

New Child Registration Packet

Welcome to Faith School

2019-2020 School Year

Please complete and return by May 1st 2019

At Meet the Teacher you will receive the parent handbook acknowledgment form as well as your child information sheet that you will need to review, make changes, sign, date and return on the first day of school.

Also please make sure that we have up to date shot records at all times!

Parent Policy Agreement

Please initial next to each statement and sign and date the bottom of the form

_____ I understand that my child's tuition is _____ per month. Tuition is due on the first of each month.

_____ I understand that a \$5 fee will be charged to your account each month if using a credit/debit card.

_____ I understand that a \$5 fee will be charged for any declined payments.

_____ A non-refundable registration fee of \$125 is required with your child's reservation information for the upcoming school year. \$100 for each additional child enrolled.

_____ Families that have two children enrolled at the same time are eligible for a \$15 credit of the oldest child's tuition. Only one eligible discount will apply.

_____ Active church members who bring their child to FSYC are eligible for a \$15 credit off their tuition cost.

_____ I understand that if I am late picking up my child I will be assessed a late fee of \$2 per minute my child remains after the allotted time after dismissal. If my child remains at the school after 2:30 a flat fee of \$50 plus the additional \$2 per minute will be assessed.

_____ We hereby grant to FSYC permission for our child to take part in all program activities and use all indoor and outdoor equipment.

_____ We hereby grant to FSYC permission for our child to be photographed or videotaped in classroom and outdoor activities.

_____ We hereby grant permission to the staff at FSYC to administer basic first-aid to my child in the event an accident occurs while on the premises.

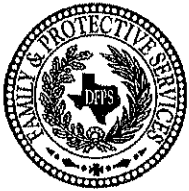
_____ Parents are to supply diapers, wipes, rash creams, an extra set of clothing, a nap mat(Toddlers, Two's, and 5 day 3's), and a small lightweight blanket (lovie) for nap time.

_____ I understand and agree that I will give two weeks notice, in writing, of permanent with-drawl from FSYC's program. I also understand that if my child leaves in the middle of a month, no reimbursement will be issued for tuition.

_____ My child has special care needs including but not limited to allergies, existing illness, previous serious illnesses or hospitalizations during the past 12 months, and any medications prescribed for long term use. Please make sure his/her file contains the following information:

Parent's Signature

Date



ADMISSION INFORMATION

Purpose: 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: Faith School for Young Children		Director's Name: Amber Herrmann	
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: 09/03/2019		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 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 and Phone Number:	Name and Phone Number:	Name and 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 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:

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

CONSENT INFORMATION

CHECK ALL THAT APPLY:

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

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

<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"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS 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:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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

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:

Name of School:

School Phone Number:

My child has permission to (check all that apply):

- walk to or from school or home ride a bus 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 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 or she is able to take part in the day care program.

Health Care Professional's Signature:

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 child care operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

REQUIREMENTS FOR EXCLUSION

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

VISION EXAM RESULTS

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

HEARING EXAM RESULTS

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:	

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)	

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
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.	

PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION

Signature or stamp of a physician or public health personnel verifying immunization information above:

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:
---------------------	--------------

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

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:

Date Signed:

X

Center Designee:

Date Signed:

X Amber Herrmann

09/03/2019

CONFIDENTIAL

CHILD INFORMATION SHEET
Faith School for Young Children

Please note that this information is for the CONFIDENTIAL USE of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand your child.

Child's Full Name: _____ Name called: _____

Home Address: _____ City: _____ Zip _____

Telephone _____ Birthdate _____ Sex: _____

Mother's Name: _____

Where she can be reached during the day:

Place: _____ Phone: _____

Mother's profession or special field of interest (whether or not active): _____

Father's Name: _____

Where he can be reached during the day:

Place: _____ Phone: _____

MARITAL STATUS OF PARENTS

Married _____ Single _____ Divorced _____ Separated _____

If divorced, please describe custody and visitation agreement for the child _____

In order for a child not to be released to a parent we must have the divorce decree, or restraining order on file in the school office.

