

ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby give do not give -- consent for my child to be transported and supervised by the operation's employees:

1. **TRANSPORTATION:**
 for emergency care on field trips to and from home to and from school

2. **FIELD TRIPS:** I hereby give do not give -- my consent for my child to participate in Field Trips:
Parent's Comments:

3. **WATER ACTIVITIES:** I hereby give do not give -- my consent for my child to participate in Water Activities:
 sprinkler play splashing/wading pools swimming pools water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**
 I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

5. **I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:**
 None Breakfast AM Snack Lunch PM Snack Supper Evening Snack

6. **MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:**

<input type="checkbox"/> Mondays	from:	to:
<input type="checkbox"/> Tuesdays	from:	to:
<input type="checkbox"/> Wednesdays	from:	to:
<input type="checkbox"/> Thursdays	from:	to:
<input type="checkbox"/> Fridays	from:	to:
<input type="checkbox"/> Saturdays	from:	to:
<input type="checkbox"/> Sundays	from:	to:

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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

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

Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

Child daycare 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).

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

walk to and from school,

ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

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 / she is able to take part in the day care program.

Health Care Professional's Signature Date

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 will submit it to the child-care operation.

Name and address of health care professional: _____

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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Signature or stamp of a physician or public health personnel verifying immunization information above.

Signature	Date
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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
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I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian	Date
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Center Name:

Miracle of Learning



CHILD ENROLLMENT FORM

Your childcare center participates in the USDA Child and Adult Care Food Program sponsored by RIGHT FROM THE START NUTRITION. This program extends the benefits of the National School Lunch Program to children in child care.

Under the regulations of the Child and Adult Care Food Program, your center may not charge you separate fees for meals, nor may they ask you to provide food for your child for those meals they claim under the program.

A diet statement from your doctor is necessary if your child cannot eat foods required by the Child and Adult Care Food Program. Please secure a statement from your doctor within two weeks and give it to your center. Your child may then participate in the Child and Adult Care Food Program and still follow the diet your doctor has prescribed.

Because your childcare center cares about good nutrition, they have chosen the benefits of the Child and Adult Care Food Program for their center. As sponsor or your childcare center, we need verification that your child enrolled for day care. Complete the following:

1. Child's name: _____ Male/Female Birth date: _____
Day in care: M T W Th F Sa Su Time in care: From: ___ am/pm To: ___ am/pm Drop date: _____

2. Child's name: _____ Male/Female Birth date: _____
Day in care: M T W Th F Sa Su Time in care: From: ___ am/pm To: ___ am/pm Drop date: _____

3. Child's name: _____ Male/Female Birth date: _____
Day in care: M T W Th F Sa Su Time in care: From: ___ am/pm To: ___ am/pm Drop date: _____

4. Child's name: _____ Male/Female Birth date: _____
Day in care: M T W Th F Sa Su Time in care: From: ___ am/pm To: ___ am/pm Drop date: _____

Meals/Snacks normally served to the child(ren) while in care:
Breakfast AM snack Lunch PM snack Supper Evening snack

Parent's name: _____

Parent's address: _____
Street City State Zip

Home phone: () _____ Work phone: () _____

Start date: _____ Drop date: _____

PLEASE CIRCLE CORRECT CATEGORY OF CHILD ENROLLED: B A H W I

NONDISCRIMINATION: In the operation of child nutrition program, the children are not discriminated against because of race, national origin, sex, color, political belief, national origin, age or handicap. If you believe you have been discriminated against, write immediately to:

1. RIGHT FROM THE START NUTRITION: 4275 Little Road, Suite 106, Arlington, TX, 76016
2. Texas Health and Human Services Commission, Civil Rights Office, P.O. Box 13247, Austin, Texas 78711 or
3. USDA, Director, Office of Civil Rights, Rm 326-W, Whitten Building, 1400 Independence Ave. SW Washington, D.C. 20250-9410

Parent's signature: _____ Date: _____

Child and Adult Care Food Program and Summer Food Service Program
Child Nutrition Program Application

Part 1. Children or adults enrolled to receive day care. (Use a separate application for each foster child)

Names
(First, Middle Initial, Last)

SNAP, TANF or FDPIR case # for children only. All the above or SSI or Medicaid case # for adults only. Skip to Part 5 if you listed a case #.

Part 2. Foster Child: In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact your child care center/sponsor. Skip to Part 5.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 4. Disclosure of Information

The above household income information may be disclosed for the purpose of enrolling children in the children's health insurance program. Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility. I do do not elect to allow my household information to be disclosed.

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
Address: _____ Phone Number: _____
Social Security Number: _____ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

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

The Miracle of Learning DayCare Center, LLC
4959 Old Mansfield Road, Fort Worth, Texas 76119
Telephone: 817-531-2008

PARENT HANDBOOK AND POLICIES

After reading the policies and procedures, please print and sign name below and return this page to the office.

Please Print Name: _____ Date: _____

Please Sign Name: _____