

Admission Form

Operation's Name:		Director's Name:	
Child's Full Name		Child's Date of Birth	Email:
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)	
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Cell Phone No.
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 child care operation to release my child to leave the child care operation ONLY with the following persons. Please list the 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		Phone Number	
Name		Phone Number	

Consent Information- Check All That Apply

1. 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 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.

3. Water Activities- I give consent for my child to participate in the following water activities:
 water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

4. Receipt of Written Operational Policies- I acknowledge receipt of the facility's operational policies, including those for Discipline and guidance, Procedures for release of children, Suspension and expulsion, Illness and exclusion criteria, Emergency plans, Procedures for dispensing medications, Procedures for conducting health checks, Immunization requirements for children, Safe sleep, Meals and food service practices, Procedures for parents to discuss concerns with the director, Procedures to visit the center without securing prior approval Procedures for parents to participate in operation activities, 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:
 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:
 Monday Tuesday Wednesday Thursday Friday From: _____ To: _____

7. Sunscreen/ Insect Repellent Application- if you would like for the daycare to apply sunscreen/ insect repellent to your child, please provide us with an unexpired bottle of both. Please make sure your child's first and last name is clearly marked on both bottles. As with any topical medication cream or spray, the first application of any brand of sunscreen/ insect repellent should be applied at home in order to evaluate your child's possible allergic reaction to that product.
 I give consent for the daycare to apply: Sunscreen Insect Repellent

8. Pictures/ Videos- throughout the year, the teachers and office staff may take pictures/videos of the children engaged in activities and field trips. Some of these photos may be posted on the daycare's social media and website and used for marketing material as well. We think the students will be proud and excited to see themselves online and will really enjoy sharing their accomplishments with others, especially if they have family members who live out of town. The student's last names will never be used to caption their photos.

I give consent to the daycare to use my child's picture/video on their social media and website
 I do not give consent to the daycare to use my child's picture/video on their social media and website

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	Phone Number
Name of Emergency Care Facility	Address	Phone Number

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

Signature – Parent or Legal Guardian

Child's Additional Information Section

List any special 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

School Age Children

My child attends the following school

School Phone Number

My child has permission to (check all that apply): walk to or from school or home ride bus

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

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. 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.

Signature — Healthcare Professional

Date Signed

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 submit it to the childcare operation.

Name

Address of Health Care Professional

Signature — Parent or Legal Guardian

Date Signed

Immunizations

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

Varicella (chicken pox)

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 — Parent or Legal Guardian

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

Infant Care Instruction Sheet

Name: _____ Date of Birth: _____ Date: _____

Bottles:

Our facility provides Member's Mark Advantage Non-GMO Infant Formula Powder with Iron for infants during care up to 12 months old

I accept the formula provided by the facility.

I decline the formula provided and choose to use my own infant formula.

- Type of Formula: _____
- Amount: _____ OZ
- Frequency: _____ hours
- Feed on demand YES/NO if so, how often: _____ hours
- Burp every _____ OZ
- Needs to be upright _____ minutes after drinking bottle
- Temperature of bottle: Room Temperature Slightly Warm Warmed Thoroughly Cool

Baby Food:

Our facility provides infant cereal and other foods when your infant is developmentally ready to accept them

I accept and want the center to provide infant cereal and other foods for my infant.

I decline the center's food and will bring my own infant cereal and/or other foods for my infant.

Naps:

- Sleeps usually _____ hours
- Rolls over in crib YES/NO
- Sleeps on: Stomach Back On Side Bouncy
- Sleeps best when: Rockers Patted Music left on Just lay down in bed
- Allow to finish nap before feeding YES/NO
- Awake to eat on schedule YES/NO
- Pacifier YES/NO
- Sucks thumb YES/NO
- Type of diaper rash cream: _____
- Powder YES/NO