OTHERS IN YOUR HOUSE

Brothers and sisters of child and their ages:

Other significant persons in your child's life (stepfamilies, grandparents, baby-sitters and so forth). Please give ages of children listed.

Names:

Relationship to child:

Does your child have a pet? _____

Kind _____ Name _____

CONFIDENTIAL

Kind _____ Name _____

Have there been births, deaths, adoption, or other changes in the family structure which affected your child? If so, describe briefly what happened and the effect on your child.

Tell us briefly how you explained this event to your child: _____

Does your family attend church? _____ Which church? _____

Is your child involved in church activities? _____

What opportunities does your child have to play with other children?

_____ Neighborhood _____ Sunday school/church _____ cousins/other family

_____ Nursery school or other classroom experience _____ Other: _____

What are your child's favorite play activities? _____

Do you consider your child hard to manage or easily managed? _____

What methods of discipline have you found most effective? _____

What fears does your child have? _____

How are they expressed? _____

What do you and your child enjoy doing together? _____

What trips, vacations, or other family experiences are remembered with the most pleasure? _____

What special happenings is your child apt to tell us about? _____

How much television does your child watch each day? _____

What are his/her favorite programs? _____

CIRCLE THE WORDS THAT BEST DESCRIBE YOUR CHILD:

Aggressive	Honest	Immature	Disobedient	Self-disciplined
Mature	Oppositional	Vivacious	Manipulative	Conscientious
Over-protected	Social	Cheerful	Self-centered	Follower
Shy	Confident	Irritable	Easily Discouraged	Perfectionist
Helpful	Witty	Responsible	Motivated	Positive Leader
Anxious	Articulate	Well-liked	Organized	Easily Led

How much sleep does your child require daily? _____

Does your child nap regularly? _____ Usual bedtime? _____

CONFIDENTIAL

Health History

Does your child have frequent: colds _____ coughs _____ seizures _____ convulsions _____

Has your child had a serious illness, surgery, or hospital stay? _____

If so, please describe condition and child's reaction: _____

Are bowel and bladder functions regular and under control? _____

Has your child had: Vision test? _____ Results _____

Hearing test? _____ Results _____

Speech test? _____ Results _____

Dental Check-up? _____ Results _____

Has your child ever been professionally tested? (Yes or No) If so, when and where _____

What was the diagnosis? _____

Does your child have any allergies? _____

If so, to what substances? _____

How are allergies manifested? _____

(hay fever, stomach upset, other)

Does your child have any dietary restrictions? _____

If so, please describe _____

Is this restriction because of allergy, family preference, medical needs, other? _____

Describe your child's overall health. _____

Please use the back of this page to give any additional information you think might be important for us to have.

Date of Enrollment _____

Signature of parent/guardian filling out form _____ **Date** _____



OPERATIONAL DISCIPLINE AND GUIDANCE POLICY

Purpose: This form provides the required information per minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

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 or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES (ONLY APPLIES TO BAP/SAP PROGRAMS THAT OPERATE UNDER CHAPTER 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).



SIGNATURE

This policy is effective on the following date:

Signed by:

X

Role:

- Parent Caregiver/Employee
 Household Member (Ch. 747 only)

MINIMUM STANDARDS RELATED TO DISCIPLINE

- Title 40, Chapter 746 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y)
- Title 40, Chapter 747 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y)
- Title 40, Chapter 744 Subchapter G:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)

**PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES
AND TO RECEIVE EMERGENCY MEDICAL CARE**

Faith School for Young Children

CHILD'S NAME _____ **BIRTHDATE** _____

I hereby grant permission for my child to use all the play equipment and to participate in all activities of Faith School for Young Children.

