



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 Kidz Lane Learning Center | | Director's Name Tammy Espino | |
| 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 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="radio"/> Yes <input type="radio"/> 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 add complete address. | | | 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 & complete address | | Phone Number | |
| Name & complete address | | Phone Number | |
| Name & complete address | | 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 _____
 Work # _____ Parent #2 email, address(if different from above & work# _____
 Parent #1 email: _____

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 (Check All that Apply)

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

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

| Day of the Week | A.M. | P.M. |
|-----------------|------|------|
| 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 Children's Hospital of Dallas | Address 1935 Medical District Dr, Dallas, TX 75235 | Phone Number (214) 730-5437 |

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 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

- 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 — Health Care 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 child care operation.

Name

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

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

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) | |

| Vaccine | Vaccine Schedule | Dates Child Received Vaccine |
|-------------------------|--|------------------------------|
| Inactivated Poliovirus | 12-15 months (fourth dose) | |
| | 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.

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

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 |

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA

If I cannot be reached to make arrangements for
emergency medical care for my child at the time of an
illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden
localizar para arreglar atención médica de emergencia para
mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director
Nombre del Dueño o Director del Centro de Cuidado de Niños

Andrea Lightner or Tammy Espino Kidz Lane Directors

to take my child (or children):

a que lleve a mi niño (o mis niños):

| | |
|---------------------------------------|---------------------------------------|
| Name of Child (1)/Nombre del Niño (1) | Name of Child (2)/Nombre del Niño (2) |
| Name of Child (3)/Nombre del Niño (3) | Name of Child (4)/Nombre del Niño (4) |

to:

a:

| | |
|--|------------------------|
| Name of Doctor/Nombre del Doctor | Telephone No./Teléfono |
| Address of Doctor/Dirección del Doctor | |

or to:

o a:

| | |
|--|------------------------|
| Name of Hospital or Clinic/Nombre del Hospital o Clínica | Telephone No./Teléfono |
| Address of Hospital or Clinic/Dirección del Hospital o Clínica | |

I give consent for necessary emergency treatment
when my child is in the care of this physician or
hospital or clinic.

Doy mi consentimiento para el tratamiento médico
necesario estando mi niño bajo la atención de este
doctor u hospital o clínica.

Signature-Parent or Legal Guardian
Firma-Padre o Tutor

Date/Fecha

**Discipline and Guidance Policy for
Kidz Lane Learning Center**

- Discipline must be:
 - 1) Individualized and consistent for each child;
 - 2) Appropriate to the child’s level of understanding; and
 - 3) Directed toward teaching the child acceptable behavior and self-control

- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - 2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - 3) Redirecting behavior using positive statements; and
 - 4) Using brief supervised separation or time out from the group, when appropriate for the child’s age and development, which is limited to no more than one minute per year of the child’s age.

- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - 1) Corporal punishment or threats of corporal punishment;
 - 2) Punishment associated with food, naps, or toilet training;
 - 3) Pinching, shaking, or biting a child;
 - 4) Hitting a child with a hand or instrument;
 - 5) Putting anything in or on a child’s mouth;
 - 6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - 7) Subjecting a child to harsh, abusive, or profane language;
 - 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age.

Steps taken:

- 1 : Talk to child; re-direct send to our Safe Place for child to calm down
- 2: Call in Director and have child removed (If necessary)
- 3: Parent contact (incident report)
- 4: Parent contact (in person, phone call, email)
5. Parent Conference arranged by director (parent. Teacher, director in attendance)
- 6 . Child removed from program.
 - A serious incident could result in immediate dismissal from program.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature _____

Date _____

Check one please:

parent

employee/ caregiver

household member of child-care home

Inclement Weather Policy

While closing due to inclement weather is extremely rare, **Kidz Lane Learning Center** reserves the right to close at any time. Our Policy is that we follow the same guidelines as the Public School (**Ellis County / Ennis Independent School District**). If the ISD is closed we are closed, if they are delayed we would open at the exact same deferred time. If "icy weather" should start in the afternoon, please plan to pick your child up as soon as you can so that everyone, including your child's teacher, can get home safely. We do not send our buses to pick up from Public Schools in "icy weather".