Any known allergies: _____

Any other comments: _____

THIS FORM IS TO BE UPDATED EVERY 30 DAYS OR AS CHANGES OCCUR IN YOUR CHILD'S CARE

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

New Life Ministry Tuition Contract

Select School: Discovery Kidz

3901 Spencer Hwy #150
Pasadena, Tx 77504

Little Steps

6901 Fairmont Parkway
Pasadena, Tx 77505

Little Steps- Bayshore

11315 Spencer Hwy
LaPorte, Tx, 77571

Child's Name: _____

Parent's Name: _____

Tuition: _____

NOTICE: NCI Parents MUST
be on a monthly billing cycle

Please select one of the following payment cycles:

weekly bi-weekly monthly

The following are our tuition policies:

1. Parents may choose to pay tuition on a weekly, bi-weekly, or monthly basis. Payment for tuition can be made in any amount as long as it is over the amount of one week's tuition. Registration and activity/supply fees should be paid upon enrollment or prior to the start date of attendance.
2. Tuition is paid in advance and due on the following payment basis:
Weekly- Due on Monday morning for the following week. If a holiday falls on Monday, payment will be due Tuesday.
Bi-Weekly- Due on or before the 1st and 15th of every month. If a holiday falls on the 1st or the 15th, payment will be due on the next business day.
Monthly- Due on the 1st of every month. If a holiday falls on the 1st, payment will be due the next business day.
NCI Families- Your parent fee is due the 1st of every month, if other arrangements need to be made please speak with the office staff.
3. Late fees: \$10.00 will be charged to unpaid accounts on the 3rd business day of the billing cycle. Account balances that remain unpaid in the next billing cycle will be charged a \$10.00 fee again until the account is brought current. A 30 day notice letter will be sent to notify you of the delinquent account. We reserve the right to dismiss the child if the account is not brought current.
4. A late pick up fee of \$1.00 per minute/per child will be assessed after 6:00pm and has to be paid in cash the following day.
5. A \$25.00 fee will be charged on all NSF that returned from the bank.
6. There will be **no reduction in tuition due to an absence other than vacation** (see Parent Handbook) **This includes sick days, holidays, in-service days, or emergency measures.** Absences do not warrant a reduction in tuition since the school must incur its operating costs whether a child attends or not.
7. A two week notice is required in writing prior to your child's last day.
8. Parents who fail to pay tuition on time are subject to be reported into a payment violations network that reports to credit bureaus.

I have read and acknowledge the policies regarding policies and payments of tuition as stated above.

Parent's Signature

Date

Faculty Representative's Signature

Date

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

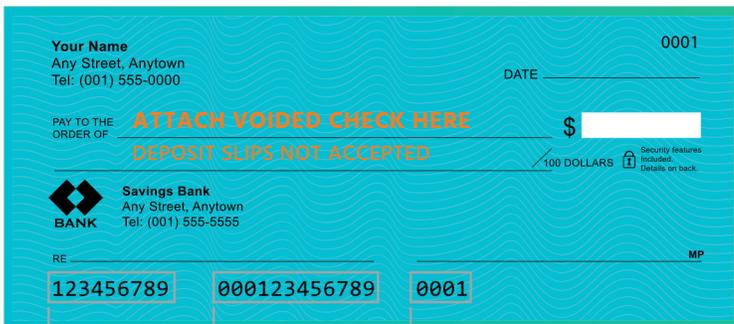
I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY SECTION A (Credit Card)

~~Cardholder Name _____ Phone # _____
Cardholder Address _____ City _____ State _____ Zip _____
Account Number _____ Expiration Date _____
Cardholder Signature _____ Date _____~~

SECTION B (Bank Account)

Your Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ Checking Savings
Authorized Signature _____ Date _____



123456789

000123456789

0001

ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at **New Life Ministries dba Discovery Kidz, Little Steps, and Little Steps-Bayshore** and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

Safe Sleep Policy

All staff, substitute staff, and volunteers at **New Life Ministries dba Discovery Kidz, Little Steps, Little Steps- Bayeshore** will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/ animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing **Sleep Sack** (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

Privacy Statement

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

Signatures

This policy is effective on: _____ Child's name: _____

Signature — Director/Owner

Date Signed

Signature — Staff member

Date Signed

Signature — Parent

Date Signed

CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine and the American Academy of Pediatrics recommend that adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more, and the Texas Department of Agriculture (TDA) encourages child care provider's to dedicate a space for mothers to breast feed their infants on site.

