

ADMISSION INFORMATION

Date of Admission: _____

GENERAL INFORMATION

Operation's Name: Little Hands Weekday Preschool of First Baptist Church Burkburnett Name of Director: Tammy Smith

Child's Full Name: _____ Date of Birth: _____

Child's Home Address: _____

Child Lives with: ☐ Both parents ☐ Mom ☐ Dad ☐ Guardian Custody Documents on File: ☐ Yes ☐ No

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 Preschool:

Parent 1 telephone #: _____ Parent 2 telephone #: _____

Guardian's Telephone #: _____

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 Preschool to release my child to leave the facility **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.

Name and Phone #: _____

Name and Phone #: _____

Name and Phone #: _____

CONSENT INFORMATION

1. I give consent for my child to participate in field trips by walking to a facility within a two block radius. ☐ Yes ☐ No

2. I give consent for my child to participate in the following water activities: ☐ water table play ☐ sprinkler play ☐ splashing pools

3. RECEIPT OF WRITTEN OPERATIONAL POLICIES

- I acknowledge receipt of the facility's operation policies, including those for:
- | | |
|---|--|
| <input type="checkbox"/> Procedures for release of children | <input type="checkbox"/> Discipline and guidance |
| <input type="checkbox"/> Health and Illness Policy | <input type="checkbox"/> Emergency Plans |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Snack and Lunch practices |
| <input type="checkbox"/> Procedures for parents to participate in activities | <input type="checkbox"/> Required Immunization |
| <input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website. | <input type="checkbox"/> Suspension and expulsion |

4. **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:

Physician: _____ Address: _____ Phone #: _____

Name of Emergency Care Facility: _____ Address: _____

Child's Parent or Legal Guardian: _____ Date signed: _____

GENERAL HEALTH STATEMENT*

CHILD'S NAME: _____

DATE OF BIRTH: _____

The above named child has been examined by me and is presumed to be free of contagious diseases at this time. I find no reason for this child not to take part in child-care programs and activities.

Special problems (i.e., allergies, convulsive disorders, hearing disorders, vision disorders, emotional problems, or past major illnesses or operations) the child-care center should be aware of include:

Comments and recommendations (note any necessary limitation of activity and whether the child is receiving continuous medication or therapy):

If the child is not current on all immunizations, please explain the circumstances and a date when the child will be current.

Licensed Physician's Signature / Stamp

date

**The Physician can sign this page or use their own form to be submitted or faxed.*

HEALTH REQUIREMENTS FOR CHILDREN

(this form is only required if the "General Health Statement" page 2 has not been completed)

1. Evidence must be presented for each child entering preschool that he/she is physically able to take part in the preschool program **by September 15.**
2. Each year, evidence must be presented for a preschool child that the child continues to be able to participate in the preschool program.
3. A current immunization record for each preschool child must be maintained at the preschool facility. **Four year olds must receive shots when they turn 4 to attend this facility.**
4. Each child must be tested for tuberculosis according to the recommendations of the Texas Department of Health.
5. 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/Guardian Signature _____

ADMISSION REQUIREMENT: One of the following must be presented when your child is admitted to the preschool facility. Check to indicate the option you select:

- ☐ A written statement from a licensed physician, signed and dated, certifying that the physician has examined your child within the past year and that your child is physically able to take part in the program. (page 2)
- ☐ A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program IF no referral for further diagnosis and treatment is indicated.
- ☐ A form or written statement from a health service or clinic.

If you do not have any of the above:

- ☐ **PARENT STATEMENT:** My child has been examined within the past year by a licensed physician, and is able to participate in the Preschool program. I will obtain a physician's statement, a copy of the medical screening form from the EPSDT program, or a form or statement from a health service or clinic and submit it to the preschool facility **by September 15.**

Parent/Guardian Signature _____ Date _____

If your child has not been examined within the past year by a licensed physician, and you cannot get an appointment within one week of admission:

My child has an appointment for a physical examination:

Date	Name and Address of Physician OR Address of EPSDT Screening Site
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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.

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

Discipline and Guidance Policy for: Little Hands Weekday Preschool

(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;
 - (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

PARENT'S AGREEMENT

Little Hands Weekday Preschool of First Baptist Church Burkburnett agrees to provide a healthy, loving environment and quality Christian preschool education to my child(ren).

