



*Dear Grace Families,*

*Thank you for choosing Grace Preschool as your trusted partner. Grace Preschool is dedicated to ensuring that your child receives the best in early childhood education and development. Grace Preschool will work with our families in every way possible to assure that each child receives the best. Below is a check list of forms and items needed to make sure your child is ready for his/her first day of school, as well as Grace Preschool's communication procedures. Together our children will succeed.*

**Registration Forms:**

- Enrollment Agreement
- Admission information (6 pages including immunization form)
  - Doctors signature must be accompanied with immunizations
  - Vision & Hearing for 4 years of age
- Authorization for emergency medical care
- Permission to administer non-prescription medications
- Photo Release
- Biting Policy
- Discipline and Guidance Policy

**Supplies:**

- Full change of clothes (labeled with child's name)
    - 2x change of clothes for 12m - 23m
    - Full change of clothes for 2yrs – 5yrs
  - Small Blanket for rest time labeled with child's name
  - Diaper supplies for children in Older Infant – E.P.S.
  - Bottles pre-made for infants/pre-measured
  - Tote bag Labeled with child's name
- \*\* Substitutes for children with special dietary needs or allergies should be dropped off in the office and labeled with child's name.*

**Communication:**

- Older Infant & Toddler Daily Log sheets
- Monthly Newsletters
- Weekly Curriculum Posted outside of each classroom
- E-mail reminders
- Wall postings for upcoming events
- Open door policy, Owners and Directors readily available
- Child Class Folders



### Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

#### General Information

Operation's Name:		Director's Name:	
Child's Full Name:		Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
<b>In case of an emergency, call:</b>			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

#### Consent Information

##### 1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees (Check all that apply).

- 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 (Check all that apply).

- water table play     sprinkler play     splashing or wading pools     swimming pools     aquatic playgrounds

Is your child able to swim without assistance:  Yes  No    If no, what type of assistance is needed: \_\_\_\_\_

**4. Receipt of Written Operational Policies:**

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- |  |   |
|--|---|
| <input type="checkbox"/> Discipline and guidance   | <input type="checkbox"/> Procedures for release of children   |
| <input type="checkbox"/> Suspension and expulsion  | <input type="checkbox"/> Illness and exclusion criteria   |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications  |
| <input type="checkbox"/> Procedures for conducting health checks   | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval   |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services   |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                       | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

**5. Meals:**

I understand that the following meals will be served to my child while in care (Check all that apply):

- None     Breakfast     Morning snack     Lunch     Afternoon snack     Supper     Evening snack

**6. Days and Times in Care:**

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Child's Special Care Needs (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Environmental allergies                                 | <input type="checkbox"/> Limitations or restrictions on child's activities        |
| <input type="checkbox"/> Food intolerances                                       | <input type="checkbox"/> Reasonable accommodations or modifications               |
| <input type="checkbox"/> Existing illness  | <input type="checkbox"/> Adaptive equipment ( <i>include instructions below</i> ) |
| <input type="checkbox"/> Previous serious illness                                | <input type="checkbox"/> Symptoms or indications of complications                 |
| <input type="checkbox"/> Injuries and hospitalizations ( <i>past 12 months</i> ) | <input type="checkbox"/> Medications prescribed for continuous long-term use      |
| <input type="checkbox"/> Other: _____  |   |

Explain any needs selected above:

\_\_\_\_\_

Does your child have diagnosed food allergies?  Yes  No Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. 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 Area Code and Phone No.: \_\_\_\_\_

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 or her sibling under 18 years old

Authorized pick up or drop off locations other than the child's address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Authorization For Emergency Medical Attention**

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

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

\_\_\_\_\_  
**Signature — Parent or Legal Guardian** **Date Signed**

**Requirements for Exclusion from Compliance**

- 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**

Right Eye 20/      Left Eye 20/       Pass       Fail

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**Hearing Exam Results**

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**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. *(Select **only one** option.)*

- 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.
- A signed and dated copy of a health care professional's statement is attached.
- 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.
- 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 of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature — Parent or Legal Guardian \_\_\_\_\_

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)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

**Varicella (Chickenpox)**

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about            and does not need varicella vaccine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Additional Information Regarding Immunizations**

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

**TB Test (If required)**

Positive    Negative   Date: \_\_\_\_\_

**Gang Free Zone**

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

**Privacy Statement**

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

**Signatures**

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed

**Physician or Public Health Personnel Verification**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed



## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) 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 Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC 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 TAC 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: \_\_\_\_\_

Role:  Parent  Caregiver/Employee  Household Member (CH. 747 only)

### Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)



**Grace Preschool**  
**EMERGENCY TRANSPORTATION FORM**

Student Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Known Allergies: \_\_\_\_\_

Epi pen provided: \_\_ Yes \_\_ No Special Medication Needed: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Instructions or Important Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# **Grace Preschool**

## **DISCIPLINE POLICY AND BEHAVIORAL MANAGEMENT**

Discipline comes from the word disciple, which means, "one who is a learner". Therefore, discipline is a positive word, not a punitive action. Discipline is the responsibility of the teacher and/or the assistant teacher or the one responsible for the safety of the children at that time. Constructive, developmentally appropriate child guidance and management techniques will be used at all times, and will include redirection, separation from problem situations, talking with the child about the situation and encouragement of appropriate behavior. We work on this as conflicts arise, helping children find satisfactory solutions. We also have "Conflict Resolution" and "Empathy Learning" as a part of our curriculum. This allows children to develop self-concepts, problem solving skills, and self-discipline.