Child care providers participating in the CACFP **are required** to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider. It is important to note that your child care provider will not receive reimbursement for meals that contain more than one parent provided component. Speak to your child care provider to understand what components are required for your infant's meal and the exceptions made for infants with disabilities, so that your infant receives the most nutritious meal possible.

This child care provider offers the following infant formula(s): **Parent's Choice(Blue)**

It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family. Please complete the information below to designate your preference for infant formula, infant cereal and other foods.

Infant's Name _____ Infant's Date of Birth _____

Breast milk and/or Formula preference

Please mark your preference (choose all that apply)	Today's Date _____ Birth through 5 months	Today's Date _____ 6 – 11 months
I will bring expressed breast milk for my infant.		
I want the child care provider to provide the infant formula it offers for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring:		

Preference regarding infant cereal and other foods

Please mark your preference	Today's Date _____ 6 – 11 months
My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant.	
My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.	
My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.	

Parent's (or guardian's) Signature _____ Date of Signature _____

- | |
|--|
| <ol style="list-style-type: none"> 1.This form must be kept on file for each infant enrolled for child care. 2.This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age. 3.If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, and/or if the mother breast feeds her child on site, the meal may be claimed for reimbursement. 4.If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement. 5.If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement. |
|--|

NEW **UPDATE** **DROP IN**

Institution Name: Anita Moreau Food Program Specialist Agreement Number: _____

Facility/Provider Name: New Life Ministry dba Discovery Kidz, Little Steps-Bayshore, and Little Steps

Child and Adult Care Food Program (CACFP)

Participant Enrollment Form

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. **(In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)**

Parent/Guardian Please Complete:

Participant's (Child) Name: _____ **Date of Birth:** _____ **Age:** _____

Sex: Male Female **Date participant enrolled in the facility:** _____

Food Allergies: Yes No If "yes" specify: _____

(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be provided.)

Check Days of Normal Care at facility: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Check meals normally eaten at facility: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Please list the normal times of arrival and departure (check am or pm): **Arrive:** _____ am pm **Depart:** _____ am pm

RACE OF PARTICIPANT: You are NOT required to answer this question.

White Black or African American America Indian/Alaska Native

Asian Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question.

Hispanic or Latino Not Hispanic or Latino

If participant is an infant (0-11 months), please complete this box. Check all applicable choice(s) below:

This institution/facility offers _____ formula for infants through CACFP. It is your choice
(To be completed by facility/provider)
 whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

Please mark your preference (choose all that apply)	Today's Date	Today's Date
	Birth - 5 months	6 - 11 months
I will bring expressed breastmilk for my infant.		
I want the provider to provide the infant formula for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring.		

According to CACFP requirements, in order to claim meals for reimbursement, the provider must provide infant cereal and other foods when your infant is developmentally ready to accept them.	Today's Date
	6 - 11 months
Please mark your preference	
I want the provider to provide the infant cereal and other foods for my infant.	
I will bring the infant cereal and/or other foods for my infant.	

Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.

I hereby certify the information given on this sheet is true and correct to the best of my knowledge. I also certify that I was given CACFP Meal Benefits Income Eligibility Form Letter to Household, the WIC information, Building for the Future Flyers, Civil Rights Appeals Procedures.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Date Dropped: _____

Work Telephone Number: _____ Emergency Telephone Number: _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA Director Office of Adjudication and Compliance, 1400 Independence Avenue SW, Washington, DC 20250-9401 or call (866) 632-9992, (202) 260-1026 or (202) 401-0216 (TDD). This institution is an equal opportunity provider and employer.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren): _____

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) *IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example) Jane Smith</i>	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _	\$100/monthly _____	\$200/bi-monthly
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next 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: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: *_*_*-_*_*- _____ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

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

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian White Black or American Indian or Alaska Native
 African American Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). 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 elect to allow my household information to be disclosed.
 I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1)mail: U.S. Department of Agriculture (2)fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

This institution is an equal opportunity provider.



