

**KOLBE KIDS' EARLY CHILDHOOD PROGRAM
ADMISSION INFORMATION**

FOR OFFICE ONLY

Date of Admission:

Date of Withdrawal:

Rm. # and Days:

GENERAL ADMISSION

Name of Operation Kolbe Kids' Early Childhood Program		Director's Name Eileen Mace		
Child's Last Name	First	Middle	Birthdate	
Child's Address; House # and Street Name	City	State	Zip Code	Home Phone Number
Child lives with <input type="checkbox"/> Both parents or <input type="checkbox"/> Mom <input type="checkbox"/> Dad or <input type="checkbox"/> Other (Please specify.)			Custody Documents on File <input type="checkbox"/> Yes <input type="checkbox"/> No	
Siblings' Names and Ages:				
Mother's First and Last Name			Phone # during school hours	
Address if different from child's:				
Father's First and Last Name			Phone # during school hours	
Address if different from child's:				

I authorize Kolbe Kids' Early Childhood Program to release my child from the center with the following persons. A current Driver license is required for presentation as is prior notification each occurrence.

Emergency Contact if parent(s) cannot be reached - this does not include parents.

First and Last Name	Phone #	Relationship to child
Full Address:		

**Additional people allowed to pick up child OTHER THAN the parents & emergency contact
(must supply at least one name and information)**

First and Last Name	Phone #	Relationship to child
First and Last Name	Phone #	Relationship to child
First and Last Name	Phone #	Relationship to child

Parent Signature

Date

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Child's Last Name	First Name	Birthdate
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WELL HEALTH REQUIREMENT

HEALTH CARE PROFESSIONAL'S STATEMENT:

I have examined the above named child within the past year and find that he/she is able to take part in a day care program.

Physician's Signature

Date

DOES CHILD HAVE ANY ALLERGIES THAT REQUIRE MEDICATION AND/OR AN EPI-PEN? Yes No

If so please submit the name of the medications and the plan-of-action.

PLEASE INCLUDE an updated immunization record with doctor signature or stamp and date.

AUTHORIZATION FOR MEDICAL ATTENTION

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

Name of Child's Physician	Address:	Phone #
Hospital	Address	Phone #

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

Parent Signature

Date

ADDITIONAL HEALTH AND ALLERGY INFORMATION AND DIETARY RESTRICTIONS

Does your child have a diagnosed food allergy(ies)? Yes No List:

If yes, does he/she require medication and/or an Epi-Pen? Yes No

If so, a Plan-of-Action and the medication must be submitted before your child can start school.

List any special needs that your child may have, such as asthma, environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

List any food(s) your child is prohibited from eating due to dietary restrictions.

For additional information regarding IMMUNIZATIONS, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

Parent Signature

Date

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RECEIPT OF ACKNOWLEDGMENT

RECEIPT OF WRITTEN OPERATIONAL POLICIES - I understand that I am responsible for reading and adhering to the policies in the Kolbe Kids' ECP Parent Handbook; including, but not limited to:

9:10 Sign In and 2:10 pm Sign Out times Discipline and Guidance Suspension and Expulsion Emergency Plans Procedures for parents to discuss concerns with teachers and/or director Procedures for the parents to participate in operational activities Procedures for release of children Illness and exclusion Toilet Training Policy	Tuition, Absences, and Extended Leave Procedures for Dispensing Medications Completing ALL Paperwork Immunizations Requirements for Children Snack and Lunch Policy Rest/Sleep Policy and Nap Mat Policy Procedures for Visiting the Center Without Securing prior approval Procedures for Parents to Contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website
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I understand that I am responsible to send a snack, a lunch, and a water to school every day. I will send additional water and juice or milk if desired and will keep items cold in a thermos or ice pack and keep items warm in a thermos.

RELEASE OF PAPERWORK

In the event that I am unable to pick my child up from school, I hereby authorize that the person designated to pick him/her up to accept any and all documents and/or papers from the teachers/staff. If at any time I decide that I do not want a person to receive any information I agree that I must notify the school in writing of the change.

PHOTOGRAPHY AND VIDEOS

I give permission for Kolbe Kids' Early Childhood Program to video and photograph my child during school activities; including class parties. I understand that at times he/she may be included in group pictures that will go out to the classroom families and may be posted on bulletin boards or appear in the church bulletin. I understand that no personal information other than my child's name will be included.

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.

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).

CONSENT INFORMATION - Check all that apply

TRANSPORTATION - I give consent for my child to be transported and supervised by the operation's employees:
 for emergency care area or property emergency that requires vacating the premises

FIELD TRIPS - We do not leave the grounds for field trips. Our field trips consist of walks around the property and visiting the church and church hall.
 I give permission for my child to participate in field trips on the center 's property

WATER ACTIVITIES - I give consent for my child to participate in the following water activities:
 water table play sprinkler play splashing / wading pools

Parent Signature

Date

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ABOUT YOUR CHILD

Is your child potty trained and/or need assistance with toileting?

Describe any fears your child may have.

When your child gets upset what calms him/her down?

How do you address behavioral challenges at home?

How does your child communicate his/her needs?

List any naptime routines that will be helpful during rest time including his/her favorite position for sleeping.

What are your child's favorite foods?

Does your child feed himself/herself?

Does your child choke easily while eating?

What activities, books, and/or toys does your child enjoy the most?

Does your child interact and play well with other children or does he/she prefer to play alone?

If your child uses any words that might not be easily recognized, please use back of this page to write them down.

Please use the bottom and back of this page to add any additional information you think will make your child's transition to school easier for him/her and for you.

Parent Signature

Date

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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 away 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 of the child's age.

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

My signature verifies that I have read and received a copy of this discipline and guidance form in my Kolbe Kids' Early Childhood Program Parent Handbook and agree to adhere to each statement for any child who is on St. Maximilian Kolbe Catholic Community property. I acknowledge that I am to ensure that any person who is listed on my child's enrollment will be apprised of and will agree to adhere to these same guidelines.

Signature

Date

Check one please: Parent Employer / Caregiver

TDRS-CL 06/02/03