I hereby grant permission for my child to participate in any water activities at Faith School for Young Children. I understand that I will be given prior notice about the activities and that the staff-child ratio established by the Texas Department of Protective and Regulatory Services Minimum Standards will be maintained at all times.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parents or guardian through numbers listed on emergency information card.
4. If we cannot contact you or your child's physician, we will do any one or all of the following:
 - a. call another physician or paramedics,
 - b. call an ambulance,
 - c. have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under #4 above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school WILL NOT assume responsibility for a child who has not been taken to his/her classroom or chapel and greeted by a teacher, or been taken from the drop off line upon arrival at school.

Parent/Guardian Signature

Date

State of Texas
County of Ft. Bend

Subscribed and sworn to before me this _____ day of _____, 2019.

Notary Public

First Aid Release

There are times when your child may get a small scrape, cut, or bug bite that may need first aid care. We would like to get upfront permission for administering these creams so that we can treat your child without having to call and request approval. All medication will be in the form of one time use packages. These creams will only be administered by our office staff. The following are creams that may be used. Please initial next to each cream that you will allow us to use and sign the bottom of this form.

_____ Antibiotic Cream for minor cuts or scraps

_____ hydro-cortisone anti-itch cream for insect bites

_____ I hereby grant FSYC permission to administer the above medications in the event that they may need minor first aid care while in attendance at Faith School.

_____ My child cannot receive one of the above medications, I will provide an alternate for the schools use that will be kept in the office for the school year. I understand an alternative medication form will need to be filled out and on file for this medication.

_____ I do not want my child to receive any first aid beyond cleaning the area and applying a Band-Aid.

Parent Signature

Date Signed

2019-2020

Supply List

Nap Mat (Toddlers and Two Year Olds)

Lunch Box with child's name on the outside (lunches will not be warmed up or stored in the refrigerator, please plan your child's lunch accordingly)

A Daily Snack for your child (these must be brought each day, we do not have space to store snacks)

Medication Administration form filed out and signed by your child's doctor (if needed)

A backpack labeled with your child's name (we prefer one that a regular size folder will fit in)

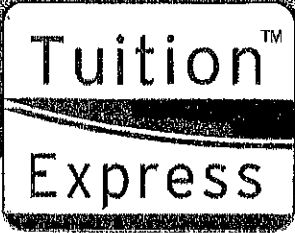
All Toddler and Two Year old classes will receive Tote Bags that must be used

Water bottle with your child's first and last name labeled on it/or sippy cup (baby bottles are not allowed)

A Change of clothes (toddlers and two year olds need two complete changes of clothes)

Diapers (stored in backpack) and wipes (stored in classroom) (if applicable)

An old t-shirt of daddy's to use for messy activities (this will become a class set and will be washed after each use)



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ -- an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. 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.

Your Name Phone #

Address City State Zip

Bank or Credit Union Name

Bank or Credit Union Address City State Zip

Checking Savings

Routing Transit Number (see sample below) Account Number (see sample below)

Signature Date

Check if you wish to make online payments

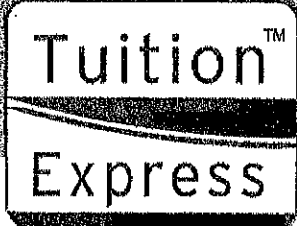
For Official Use Only
Date Received
Employee Signature

John Sample
Mary Sample
123 Nice Street
Anytown, USA
BANK OF THE WEST
555-555-5555
0226
Pay to the order of: Attach Voided Check Here \$
Deposit slips not accepted Dollars
1234567890 18003300 0226
Routing Number Account Number Check Number

A service of



procure SOFTWARE



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ - an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date

Cardholder Signature Date

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature

A service of



Faith School for Young Children Directory Form

If you would like your child's name and your contact information placed in the Faith School Directory please fill out and return this form to the school. This is a great resource for evites, setting up play dates, or just connecting with other parents! Please only provide information that you want printed in the directory.

Child's Name: _____ Child's Teacher: _____

Mom's Name: _____ Mom's Phone: _____

Mom's Email: _____

Dad's Name: _____ Dad's Phone: _____

Dad's Email: _____

Address: _____

Elementary School Your Child will attend: _____