Parent Handbook

Modified :January 15, 2025

WELCOME

We are very pleased that you have chosen New Life Ministries to care for your child. Our staff and children represent a variety of ethnicities and cultures, a very important aspect of our curriculum. It is widely recognized that parental interaction plays an important role in the child's development process. You are welcome to visit at any time and to participate in all of our programs. We do not discriminate against children, parents, coworkers, for any reason. This includes but not limited to race, color of skin, religion, creed, gender, disability, military status, or national origin. All are welcomed at our facility.

MISSION STATEMENT

We are committed to assist the parent in the development of the whole child, body, mind and spirit by providing a positive, Christian based learning environment to all of our children. We are committed to developing children from the inside out.

PHILOSOPHY

Our focus is to promote an optimum environment for growth and learning by utilizing developmentally appropriate programs for infants, toddlers, preschool age, and school age children in a caring and safe environment. We also strive to provide high quality teachers whose goal is to provide positive direction through our developmentally appropriate Christian curriculum. Please familiarize yourself with this handbook as it contains important information that is pertinent to your child, as well as Center Policies and Procedures.

CURRICULUM GOALS

Our centers use the Abeka curriculum. Abeka provides a great foundation of learning fundamentals. Our goal is that our children leave us reading and writing and ready for Kinder! We also add in mathematics, science, and a lot of hands-on learning. We have a weekly lesson plan that our teachers follow that include their learning domains and daily activities. Every six months we send out a milestone report for your child.

SECURITY

Both doors that lead to the classrooms and the door that leads into the center from the playground are secured at all times. You will be issued a code to enter into the numeric keypad on the main door in order to reach your child's classroom. Our staff members wear Blue or Little Steps apparel to aid you in identifying them.

MEDICAL EMERGENCY

If your child has a medical emergency while at our center, we will call an ambulance first and then call you, the parent. If you cannot be reached, we will send your child to the hospital you specified in your child's enrollment packet or to the nearest hospital if you did not specify one.

OTHER EMERGENCIES

In case of need for evacuation New Life Ministries will take children to the Little Steps Bayshore Children's Center 11315 Spencer Hwy La Porte, Texas 77571 281-941-4059. It is imperative for you to keep your contact information up to date. We will take your child's enrollment information with us when we evacuate the building. New Life Ministries has an Emergency Preparedness Plan in place that is available for your review at any time.

PERSONAL BELONGINGS

We provide an ample supply of toys, learning tools, and developmentally appropriate materials to meet each child's daily needs. Please leave all toys at home unless they are for scheduled show and tell days. Children are not allowed to bring cell phones, Gameboys, etc. Please encourage your children to leave toys, books, gum, pets and money at home. All bags and other belongings brought to the center should be labeled properly. We will not be responsible for any misplaced or lost belongings.

ENROLLMENT

NewLife Ministries is designed for infant (six weeks and older), toddler, pre-school, and school-age children. Children are enrolled on a first come, first serve basis. Others are placed on a waiting list and enrolled when space becomes available. Admission of special needs children is decided on an individual basis as qualified staffing permits. We will accommodate any outside agencies designated space for intervention sessions.

In order to be admitted to our centers, the following items must be in our office by the first day your child is to be with us: Please set up an orientation appointment with the Director in order to properly enroll your child. We will need to get a fingerprint of the people allowed to pick up your child registered in our ProCare database system.

1. Tuition, including registration and supply fees.
2. Completed Enrollment form
3. Up-to-Date Immunization records
4. Emergency Medical Care Authorization form
5. Physician statement

It is your responsibility to update your child's information as it changes through the year. We have many options to choose from when updating your information. You may speak with an office staff, send an email, contact us through Procure, or put it in writing.

HOURS OF OPERATION

Our Centers are open from 6:30 a.m. to 6:00 p.m., Monday through Friday. We are a 12-month program. Each center drop-off has a 10am cutoff time. This means we will not accept any child after 10am without prior Director's approval. You may drop in the assigned area given to you at enrollment. This maybe the café, Multi purpose room, or their classroom. They may be picked up in these same areas.

