

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: | | Director's Name: Helen Knight | |
| 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: |
| |

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: Yes No If no, what type of assistance is needed: _____

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 Licensing (CCL), DFPS, Child Abuse Hotline, and CCL 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 | | |

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

Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

| | | | | |
|--|--|----------------------|-----------------|---------------|
| Child Name (last, first, middle) | | Social Security No.* | Enrollment Date | Date of Birth |
| Street Address (if rural, attach directions) | | City | County | Zip |
| Mailing Address (if different) -- Street or P.O. Box | | City | County | Zip |
| Telephone No. (include A/C) | | | | |

* If applicable.

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 |
| If so, how is the medication administered, and will it need to be administered while he/she is in care? | | | |
| 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. Toileting:

| | | | |
|---|--|------------------------------|-----------------------------|
| Does your child need assistance with toileting? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How can we best help? | | | |
| What are your ideas about toilet training? | | | |
| How can we best help? | | | |

3. Behavior:

| | | | |
|---|--|------------------------------|-----------------------------|
| Does your child have any special fears? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How does your child communicate his/her needs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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? | | | |
| Are there any particular routines that are particularly helpful at naptime? | | | |

| | |
|--|--|
| What position is most comfortable for your child when he/she is napping? | |
|--|--|

4. Eating Preferences:

| | | |
|--|------------------------------|-----------------------------|
| What are your child's favorite foods? | | |
| Does your child use utensils, eat with fingers, feed self? | | |
| Does your child choke easily while eating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. 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 is playing alone? | |

6. Family History:

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

I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

| |
|--|
| |
|--|

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

