



ADMISSION INFORMATION

This form is subject to Childcare Licensing inspections. Please be thorough and do not leave blanks.

GENERAL INFORMATION			
Operation's Name: Abiding Love Lutheran Children's Center		Director's Name: Ana Winston	
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: Occupation: Employer: Cell: Work:	Parent 2: Occupation: Employer: Cell: Work:	Alternate phone numbers:	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent 1 Email Address:			
Parent 2 Email Address:			

GENERAL INFORMATION

Give the name, address, and phone number of a LOCAL person to call in case of an emergency if parents/guardian cannot be reached:	Relationship:
Name: _____ Phone Number: _____ Address: _____	

I authorize the childcare operation **to release** my child to leave the childcare 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: _____	Name: _____	Name: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____
Relationship: _____	Relationship: _____	Relationship: _____

CONSENT INFORMATION

CHECK ALL THAT APPLY:

I. 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: Abiding Love does not currently go on any field trips

3. WATER ACTIVITIES
 I give consent for my child to participate in the following water activities:
 water table play
 sprinkler play
Comments: Abiding Love does not use wading pools.

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

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

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

CONSENT INFORMATION

CHECK ALL THAT APPLY:

5. MEALS

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

Morning snack (provided) Lunch (from home) Afternoon snack (provided)

I understand that I am responsible for feeding my child breakfast before school each morning.

Parent Signature: _____

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		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to plan 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 (Hospital):	Address:	Phone Number:

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

Signature - Parent or Legal Guardian

List any special care 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:

VACCINE INFORMATION

Please ATTACH a copy of your most recent immunization record. Complete with date, and stamp of the Doctor's office address and signature of Physician or Nurse

Attach a current copy of the child's immunization record to this sheet.

The Department of Family and Protective Services requires that immunizations remain current for the protection of all the children participating in the program. **In order to keep this health statement current, a copy of the immunization card signed by the physician should be given to the director as evidence that the schedule of immunizations is proceeding.** A card or immunization record signed by the physician is available at their office when future immunizations are received.

Acknowledgment of Immunization Requirements

Initials	
	I understand that I am responsible for providing the director with current copies of my child's immunization record as long as my child is enrolled in the center. Failure to provide proof of current immunizations could result in the exclusion of my child from the program until corrected.

SCHOOL AGE CHILDREN

My child attends the following school:	
Name of School:	School Phone Number:
My child has permission to (check all that apply):	
<input type="checkbox"/> walk to or from school or home <input type="checkbox"/> ride a bus <input type="checkbox"/> 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 childcare operation, one of the following must be presented when your child is admitted to the childcare 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:
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2. A signed and dated copy of a health care professional's statement is attached.

VISION EXAM RESULTS (Pre-K Only)

R 20/	L 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:		Date Signed:

HEARING EXAM RESULTS (Pre-K Only) Pre

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:	

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.

EMOTIONAL HABITS

Any Fears?

Does your child have responsibilities/chores at home?

What are the most positive characteristics about your child?

Do you have any special concerns about your child?

Permission Form

Child's Name			Birthdate
Home Address	Street	City/State/Zip	Home Phone

Initials	
	I give permission for teachers to use whatever diaper cream, lotion, or powder I provide.
	I give permission for my child to participate in Water Play during the summer once it is age appropriate. When requested, I will provide a waterproof diaper cover and water shoes that can stay at school as well as a sun hat with a strap. <i>We Do Not use Wading Pools at Abiding Love</i>
	I understand that ALLCC has a late tuition policy if payment is received later than 5 days after the due date. There will be a fee of \$35.00 added to the outstanding balance.
	I understand that ALLCC has a late pick-up policy and if I pick my child up after 6:00 pm, there will be a fee of \$25 + \$1 per minute after 5:30pm
	I understand that if I require non-prescription medication to be administered to my child it must be age appropriate and a medication log must be filled out. The medication must be in its original container and labeled with my child's first name and last initial as well as the date it is brought into the center.

I have read and understand the items above:

Parent or Guardian Signature

Date

Parental Consent for Sunscreen and Bug Spray*

Child's Name	Street		Birthdate
Home Address	City/State/Zip	Home Phone	

****For children 6 months old and older***

I give my permission for the caregivers at ALLCC to apply sunscreen, provided **from home** to my child when he or she will be playing outside, especially during the months of April through September and between the hours of 10:00am and 4:00pm.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

_____ Caregivers may apply **parent-provided** sunscreen to my child.

_____ NO. DO NOT APPLY sunscreen to my child.

Parent or Guardian Signature

Date

I give my permission for the caregivers of ALLCC to apply **parent-provided** insect repellent up to twice daily when playing outside while mosquitoes are active and present.

_____ Caregivers may apply the bug spray provided to use on my child as described above.

_____ NO. DO NOT APPLY insect repellent to my child. Caregivers may only apply the bug spray I provide.

(Bug Spray Provided: _____)

Parent or Guardian Signature

Date

GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

PHOTOGRAPHS

_____ Initial if you give permission for your child to be photographed for classroom displays, the Children's Center closed Facebook group, a classroom closed Facebook group, and/or a password protected class website.

_____ Initial if you give permission for your child to be photographed for the school website and/or the church Facebook page (without names).

CHURCH AFFILIATION

Would you like more information about Abiding Love Lutheran Church? _____

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:

Discipline and Guidance Policy

- 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 _____



Dear Parents,

Abiding Love Lutheran Children's Center uses an assessment and screening tool as part of our curriculum and resources. Because your child's first years of life are so important, we want to make sure we are providing the best possible care and helping provide the best possible start for your child. As a part of this service, we provide *Ages and Stages Questionnaires, Third Edition (ASQ-3)*, to help keep track of your child's development. A questionnaire will be provided every 6 months (6, 12, 18, and 24 months old). You will be asked to answer questions about some things your child can and cannot yet do. The questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal-social skills.

These questionnaires will be utilized by our teachers to create individual plans for each child as well as to build your child's developmental portfolio reflecting their growth through our program. They also give us a glimpse of what your child does at home since often they will test out new skills at home before we see them at school.

If the questionnaire shows your child is developing without concerns, we will provide some activities designed for use with ASQ-3 to encourage your child's continued development and will provide the next questionnaire at the appropriate time.

If the questionnaire shows some possible concerns, we will contact you about getting a more involved assessment for your child. This questionnaire does not "diagnose" or confirm developmental delays. It is simply a screening tool intended to indicate when further assessment may be needed. Information is confidential and will only be shared with other agencies, such as Early Childhood Intervention or your pediatrician by your choice.

Please sign and return the attached consent form to indicate if your child will or will not be participating in the ASQ-3 program. We look forward to your participation! Please let me know if you have any further questions.

Sincerely,

Abiding Love Lutheran Children's Center Staff



Ages and Stages Questionnaires Consent Form

Child's Name	Birthdate
Home Address	Home Phone
Street	City/State/Zip

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to us to help ensure that each child's development can reach its maximum potential during this time period.

Initials	
	I have read the information provided about the <i>Ages and Stages Questionnaires, Third Edition (ASQ-3)</i> , and I wish to have my child participate in the screening/monitoring program. I will fill out questionnaires about my child's development when they are sent home and will promptly return the completed questionnaires.
	I DO NOT wish to participate in the screening/monitoring program. I have read the provided information about the <i>Ages and Stages Questionnaires, Third Edition (ASQ-3)</i> , and understand the purpose of the program.

I have read and understand the items above:

Parent or Guardian Signature

Date