HOLIDAYS

We observe New Year's Day, Martin Luther King Jr. Day, Good Friday, Memorial Day, Fourth of July, one in-service day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve and Christmas Day (depending on the days when Christmas is observed). When a holiday falls on a weekend, we observe the holiday in accordance with the National Monday Holiday Bill. Because our tuition fees are set on an annual basis, there is no reduction in tuition for holidays. We will also reserve two days to close for teacher in-service days.

REGISTRATION

Anon-refundable \$75.00 registration fee is due at the time of enrollment. In order to "hold a space" you need to pay the registration fee in advance.

TUITION FEES

Monthly tuition fees are due the first business day of each month. Weekly tuition fees are due on Monday of each week. Bi-weekly tuition is due on the 1st and 15th of each month. All payments must be made in advance. A \$10 late charge is assessed the third day after the payment is due. If payment is not made after the third day an additional \$10 will be added per day until the balance is cleared. New Life Ministries reserves the right to refuse admittance to any child whose financial account is not current. New Life Ministries does not give refunds. We will take payment through ACH bank draft only.

Tuition Rates

	Monthly	Bi-Monthly	Weekly	3days	2days
Infant	\$900	\$450	\$230	n/a	n/a
Crawler		\$450			
Toddler	\$900		\$230	n/a	n/a
Two's				n/a	n/a
Three's	\$880	\$440	\$220		n/a
Four's	\$850	\$425			\$90
School Age	\$800	\$410	\$212	n/a	\$90
Camp			\$205		
				\$135	
	\$780	\$400	\$200	\$135	
	\$447	\$212	\$110		
	\$600	\$300	\$150		

TERMINATION OF CARE

For any reason of termination of care a meeting between the teacher, parent, and director will be had. A date for end of care will be agreed upon between all parties and any information or help will be given to parents to find other means of care. If parents are looking to withdraw, we ask for a 2 week notice that includes their last day of care.

INCLEMENT WEATHER

In case of severe weather, we will follow the PISD school-closing schedule. We will keep you updated through our Procure app and we will post updates on our social media.

CURRICULUM/SUPPLY FEE

There is a non-refundable bi-annual \$75 supply fee due upon enrollment, then on January 15 and September 15 of each year. This fee helps cover classroom supplies and materials.

LATE PICKUP FEE

A late fee of \$1.00 per minute per child is accrued each minute that a child is left in the center's care after 6:00 pm. These fees must be paid in cash at pick-up.

RETURNED NSF DRAFTS

ACH will result in a \$25 minimum charge.

ABSENCES

If your child is absent for any reason other than vacation (see below) there will not be any reduction in tuition. Please notify the center verbally if your child will be absent. If child is absent for 2 weeks without prior communication or payment, that is terms for voluntary withdrawal.

VACATIONS

You are allotted one-week vacation (five days) after one year, in which we will credit your account. The year is calculated by your child's anniversary date from enrollment. You must give us two weeks notice in writing and your account must be current at the time of vacation in order to receive this discount.

INFANT SHOES

Infants who are crawling and walking need to wear supportive shoes such as Stride Rite's. No sandals please.

GUM

Please do not allow your child to bring gum to the center.

NUTRITION AND BREASTFEEDING

In our centers, we provide breakfast, a hot lunch, snacks and supper daily for each child in full time care. Children are provided with milk, juice and plenty of water to drink as we follow the American Pediatric Society's guidelines. Parents of infants must provide and update the child's feeding instructions at enrollment and then every 30 days thereafter. New Life recognizes that human milk is the best source of nutrition for infants. We welcome breastfeeding moms to our center and are happy to provide a quiet area to feed your baby in the classroom or a separate room if needing privacy. We are also prepared to support mothers that choose to pump and bring a milk supply to the center. Our staff is well trained on safe handling of breast milk and will happily continue your desired feeding method here at the center. We also provide breastfeeding education and support resources, please ask your director for more information.