Days and Times in Care:

Tuesday, Wednesday, Thursday from 8:00 to 1:00 tuition of \$155.00

1. In exchange, I agree to pay the monthly tuition fee as specified below regardless of my child's attendance. I understand that payment is due in advance by the first day of each month. (The registration fee is a separate fee and is not apart of the first month's tuition).
2. If the fee is not paid by the 10th day of the month, I understand a penalty of \$15.00 will be charged. If payment plus late fee is not paid by the 25th day of the month my child(ren) will be dis-enrolled unless other arrangements have been made with the director. Re-enrollment will require payment of unpaid tuition and late fees as well as the Registration Fee.
3. I will make every effort to bring and pick up my child(ren) on time. If I am more than 10 minutes late (1:10) picking up my child(ren), I understand I will be charged a \$10.00 late pick-up fee, with an additional \$1.00 charge for every minute after.
4. If I withdraw my child(ren) from the preschool, I will give at least one week's notice .
5. There will be a \$25 return-check fee.

I have received and understand the Parent Handbook.

Parent or Gurardian's Signature

Date

Media Permission Form

Child's Name: _____

Children love to see photos of themselves and their friends. We enjoy taking pictures of your child throughout the year to record our projects, as part of games, to be used in the classroom, etc. We also send many photographs home with parents when we are done with them. Please indicate if you give permission for your child's photo to be taken.

☐ NO, I do NOT give permission for my child to be photographed.

☐ YES, I do give permission for my child to be photographed.

"Like" us on Facebook!! Little Hands has our own facebook page, as well as being apart of First Burk's website. Our facebook page will be used to share news, reminders, and information about your child's program. Please let us know if we have permission to include your child's photo on social media and to be used for publication for Little Hands or First Burk purposes.

☐ NO, I do NOT give permission.

☐ YES, I do give permission.

☐ NO, DO NOT include me in the "Private Class Facebook" group.

☐ YES, I want to be included in the "Private Class Facebook" group.

Your facebook name: _____

Parent/Guardian Signature: _____ Date: _____

Child Assessment Form

Child's Name	Date of Birth	Enrollment Date
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1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what allergies does your child have?	
How should we respond if he/she has an allergic reaction?	
Does your child have an existing illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Behavior

Does your child have any special fears?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How does your child communicate his/her needs?	
Are there any special words that your child uses that might not be readily recognized?	
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?	
When your child gets upset, what helps him/her calm down?	
What is a good way to distract your child when he/she is having a temper tantrum?	

3. Eating Preferences

What are your child's favorite foods?	
Does your child choke easily while eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Activities

What activities do you like to do with your child?
What activities does your child like to do when playing with other children?
What does your child like to do when he/she is playing alone?

5. Family History

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)

Additional Comments:

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Snack & Lunch Box Ideas

When bringing snacks for the week, **ALWAYS** pick 1 from Drink section, **THEN** 1 from Grains and 1 from either the Fruit/Vegetable section **OR** the Protein section.

Pick 1 - DRINK

Apple Juice (Gallon size or Individual)
Milk (White, Chocolate or Strawberry)
White Grape Juice
Sunny D or Orange Juice
Sport Drink
Water

Pick 1 - PROTEIN - OR

Cheese (String or sliced)
Yogurt (Go-gurt squeeze pouch)
Meat Slices (turkey or ham)

Pick 1 -GRAINS

Gold fish
Popcorn
Pretzels
Granola Bar
Crackers (Regular or graham)
Trail Mix
Muffins

OR - Pick 1 -

FRUITS/VEGETABLES

(Guestimate 1/2 fruit or 1/4 Cup per child)

Apples (sliced, sauce cups, or in squeeze pouches)
Carrots (baby or sticks)
Grapes
Berries (strawberries, blue berries, etc.)
Bananas
Oranges
Broccoli Florets
Cherry tomatoes

Other Lunch ideas

Thermos items: cooked pasta, soup, chicken nuggets, ...
Sandwiches
Pizza
Tortilla Rolls
Salads
Corn Dogs

Miscellaneous Items

Ranch Dressing
Peanut Butter Dip
Hazelnut Spread or Caramel
Ketchup
Fork, Spoon or Straw
Jell-O or Pudding
A Special Note

