



KIDS KREATIONS

Childcare & Early Learning Centers

WELCOME TO KIDS KREATIONS

Some items your child will need...

Infant Room:

- Bottles with nipple covers
- Diapers
- 3 Boxes of Kleenex
- Baby Food
- Wipes
- Extra Clothes

12 Months to 2 Years:

- Diapers or Pull-ups
- Extra Clothes/ under garments
- Wipes
- 3 Boxes of Kleenex

3 & 4 Year Old PRE-K Program will receive an additional supply list, *please see the front office.*

5 to 12 Years Old, please bring the below supplies:

- 1 - Pair of Safety Scissors
- 1 - Box Large Crayons
- 1 - Pack Washable Markers
- 1 -Pack Variety Construction Paper
- 1 - Pack Manilla Paper
- Glue Sticks



KIDS KREATIONS

Childcare & Early Learning Centers

CHILD INFORMATION FORM

CHILD'S NAME: _____ **DOB:** _____

Home Address: _____
Street City State Zip

Who does the child live with? _____

Mother's Name: _____

Phone Number: _____

Work Number: _____

Father's Name: _____

Phone Number: _____

Work Number: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Work Number: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Work Number: _____

Primary Doctor's Name: _____ Contact Number: _____

Preferred Hospital: _____

List any known Allergies: _____

List current medication(s): _____

Comments and any other significant information: _____

In order to meet legal requirements, I hereby give my full and complete consent to KIDS KREATIONS CHILDCARE CENTERS to act on my behalf for any and all necessary emergency medical care/attentions for my child(ren) while in their legitimate care.

Authorized Person's Signature

Date

Printed Name



KIDS KREATIONS

Childcare & Learning Centers

TUITION AGREEMENT

Dear Parents/ Guardian,

Thank you for choosing Kids Kreations as your childcare center. We hope to provide you with quality service meeting both the needs of you and your child's. Your weekly tuition is \$ _____ a week. Tuition is due every Monday for the week of childcare. If paying your tuition on Wednesday or after Wednesday, please add a **\$20.00 late fee** to your weekly childcare tuition.

Please also be advised if your child is out all week due to illness/ vacation or just because, your weekly tuition cost will be ½ off your regular tuition. (Example: Weekly Tuition = \$150.00 – ½ Tuition due would be \$75.00)

The childcare center hours of operation are **Monday through Friday from 6:30am to 6:00pm**. Please arrive no later than 6:00pm or have an alternative authorized person for pickup. If you arrive after 6:00pm, there will be an extended late pick-up fee of \$1.00 per minute/ per child. Please be prepared to pay cash to the staff who stayed late with your child/children.

Please sign and date below, acknowledging you have fully read and understand the above mentioned.

Thank you,

Kids Kreations Childcare Centers

LOCATIONS: #2 (817) 624-8185 - 1818 Roberts Cut Off Rd, 76114
#3 (817) 624-2223 - 1125 Roberts Cut Off Rd, 76114

I have read and fully understand the above mentioned.

Parent/ Guardian First & Last Name

Signature

Date

FOR OFFICE USE ONLY

CCMS _____ CASTLEBERRY _____ FULL _____



KIDS KREATIONS

Childcare & Learning Centers

INFANT CARE INSTRUCTIONS

(6 weeks - 12 months)

Dear Parents,

In order to serve your infant in a more individual manner, we ask that you provide additional information and complete this form, returning it no later than a week.

Thank you in advance ~ *Carecenter Staff*

CURRENT DATE: _____

PLEASE INDICATE: NEW Child Enrollment UPDATE to current child enrollment

CHILD'S NAME: _____

DOB: _____

TYPE OF FORMULA (Be specific): _____

Warmed? YES NO

HOW OFTEN IS BOTTLE TO BE GIVEN? _____

HOW MANY OZ's OF FORMULA SHOULD BE PREPARED? _____

IS INFANT ON ANY SOLIDS AND/ OR TABLE FOODS? _____

LIST KNOWN ALLERGIES: Food: _____

Skin: _____

Other: _____

SKIN CARE OINTMENT _____ SPECIAL SOAP: _____

FAVORED SLEEPING POSITION: On Stomach On Back On Side

DOES YOUR BABY USE A PACIFIER? YES NO

PROVIDE OTHER HELPFUL INFORMATION (INCLUDE A FEEDING AND SLEEPING SCHEDULE ALONG WITH ANYTHING OF SPECIAL INTEREST):

THANK YOU FOR ALLOWING US TO CARE FOR YOUR CHILD.

