

Kiddie Round-Up, Inc.
9145 FM 1516 + 104 Kneupper St
Converse, TX 78109
(210) 945-8391 + (210) 997-8391

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

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: Kiddie Round-Up, CDC		Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian Completing Form:	Address of Parent or Guardian <i>(if different from the child's)</i> :		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, call:			
Name of Emergency Contact:	Relationship:	Area Code and Phone No.:	
Address:			
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 phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

Consent Information

1. Transportation:
I give consent for my child to be transported and supervised by the operation's employees (Check all that apply). <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
2. Field Trips:
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.
Comments: <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>

3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

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

Is your child able to swim without assistance? <input type="radio"/> Yes <input type="radio"/> No	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? <input type="radio"/> Yes <input type="radio"/> No
Do you want your child to wear a life jacket while in or near a swimming pool? <input type="radio"/> Yes <input type="radio"/> No	

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

<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"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions	<input type="checkbox"/> Procedures for supporting inclusive services
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

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:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature — Parent or Legal Guardian

Date Signed

8. Child's Special Care Needs (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment <i>(include instructions below)</i> |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations <i>(past 12 months)</i> | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? Yes No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. 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 _____

9. School Age Children

My child attends the following school:	School Area Code and Phone No.:
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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 or her sibling under 18 years old

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

Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

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

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian _____ Date Signed _____

Requirements for Exclusion from Compliance

- 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

Right Eye 20/ Left Eye 20/ Pass Fail

Signature _____ Date Signed _____

Hearing Exam Results

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

Signature _____ Date Signed _____

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. *(Select **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.
- 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.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional _____ Date Signed _____

Signature — Parent or Legal Guardian _____ 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)	
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.	

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.

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

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

Physician or Public Health Personnel Verification

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

Signature

Date Signed

Tuition Fee 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 your slot.

The \$125 single-child registration fee and \$200 family registration fee is due yearly, and it is **non-refundable**.

I have read and understood Kiddie Round-Up, CDC's tuition fee agreement.

Parent/Guardian Signature

Date

Discipline and Guidance Policy for **Kiddie Round-Up, CDC**

- ❖ 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 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, Chapter 746 & 747, Subchapters L, Discipline and Guidance

My Signature verifies I have received training and understand the principles for appropriate discipline and guidance measures.

Signature: _____ Date: _____

Choose one please: Parent/Guardian or Household Member of Childcare Home or Volunteer

Emergency Contact Information

Childs Name

Date of Birth

Mothers Name

Cell #

Fathers Name

Cell #

Parents Email Address

Parents Email Address

Alternate Contact (Relationship:)

Alternate Contact (Relationship:)

Alternate Phone #

Alternate Phone #

Supplies Needed

All Ages:

- (1) Sleeping mat or Roll-up
- (1) 12qt Clear plastic shoe box
- (1) 6qt Clear plastic shoe box
- (1) A blanket (children 1yrs and up)
- (3) Sets of extra clothes
- (1) Pair of extra tennis shoes (for potty training)

Infants-17 months:

- (2) Bottles
- (1) Pacifier
- Allergy medicine or teething gel (Optional)
- Diaper rash cream

