



### 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 First United Methodist Church Preschool		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 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			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		Phone Number	
Name		Phone Number	
Name		Phone Number	

#### Consent Information

<p><b>Check All That Apply:</b></p> <p><b>1. Transportation</b></p> <p>I give consent for my child to be transported and supervised by the operation's employees:</p> <p><input type="checkbox"/> for emergency care      <input type="checkbox"/> on field trips      <input type="checkbox"/> to and from home      <input type="checkbox"/> to and from school</p> <p><b>2. Field Trips</b></p> <p><input type="radio"/> I give consent for my child to participate in field trips.</p> <p><input type="radio"/> I do not give consent for my child to participate in field trips.</p> <p>Comments</p>
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**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 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 (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	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

**School Age Children**

My child attends the following 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

- 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
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\_\_\_\_\_  
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)	
Influenza	4-6 years (fourth dose)	
	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.shtml](http://www.dshs.state.tx.us/immunize/public.shtml).

**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

# 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)			

\* If applicable.

## 1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
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?		

# Child Assessment Form

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?	
Does your child use utensils, eat with fingers, feed self?	
Does your child choke easily while eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 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?	
What does your child like to do when he is playing alone?	

#### 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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## 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)



# First United Methodist Church Preschool

303 S. Avenue E  
Mail: PO Box 529  
Clifton, Texas 76634

preschoolfumc@yahoo.com  
254-675-7722  
fumccifton.com

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## Preschool Tuition Payment Agreement

My child \_\_\_\_\_ is enrolled in Clifton First United Methodist Church Preschool.

- ◆ I agree to pay the monthly tuition rate which has been quoted to me.
- ◆ I agree to pay this fee in full by the 1st of each month.
- ◆ In the event I am late with payment, I understand I will be charged \$5/day after the 5th day of the month.
- ◆ I understand upon failure to pay tuition by the 15th of the month, my child will automatically be withdrawn from the program, and that I am still responsible for the unpaid tuition incurred, plus the cost of two (2) weeks of tuition for failure to give notice of withdrawal.
- ◆ I agree to give two weeks notice, should I choose to withdraw my child from the program.
- ◆ I understand that failure to give two weeks notice of withdrawal of my child from the program will result in my having to pay a penalty equal to the cost of two weeks of tuition.
- ◆ I understand that, in the event I am late picking up my child by 5:30 PM, I am responsible for paying \$1 for each minute I am late.
- ◆ I understand that by law, if I am late more than three (3) times in picking up my child in one school year, Child Protective Services will be notified.
- ◆ I agree that I am responsible for a \$30 returned check fee should my check be returned by the bank.

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Parent/Guardian Signature

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Date

### **Parent Handbook Acknowledgement**

- ◆ I have received the Parent's Handbook and understand that it is the operating guide of First United Methodist Church Preschool.
- ◆ I understand that I am responsible for providing my child's lunch and as such, the school is not responsible for the nutritional value of the lunch.
- ◆ I agree that this document will serve as a contract to pay monthly tuition as outlined in the Parent Handbook and in the Fee Schedule.
- ◆ I agree that tuition is subject to change with a 30-day written notice.
- ◆ By affixing my signature to this contract, I release First United Methodist Church Preschool, its employees and board members, and First United Methodist Church and staff and church members, of any and all liability for any injury or property damage that my child may incur during attendance at FUMC Preschool.
- ◆ I understand that this page will be placed in my child's permanent file.
- ◆ I affix my signature as agreement of this contract.

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Child or *Children's* Name(s) and Date(s) of Birth

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Parent/Guardian Signature

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Date

**EMERGENCY PREPAREDNESS PLAN**

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

By signing, I agree that I have read and understand First United Methodist Church Preschool's Emergency Preparedness Plan.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Directory Permission**

\_\_\_\_\_ Yes, I would like my family's names, address, and phone numbers published  
in the Preschool Directory.

\_\_\_\_\_ No thanks. I would not like my family's information published.

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

\_\_\_\_\_  
Date

**Permission to Post Photos on Facebook**

\_\_\_\_\_ Yes, I give permission for my child's picture to be used on the First United Methodist Church Preschool Facebook page.

\_\_\_\_\_ No, I do not want my child's picture used on the First United Methodist Church Preschool Facebook page.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Food Program Notification**

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

I understand that First United Methodist Church (FUMC) Preschool does not have a food program. FUMC Preschool will serve only the food I send daily for my child at the noon meal. I understand it is my choice to select which foods I send in my child's lunch. FUMC Preschool is not responsible for ensuring that the foods I select for my child's meal are healthy/nutritional choices.

Morning and afternoon snacks will be provided by FUMC Preschool.

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

\_\_\_\_\_  
Date

Dear Parents:

The Minimum Standards for Child Care Centers requires that First United Methodist Church (FUMC) Preschool have a Food Allergy Emergency Plan on file for all children in our care who have food allergies. This Food Allergy Emergency Plan must be filled out by your child's health care professional and signed by both the health care professional and the parent/guardian.

If your child does not have a diagnosed food allergy but has an Intolerance to a certain food, then a Food Intolerance Plan will need to be completed. The Food Intolerance Plan form does not have to be signed by a health professional.

A Medication and Insect Allergy Plan must be completed if your child has any other allergy (other than food) such as medication, insect bites, latex, etc. A separate plan (form) must be completed for each known allergy. The Medication and Insect Allergy Plan does require completion by and the signature of a Physician.

The completed allergy and food intolerance plans will be posted, not only in your child's classroom, but anywhere your child goes in our facility and on field trips.

Completed and signed allergy and food intolerance plans must be turned with all of your child's registration paperwork prior to attendance at First United Methodist Church Preschool. It is your responsibility to keep these allergy and food intolerance plans up-to-date should allergies become known in the future.

Should you have questions or need more information, please stop by the Preschool Director's office to speak with the Director.

Sincerely,

Jennifer Dickens, Preschool Director

\_\_\_\_\_ I have read the above letter. I will complete the required allergy and/or food intolerance plans (forms) for my child and give them to the Preschool Director.

\_\_\_\_\_ I have read the above letter. My child has NO diagnosed food allergies.

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

Parent's Name Printed: \_\_\_\_\_

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

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

First United Methodist Church Preschool  
Clifton, Texas

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### Food Allergy Plan

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

Date of Birth: \_\_\_\_\_

**Please complete one plan (form) for EACH known FOOD ALLERGY.**

This child has a food allergy to \_\_\_\_\_

Possible Symptoms, if exposed to this food: \_\_\_\_\_

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Specific plan (action) to take if your child has an allergic reaction to this food:

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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Food Intolerance Plan

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

Date of Birth: \_\_\_\_\_

**Please complete one plan (form) for EACH known FOOD INTOLERANCE.**

This child has a food intolerance to \_\_\_\_\_

Possible Symptoms, if exposed to this food: \_\_\_\_\_

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Specific steps to take if your child has a reaction to this food:

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Parent's Signature

---

Date



## Medication and Insect Allergy Plan

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

Date of Birth: \_\_\_\_\_

**Please complete one plan (form) for EACH known  
Medication and/or Insect Allergy.**

Medication/Insect/Other your child is allergic to \_\_\_\_\_

\_\_\_\_\_

Possible Symptoms, if exposed to this Medication/Insect/Other \_\_\_\_\_:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific steps to take if your child has a reaction to this Medication/Insect/Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date