At Grace Preschool, one of our primary goals is to provide a safe, nurturing, and pleasant environment for all of the children we serve. We understand that many preschoolers may use misguided behavior because they have not yet learned what it is acceptable behavior. However, at times a child's behavior may endanger others. We want to ensure parents that we will address such behavior immediately following these guidelines:

When redirection and positive reinforcement are not effective the child's behavior presents a continued risk to self /others and repeatedly interferes with other students learning environment the plan of action is as follows:

- **Step 1: The first incident will be communicated through Communication Binder/note home. The child will be temporarily removed from the situation. Should injuries occur, incident report will be completed.**
- **Step 2: A second incident will result in a parent-teacher Behavior Plan Conference to develop an action plan/strategy for prevention of behavior.**
- **Step 3: A third incident will result in parents being called and the child removed from the classroom for the day.**
- **Step 4: Referral for outside advice and evaluation will be suggested**
- **Step 5: Based on that evaluation, a plan of Next Steps is established.**
- **Step 6: Meeting with parents, teacher(s), and director to review and agree and sign the Next Step Action Plan.**
- **Step 7: If the plan is not followed by student or parents, and/or there is no measurable improvement in child's behavior or learning, Grace Preschool will dismiss the child from our preschool programs.**

## DISCIPLINE POLICY AND BEHAVIORAL MANAGEMENT CONT.

Grace Preschool reserves the right to terminate any child's enrollment if any further incident occurs, or if we feel that any of following conditions exists:

1. The school cannot meet the child's needs.
2. The parents are not able to work with the school to find an acceptable solution.
3. The behavior endangers the well-being of other children, and/or the child engaging in the behavior and/or staff.
4. An excessive amount of the teacher's time is needed to attend to a particular child's special situation, to the extent that it is depriving the other children in the classroom the level of care and concern to which they are entitled.
5. In such a situation, the child may have to leave the school temporarily for safety's sake. Repeated uncontrollable behavior can lead to discontinuation of preschool services. In that case, a two-week notice may be given before termination of services in order to allow parents to find alternate childcare. It should be noted, however, that in extreme cases where a child must be removed from our facility immediately, the two-week notice will be waived
6. The child's special needs are beyond Grace Preschool's scope of care.

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Grace Preschool

## PERMISSION TO ADMINISTER NON – PRESCRIPTION MEDICATIONS AND EXTERNAL PREPARATIONS

I hereby give (GPS) permission to apply one or more of the following external preparations to my child, \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_, in accordance with the directions for use on the container.

	BRAND	PREPARATION
YES / NO		Brand wipes
YES / NO		Band-aids
YES / NO		Neosporin, Bacitrocin, of similar ointment
YES / NO		*Sunscreen
YES / NO		*Insect Repellent
YES / NO		Non-Prescription Ointment
YES / NO		Benadryl
YES / NO		Tylenol Brand
YES / NO		*Others:
YES / NO		

\*Must be provided by the parent.

I hereby request that (GPS) administer one or more of the above external preparations in accordance with the directions on the computer as needed. I release (GPS) from any liability for administering these preparations.

By signing below, you agree that this is legally binding form. Providing false information could result in termination of childcare services, forfeiture or retainer, or both.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grace Preschool: \_\_\_\_\_ Date: \_\_\_\_\_

# Grace Preschool

## PHOTO RELEASE FORM

I, \_\_\_\_\_, understand that my child(ren) whose name(s) are listed below may be photographed at Grace Preschool during operation hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services, either in print or on the Internet.

Child(ren) Name(s):

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With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting the Preschool's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

I DO NOT want my child photographed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Grace Preschool

## BITING POLICY

Ten percent of children under the age of three bit their friends with some frequency and with varying degree of severity. While this is not acceptable behavior, it is still common and is dealt with at our preschool. In some cases, the biting is severe and frequent and requires additional steps to be taken.

The following policy was created to address those situations in a methodical way with the support of the parents so this behavior can be dealt with as effectively as possible.

STEP 1: Identify how often, what time of day, in what situation, and why the child is biting. Also, the severity of the bites will be noted on the incident report.

STEP 2: Implement discipline techniques at school, with parents reinforcing this at home. (The length of time for this phase will be determined by the severity and frequency of the child's biting incidents).

STEP 3: Teachers will begin to shadow the child in the classroom, staying in close proximity to the child as often as possible. Parents, teachers, and management will meet to discuss how long the shadowing will continue and what will happen if this proves ineffective. (This phase will also be determined by the severity and frequency of the child's biting).

STEP 4: Child will be removed from school for a number of days to allow for maturing of child's behavior. A place can be reserved for the child if the parents so desire.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_