Program Practices:

- * Menus are posted on each class bulletin board.
- * Breakfast is served from 7:00 am – 8:00am only.
- * All liquids and food that is hotter than 110 degrees F are kept out of reach.
- * All staff are educated on food allergies and take precautions that all children are protected.
- * Our kitchen is in compliance with the city's health department and inspected regularly.
- * Our afterschool children will receive a healthy snack upon arrival to the center.
- * Parents are allowed to bring a lunch for their child, we have refrigerators and microwaves to keep the lunch at an appropriate temperature (please keep items labeled). On days that you decide to bring a lunch from home we will still offer your child our fresh milk, fruit, and vegetable. Please check with the director to see if there are allergies in the classroom before bringing anything into the classroom. Lunches brought from home should be nutritional. We provide a four-week rotation of nutritional meals. Again, the director has information on what a healthy lunch should look like.
- * Our centers participate in the Child and Adult Care Food Program. Our menus meet all the CACFP nutritional guidelines.

SAFE SLEEP POLICY Our staff will follow the safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome (SIDS). The list of the recommendations is provided on our Operational Policy on Sleep Safe Form.

MEDICATIONS/ILLNESS

Each day that a child must take medication during school hours, parents are required to sign in the medication in the logbook located in the lobby. All medicine must be in its original container with the child's name clearly marked. Over the counter medicines will only be dispensed as per package directions unless accompanied by written instructions from a health care provider.

While we take precautions to protect your child against illness, most children experience a normal number of infections throughout the year such as conjunctivitis or vomiting. In such cases, we will try to provide a quiet place for your child to rest and will notify you if it is necessary for you to take your child home. The following is a list of common illnesses and the procedures we follow according to State guidelines.

- **Allergy like symptoms-** Runny nose with clear discharge, slight congestion. Your child may remain in school.
- **Cold-** Mild, no temperature, feeling okay. If there are no other symptoms, and if discharge is clear, then your child may attend school.
- **Coughing Minor-** If the cough is minor your child may attend school.

- Coughing Major- If cough is chronic, deep, or hacking, it might mean an infection. Child needs to stay home until the cough is gone or return with written approval from your doctor. Diarrhea- After the third loose stool or if hard cramping persists/exists, child must stay home 24 hours after the last episode. Earache- Complaints of ear hurting, pulling at ear and unstoppable crying, temperature over 100 F. Child needs to stay home until he has a normal temperature with no pain or written approval from a doctor. Fever- A warning that all is not right with the body. If your child has a fever 100 degrees or higher, then you must keep your child at home 24 hours after it goes down to 98.6 F. Greenish Discharge- Greenish discharge from the nose might be a sign of infection. Child needs to stay home until gone or return with written approval from your doctor. Head Lice- If we detect nits or lice, you will be required to pick up your child. Child may return 7 days after the child has been treated with a medicated shampoo and ALL OF THE NITS ARE REMOVED. A vinegar and water rinse will soften the nits so you can comb the nits out. Medication- A medication release must be filled out before we can administer any medication. All medications must be kept in their original container with the child's name on it. Rash- Not contagious may attend school. Rash- If we are unable to determine the cause of the rash, child needs to stay home until it is gone or return with written approval from a doctor. Ring Worm- Flat, scaly ring- shaped lesions on skin. The infected area must be completely covered by clothing, or a bandage or treatment has begun in order to be able to stay. Sore Throat Mild- If mild, child may attend school. Sore Throat Severe- Child may appear to have one of the following: Swollen tonsils or glands, white spots in throat, hurts when swallowing and/or complains of not feeling well. You need to seek advice from your doctor. Child needs to stay home until gone or return with written approval from your doctor. Stomachache Light- Light stomachache, no diarrhea, vomiting, or temperature. Child may attend school. Stomachache Severe- Vomiting, severe cramping. Must be kept home for 24 hours after last episode. Suspected Conjunctivitis (pink eye)- Redness or discharge from one or both eyes. Pink eye is very contagious; therefore, your child must have a written approval from a doctor before returning to school. Vomiting Mild- If your child only vomited once he/she may still attend school. Vomiting Severe- Chronic. Your child vomited more than one time today. You must keep your child at home 24 hours after last episode.
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Once parent(s) have been called and have been notified for their child to be picked up due to an illness that can't be remedied here at school it is imperative that the child be picked up within an HOUR. If you are unable to collect your child you must make arrangements with an emergency contact. If an hour has passed after initial contact with no result, you will be billed \$1.00 per min.

