



## 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: Rising Stars Bilingual Learning Center		Director's Name: Hilda G. Gonzalez	
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:	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 <b>to call</b> in case of an emergency if parents/guardian cannot be reached:			Relationship:
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 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

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:
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### SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:	School Phone Number:
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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:
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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:
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## 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 90<sup>th</sup> 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:
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## 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:
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## ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at

**TB TEST (IF REQUIRED)**

<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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**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

**SIGNATURES**

Child's Parent or Legal Guardian:  	Date Signed:
Center Designee:  	Date Signed:

Caregiver	Rising Stars Bilingual Learning Center	Telephone No.	(737) 226 - 0768
Address	11406 Conroy Ln. Manchaca, Texas 78652		

AGREEMENT

I, \_\_\_\_\_, agree that \_\_\_\_\_  
(Parent) (Caregiver)

will care for \_\_\_\_\_  
(Children)

beginning on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(month) (day) (year)

Care will include the following meals and snacks:

Breakfast     Morning Snack     Lunch     Afternoon Snack     Supper

I will pay a  Weekly  Monthly fee of \$\_\_\_\_\_. Payment is due in advance on \_\_\_\_\_.

If this fee is not paid by that day, a penalty of \$\_\_\_\_\_ will be charged, or my child must be withdrawn from care.

My children will be in care between the hours of \_\_\_\_\_ and \_\_\_\_\_ on \_\_\_\_\_  
(time to arrive) (time to leave) (days)

Care outside of these hours will require an additional fee of \$\_\_\_\_\_ for each \_\_\_\_\_ minutes, which will be paid the same day.

When I withdraw my child(ren) from care, I will give at least \_\_\_\_\_ weeks advance notice.

\_\_\_\_\_  
Signature-Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Caregiver

\_\_\_\_\_  
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)

## RISING STARS BILINGUAL LEARNING CENTER

### *Emergency Contact List*

Mom's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:      Home \_\_\_\_\_ Work \_\_\_\_\_  
                          Cell \_\_\_\_\_ Other \_\_\_\_\_

Notes (regarding schedules, etc.):

Dad's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:      Home \_\_\_\_\_ Work \_\_\_\_\_  
                          Cell \_\_\_\_\_ Other \_\_\_\_\_

Notes (regarding schedules, etc.):

#### *Additional Emergency Contact Numbers*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:      Home \_\_\_\_\_ Work \_\_\_\_\_  
                          Cell \_\_\_\_\_ Other \_\_\_\_\_

Can He/She pick up child from care? Yes  No  If yes please provide ID number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:      Home \_\_\_\_\_ Work \_\_\_\_\_  
                          Cell \_\_\_\_\_ Other \_\_\_\_\_

Can He/She pick up child from care? Yes  No  If yes please provide ID number: \_\_\_\_\_

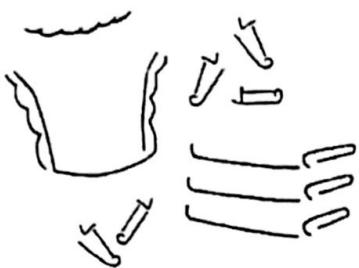
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:      Home \_\_\_\_\_ Work \_\_\_\_\_  
                          Cell \_\_\_\_\_ Other \_\_\_\_\_

Can He/She pick up child from care? Yes  No  If yes please provide ID number: \_\_\_\_\_

# Rising Stars Bilingual Learning Center



## Permission to Apply Diaper Ointments or Creams

Child's Name \_\_\_\_\_

I, the parent/guardian of the above named child, give permission for the staff Rising stars Learning Center to apply the following topical diaper ointment/cream that I have provided for my child.

Name of diaper ointment or cream \_\_\_\_\_  
(specific name of cream must be listed)

Apply the following amount of ointment or cream:

- thick coating  
 thin coating

Apply at the following times:

- when skin in diaper area is red  
 when rash is present in diaper area  
 after each bowel movement  
 with each diaper change  
 \_\_\_\_\_

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Parent's Signature

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Date

# RISING STARS BILINGUAL LEARNING CENTER

## PERMISSION TO PHOTOGRAPH



Dear parents and Guardians:

As you know I have a website and a Facebook page that features our class and the activities in which we participate. The site is for the children and their parents. I post ideas and photos, I will never label pictures of the children with their names and will only post pictures with the permission of the parents or guardians. Please sign below to let me know if I do or do not have permission to place your child's work and photos on my sites, Thank You!

Rising Stars Bilingual Learning center

Rising Stars Bilingual Learning Center HAS permission to place photos of my child participating in classroom activities and their work.

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

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

Rising Stars Bilingual Learning Center DOES NOT have permission to place photos of my child participating in classroom activities and their work.

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

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

## RISING STARS BILINGUAL LEARNING CENTER

### Sunscreen and Bug Repellent Authorization

I give Rising Stars Bilingual Center permission to apply the sunscreen and/or bug repellent that I have provided for my child.

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

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If you wish not to provide and/or have Rising Stars Bilingual Center apply sunscreen on to my child, please read and sign.*

I do not give Rising Stars Bilingual Center permission to apply the sunscreen and/or bug repellent on my child.

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

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ALLERGY ALERT

My name is \_\_\_\_\_

My classroom is \_\_\_\_\_

I'm allergic to \_\_\_\_\_

current picture

Symptoms to watch for are \_\_\_\_\_

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If Non-Applicable (N/A) please check the box.

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Signature



## 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 Rising Stars Bilingual Learning Center 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:

### Safe Sleep Policy

All staff, substitute staff, and volunteers at Rising Stars Bilingual Learning Center 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 an Infant Sleep Exception Form 2710 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 and §747.2315]. 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 and §747.2315].
- 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 blanket with zipper (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415 and §747.2315].
- 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 or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2415 and §747.2315].
- 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 an Infant Sleep Exception Form 2710 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 an Infant Sleep Exception Form 2710 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:

**Signatures**

This policy is effective on (Date) 01/01/2019	Child's name
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Signature — Director/Owner

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Date Signed

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Signature — Staff member

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Date Signed

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Signature — Parent

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Date Signed

## Infant Feeding Instructions

Name:

Date of Birth:

Currently, my child is on the following diet:

Breast Milk

Feed On Demand

Ounces

At

Formula:

Feed On Demand

Ounces

At

Baby Food:

Feed On Demand

Cereal:

Time

In Bottle

In Bowl with Spoon

Other Instructions:

Parent's Signature

Date