We will attempt to stay open during inclement weather; however, we will make announcements of school closings, late openings or early dismissal on our center website and local news station, if available.

Tuition **will not** be exempt or prorated due to inclement weather closings or if a state of emergency has been declared.

Public School Closures: If your child attends public school and the school closes for a holiday break, snow day, or for any other reason, an additional fee will be charged for staying the entire day or week at the center. Please see your Tuition Contract Agreement or Center Director for specific information.

WATER ACTIVITIES

If applicable, water activities will be posted on Parents information board. These may include, but not limited to: wading, free swim, swimming lessons and water play. A signed permission slip will be required.

Photograph Statement

With the intent to be legally bound, I give permission to **Kidz Lane Learning Center**, to photograph my son(s) or daughter (s) and use the resulting photographs for marketing materials such as internet, brochures and albums as **Kidz Lane Learning Center** deems property. I reserve the right to view the photograph, but relinquish all right, title and interest in the photograph and negatives.

Please Check one:

Yes, I do agree to allow my child to be photographed.

No, I do not wish to have my child photographed.

Child/Children's Name _____

Parent (s) Signature _____

PARENT HANDBOOK CONFIRMATION OF RECEIPT

I / we, the Parent (s)/ legal guardians of:

Acknowledge that I/We have received a copy of **Kidz Lane Learning Center**, Parent Handbook and have been given the opportunity to read the manual and ask questions about and understand the policies contained therein. Furthermore, I/We agree to abide by the policies set forth in the manual. I understand this Parent Handbook is not intended to cover every situation that may arise, but simply is a general guide to the Center's policies.

Kidz Lane Learning Center, reserves the right to alter, amend or otherwise modify these guidelines, in its sole discretion, without prior notice **BUT** will try to notify of any changes made soon as possible. I also understand that the Center may make exceptions to interpret, depart from and apply provisions in this Parent Handbook as it sees fit in its sole judgment and discretion.

I further understand that this Parent Handbook supersedes and replaces any and all prior handbooks or materials previously distributed.

I acknowledge receipt of **Kidz Lane Learning Center**, operational policies including for those discipline and guidance.

I understand the signed page of; as the parent/legal guardians and the Center's Director of **Kidz Lane Learning Center**, will be filed in my child (ren) file.

PARENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

DIRECTOR'S SIGNATURE

DATE



COVID-19 UPDATE CONFIRMATION OF RECEIPT

I / we, the Parent (s)/ legal guardians of:

Acknowledge that I/We have received a copy of **Kidz Lane Learning Center COVID-19 UPDATE** and have been given the opportunity to read the manual and ask questions about and understand the policies contained therein. Furthermore, I/We agree to abide by the policies set forth in the manual. I understand this **COVID-19 UPDATE** is not intended to cover every situation that may arise, but simply is a general guide to the Center's policies.

Kidz Lane Learning Center, reserves the right to alter, amend or otherwise modify these guidelines, in its sole discretion, without prior notice BUT will try to notify of any changes made soon as possible. I also understand that the Center may make exceptions to interpret, depart from and apply provisions in this **COVID-19 UPDATE** as it sees fit in its sole judgment and discretion.

I further understand that this **COVID-19 UPDATE** supersedes and replaces any and all prior handbooks or materials previously distributed.

I acknowledge receipt of **Kidz Lane Learning Center, operational policies including for those discipline and guidance.**

I understand the signed page of; as the parent/legal guardians and the Center's Director of **Kidz Lane Learning, will be filed in my child (ren) file.**

PARENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

DIRECTOR'S SIGNATURE

DATE

