



Child's Name _____

Child's DOB _____

Date of Enrollment _____

Date of Withdrawal _____

_____ Parents Handbook Agreement Form

_____ Enrollment Form

_____ Immunization Records

_____ Emergency Medical Care Form

_____ Tuition Agreement

_____ Photo Release Form

_____ Discipline and Guidance Form

_____ Child Assessment Form

_____ Physician's Statement

_____ Hearing & Vision Screening (ages 4 and over)

_____ Updated Records (date : _____)

_____ Updated Records (date : _____)

HEALTH REQUIREMENTS

Name of Child: _____

Date of Birth: _____

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenza type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)

Positive

Negative

Date: _____

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

Signature

Date

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

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm

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 / she is physically able to take part in the day care program.

Health Care Professional's Signature

Date

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 will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian

Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

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 Acton United Methodist Church Preschool Carmen Davis - Director
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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

I give consent for the facility to secure any and all necessary emergency medical care for my child.	_____ Signature - Parent or Legal Guardian
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List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

Enrollment Agreement

I wish to enroll my child _____ at AUMC Preschool, in the following classes:

Giraffe & Hippo Room Students (6weeks - 12 months)	Week Rate
Full Time	6:30AM-6:00PM
M W F Schedule	\$170
T Th	\$123
	\$89
Red Room Students (12 months – 24 months)	Week Rate
Full Time	6:30AM-6:00PM
M W F Schedule	\$140
T Th	\$101
	\$74
Yellow Room Students (2yrs - 3yrs)	Week Rate
Full Time	6:30AM-6:00PM
M W F Schedule	\$140
T Th	\$101
	\$74
Blue Room Students (3yrs – 4yrs)	Week Rate
Full Time	6:30AM-6:00PM
M W F Schedule	\$135
T Th	\$99
	\$72
Orange Room Students (4yrs – 5yrs)	Week Rate
Full Time	6:30AM-6:00PM
M W F Schedule	\$135
T Th	\$99
	\$72

The following fees apply to all participants and are non-refundable:

___ Supply Fee Paid: \$45 fee for Fall Semester (due September 1), \$45.00 fee for Spring Semester (due January 1) and \$25.00 fee for Summer (due June 1). The fee will be charged for each semester the child is enrolled.

___ \$35.00 Enrollment Fee paid

Please initial the following stating your agreement.

___ Tuition is due on the first school day of the week.

___ I understand there is a \$10.00 late fee for each week that my account is in behind. Late fee will be charged the third school day of the week or if paying by monthly the third school day of the month. The child will not be allowed to attend the 4th day if payment is not received.

___ I understand that this is a contract and if our schedule changes, I must sign another enrollment agreement. There is a \$5.00 fee for each schedule change.

___ I understand there is a \$1.00/minute for every minute my child is present at the Preschool facility after 6:00PM

Pre registered drop-ins: \$40.00/day (ALL registration must be approved prior to drop in date!)

Parent Signature

Date



Parent Consent and Liability Release Form Photo Release

Name of Child: _____

Name of Parent/Legal Guardian: _____

I, the undersigned parent/legal guardian, understand that as a participant in the Preschool program at Acton United Methodist Church, my child may be photographed or videotaped during normal Preschool group activities (including but not limited to: chapel time, group time, etc.) and that these photographs or videotapes may be used in promotional material, including but not limited to flyers, newsletter, and internet websites (including but not limited to: AUMC Preschool website, AUMC Preschool Facebook page). I do declare that I am the parent/legal guardian of the minor child listed above and do hereby give my consent for such photographs or videotapes to be used in AUMC Preschool's use only. I release, discharge, and agree to hold harmless the Acton United Methodist Church, AUMC Preschool, and all agents and employees from any and all liability, claims or demands of any nature which may be incurred or arise by us or my child by use of such published materials.

Please initial one of the following and sign below:

_____ I have fully read this form and sign voluntarily with knowledge of its terms and conditions.

_____ I have fully read this form and do not give consent for my child to be photographed.

Signature of Parent/Legal Guardian

Date



Discipline and Guidance Policy

Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
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.

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

Circle those that apply:

Parent/Guardian

Employee/Caregiver



PARENT HANDBOOK AGREEMENT FORM

Name of Child: _____

Name of Parent / Legal Guardian: _____

I the undersigned parent / legal guardian have fully read the Parent's Handbook. I understand all rules, rates and policies that are stated in this Handbook and voluntarily sign with knowledge of its terms and conditions.

Signature of Parent / Legal Guardian

Date

Child Assessment Form

Child Name (last, first, middle)		Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) -- Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				

*** Optional**

1. Health

Does your child have any allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child			
How should we respond if he/she has an allergic reaction?			
Does your child have an existing illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?			
Is the medication prescribed for continuous use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?			
What are your ideas about toilet training?			
How can we best help?			

3. Behavior:

Does your child have any special fears?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?			
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?			
When your child gets upset, what helps him/her calm down?			
What is a good way to distract your child when he/she is having a temper tantrum?			

Are there any particular routines that are particularly helpful at naptime?	
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What position is most comfortable for your child when he/she is napping?	
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4. Eating Preferences:

What are your child's favorite foods?	
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Does your child use utensils, eat with fingers, feed	
--	--

Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Activities:

What activities do you like to do with your child?	
--	--

What activities does your child like to do when playing with other children?	
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What does your child like to do when he is playing alone?	
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6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
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I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

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