NEW LIFE MINISTRIES STAFF

All staff are background checked, FBI fingerprinted, and CPR/1st Aid certified before entering a classroom. New Life does NOT require staff to get vaccinated.

ANIMALS

The center does not make it a practice to have animals in the classroom.

SPLASH DAY AND SWIMMING

Our centers may have splash days during the summer. We may provide sprinklers and water play toys. Please bring a towel, bathing suit, sun block and insect repellent on the days specified. There will be at least two teachers supervising the children during Splash play. Our children will not go on field trips to large bodies of water such as swimming pools or lakes.

FIELD TRIPS

We provide the opportunity for children to participate in taking field trips away from the center after they have reached 4 years of age. A permission slip is required with parent signature. You are welcome to chaperone on field trips following a background check.

BIRTHDAYS

Each child's birthday calls for a special celebration. Parties can be held snack time and parents are encouraged to attend the festivities. Please speak with your child's teacher and an administrator to arrange the party. All food brought into the center MUST be store bought and approved by the director.

PARENT NOTICES

We will post a sign on our door to notify parents of upcoming events. All parents are welcome to participate in any event. Please notify your child's teacher if you are interested in participating. Parents will be notified of any changes in operational policies or changes to enrollment agreements in writing. We will also communicate with you throughout the day on Procure. Annually, we request that the parents fill out a survey to let us know how we are doing. Your feedback is necessary to improve our quality of service.

SUPPLIES AND APPROPRIATE ATTIRE

Each child will need to bring changes of clothing, diapers or pull-ups, bottles, jar food, pacifiers, wipes, a small blanket, diaper cream, and formula, where required, for their class. We prefer that children wear clothes that are comfortable; from time to time the children will get dirty from eating, arts and crafts, and playing outside. We also prefer that all children wear closed toed shoes for their safety. Please make sure that clothing allows for independence if toilet training. We prefer that a child learns to dress and undress independently while toilet training.

TRANSPORTATION

All of our centers pick up at local area schools. Please see director for a list of schools we pick up from.

NEW LIFE MINISTRIES OPEN DOOR POLICY

You are invited to come to the center at any time to visit and may observe your child's class through our security cameras or go into the classrooms for a short time. Please feel free to discuss policies, procedures, or concerns with the director at any time. The office is open 8am- 5pm Monday-Friday and an appointment can be made for before or after office hours if needed.

CONFERENCES Parent conferences are set up on occasion to discuss development and behavior. Please do not use drop/off pick-up time to communicate lengthy concerns with your child's teacher, as this can distract the care of other children in the classroom. Parents are offered conferences twice a year, but parents can request a conference to discuss any concerns as needed. During conference time, each parent will receive information on their child's development and can set goals with teachers based on the results of the developmental assessments conducted by the teacher. Daily reports will be available on our Procure app for parents.

IMMUNIZATIONS, VISION, AND HEARING

An up-to-date immunization record must be provided for each child. Immunizations must be kept current by parents while the child is enrolled at the center. If your child is four years old on or before September 1st you must provide us with the hearing and vision screening tests at registration or when your child reaches four while attending Little Steps we will provide the testing. These are State and Houston Health Department requirements.

SAFETY AND RELEASE OF CHILDREN

Parents must bring their child into the building and see that the child is under the supervision of a teacher before leaving the center. Parents must sign children in and out everyday. This is a State requirement. Children can only be released to those persons designated by each child's parent on their enrollment form. Proper identification will be required from any person picking up your child. Please notify the center in writing if you are allowing a third party to pick up your child.

PHYSICAL ACTIVITY AND LIMITED SCREEN TIME

It is very important your child is stimulated throughout the day. Our centers are committed to daily indoor/outdoor physical activity (at least 30 min every morning and 30 min every afternoon). We try our best to limit screen time for children. Children under 24 months will NOT have any screen time and children over 24 months will be limited to no more than 30 minutes a day. On special occasions we may allow for a longer movie. We do not use technology for our 3 & 4's curriculum.

