  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:

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 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.

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 90<sup>th</sup> 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/	<input type="checkbox"/> Pass	<input type="checkbox"/> 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)	
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)	

**VACCINE INFORMATION**

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

<b>Vaccine</b>	<b>Vaccine Schedule</b>	<b>Dates Child Received Vaccine</b>
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)	
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:
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**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:
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**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](http://www.dshs.state.tx.us/immunize/public.shtm).

**TB TEST (IF REQUIRED)**

<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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**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:

# Emergency Contact Information

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Child's Name

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Date of Birth

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Mother's Name

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Cell #

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Father's Name

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Cell #

---

Parent's E-Mail Address

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Parent's E-mail Address

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Alternate Contact

---

Alternate Contact

---

Alternate Phone #

---

Alternate Phone #



# TUITION FEES AGREEMENT

All tuition fees are to be paid in advance on Monday before care. You may pay weekly, bi-weekly, or monthly, as long as all fees are paid in advance. If you pay bi-weekly or monthly , **please remember that some months have five weeks. You are responsible to pay for the fifth week.**

**Tuition is due regardless of absence, in order to keep you slot.**

The eighty-five dollar child registration fee and one-hundred and forty family registration fee is due yearly that is non-refundable fee.

I have read and understand Kiddie Round-Up tuition/fees agreement.

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

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

**\*\*Only Applies to School age children**

**Transportation Permission Form**

My child \_\_\_\_\_ has permission to be transported by a Kiddie Round-Up, CDC bus.

Check the following that apply:

\_\_\_ to or from school

\_\_\_ field trips

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child \_\_\_\_\_ has permission to attend the following field trip \_\_\_\_\_ away from Kiddie Round-Up, CDC campus on this date \_\_\_\_\_.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_