FAMILY PARTICIPATION

Family involvement in our centers is very important to the success of not only our program, but also your child(ren). There are several ways that families can get involved with the center and activities to ensure that your experience while enrolled in our center will be a great one! Opportunities include class parties, parent/teacher conferences, fundraisers, graduation, center programs and holidays. We highly encourage attending your child's events. You can work the Director to find ways to be involved. Signs will be posted to notify you when our events are happening. Parents are welcome to present any suggestions through our suggestion box located at the front desk.

DISCIPLINE AND GUIDENCE

Whenever possible it is the centers policy to use positive reinforcement and redirection to modify a child's behavior. We encourage each child to make appropriate choices and follow the classroom instructions. Thinking Time is used only as a last resort and is not to exceed one minute per year of age for that child. A child cannot be made to sit facing a wall or facing away from the other children. In the event of serious insubordination or aggressive behavior a behavior plan may be implemented that will not exceed two months. After two months, the plan will expire, and behavior will be reevaluated. Behavior in which a child is endangering themselves or others, or creating an unsafe environment will require immediate pick-up. Each of our centers has a designated room for therapy. This allows the child to meet in a comfortable environment if necessary.

CONSISTENT CHALLENGING BEHAVIOR AND OR SPECIAL NEEDS

In the event that the child's needs or challenging behavior is repetitive the following system will be in enforced:

- Verbal & Written communication from teacher -On going verbal communication from Director
- Parent-Teacher Conference Mediated by Director w/ Behavior Plan Enforced
- Contingent on Progress of Student: Student will remain a part of our facility or student will be directed to make other childcare arrangements.

*Evaluated on case-by-case basis

CHILD ABUSE HOTLINE

Our staff, being mandatory reporters of suspected abuse, is required by law to report any suspicion of abuse/neglect including but not limited to sexual, physical, and verbal. Our center provides yearly training on identifying and reporting suspected abuse and neglect. The hotline number, which is 24 hours, to report child abuse to the Texas Department of Protective and Regulatory Services is 1-800-252-5400. You will find informational pamphlets and postings regarding abuse/neglect in the lobby throughout the year.

LISCENSING AND MINIMUM STANDARDS

The contact number for the Child-Care Licensing office in Houston is 713-940-3009. The address is P.O. Box 16017 MC-182-6 Houston, Texas 77222. Their website is: <http://www.dfps.state.tx.us> and you may view recent inspections on-line. Their office hours are Monday- Friday 8am- 5pm.

Little Steps is licensed by the State of Texas and enforces regulations that meet or exceed the minimum standards in childcare. If you would like to view a copy of the Minimum Standards Rules of Licensed Child-Care Centers you may ask any of the administrative staff or you can read it online at: txchildcaresearch.org.

PARENT CODE OF CONDUCT

Our goal is to maintain a safe, professional environment at all times for the children and staff. The following is a list of rules we expect our parents/grandparents/guardians/ authorized pick-up person to adhere to. Violation of these policies could result in the termination of childcare services.

*Enrollment into New Life Ministry Centers is a privilege and not a right. The staff will always treat you with kindness and respect. We expect that you treat all staff with the same kindness and respect.

*We want to foster a positive environment for our children. We ask that you keep from using profanity when speaking to staff or children.

*Any aggressive behavior will not be tolerated, and you will be escorted off the premises, if necessary, and local law enforcement will be called.

*Appropriate attire is required while in our facility. (Shoes, Shirts, Pants/shorts, no profanity, or vulgar graphics)

*Photos of other children are prohibited.

*Smoking, Alcohol and Drug use are prohibited on the premises. If we suspect drinking or drug use you will not be allowed to take your child.

*Confronting a child or parent about an incident is prohibited.

*You are expected to sign your child in/out daily using our ProCare system and walk your child to his/her classroom and check in with the teacher.

*Please limit personal cell phone use in the building to allow for proper communication between you and your child's teacher or office staff.

Parent Signature

Date

Facility Representative

Date