Parent/ Guardian/ Care-Giver Printed Name

Signature

Date



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 Kids Kreations Number 2 / Kids Kreations Number 3		Director's Name # 2 - Ellie Shope / # 3 Christina Rios	
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

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

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

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
	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

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

Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

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?			

What position is most comfortable for your child when he/she is napping?	
--	--

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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INFANT-SLEEP EXCEPTION HEALTH-CARE PROFESSIONAL RECOMMENDATION

Purpose: When a health-care professional determines that it is medically necessary for an infant to sleep in an alternative position (other than sleeping on the infant's back), sleep in a restrictive device (such as a bouncer seat or swing), or needs to be swaddled to sleep, use this form to ensure that a licensed child-care center, licensed child-care home, or registered child-care home that cares for the infant meets the minimum standards required by Texas Human Resources Code §42.042(e)(8). The standards for these operations require the operation to:

- follow the directions of an infant's health-care professional to provide specialized medical assistance to the infant; and
- maintain, while active, this form and any other directions from the health-care professional that the parent provides to the operation [See §746.603(a)(10) or §747.603(a)(9)]. Keep the exception form in the infant's classroom, so that a caregiver may refer to the health-care professional's instructions.

Directions: This exception will not be effective until all sections and signatures are complete. Once completed the exception is acceptable for use by the child-care operation.

INFANT'S INFORMATION		
Infant's Name:	Infant's Date of Birth:	Infant's Age:
Parent/Guardian's Name:		
Address:		
Home Phone:	Work Phone:	
Fax:	Email:	

The infant's health-care professional must complete the following section.

HEALTH-CARE PROFESSIONAL INFORMATION	
Name of Infant's Health-Care Professional:	
Name of Practice:	
Address:	
Phone:	Fax:
Email:	
<p>The Texas child care minimum standards (§§746.2426, 746.2427 and 746.2428 for child-care centers or §§747.2326, 747.2327 and 747.2328 for licensed or registered child-care homes) require child-care operations to place all infants on their backs to sleep in a crib and to ensure that infants do not sleep in restrictive devices and are not laid down to sleep swaddled. But based on the advice of the infant's health-care professional, when medically necessary the center may be authorized to use an alternative-sleep position, restrictive device, or swaddle for the infant due to medical reasons.</p> <p>The above-named infant has the following medical condition that necessitates an alternative-sleep position, allow for sleep in a restrictive device, or requires swaddling for sleeping:</p>	

HEALTH-CARE PROFESSIONAL INFORMATION

Please describe the appropriate sleep position/restrictive device/ swaddling technique to be used for the above-named infant and include the effective dates for the exception:

Effective Dates of Exception: **from** _____ **to** _____

Health-Care Professional's Signature: _____

Date Signed: _____

WAIVER OF LIABILITY

- I affirm and acknowledge that the below-named child-care operation has provided me with the operation's safe sleep policy.
- I further authorize the child-care operation and its caregivers to place my infant in an alternative-sleep position, restrictive device, or swaddling at the recommendation of my infant's health-care professional, as described above.
- I, as the parent or guardian of the above mentioned infant, release and hold harmless the below-named child-care operation, its officers, directors, caregivers, and employees from any and all liability whatsoever associated with harm to my infant due to Sudden Infant Death Syndrome (SIDS).

Parent or Guardian's Signature: _____

Date Signed: _____

An authorized official with the child-care operation must complete the following section.

CHILD-CARE OPERATION INFORMATION AND SIGNATURE

Name of Child-Care Operation: _____

Operation Number: _____

Operation Representative's Signature: _____

Date Signed: _____

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy at:
<http://www.dfps.state.tx.us/policies/privacy.asp>.



OPERATIONAL POLICY ON INFANT SAFE SLEEP

Purpose: 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 _____ #2 - 1818 Roberts Cut Off Rd, 76114
#3 - 1125 Roberts Cut Off Rd, 76114
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 Syndrome (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

SAFE SLEEP POLICY

All staff, substitute staff, and volunteers at _____ #2 - 1818 Roberts Cut Off Rd, 76114
#3 - 1125 Roberts Cut Off Rd, 76114 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 _____ (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

DFPS values your privacy. For more information, read our privacy policy at:
<http://www.dfps.state.tx.us/policies/privacy.asp>.

SIGNATURES

This policy is effective on: _____ (date)

Child's name:

Signed by:

X

Director/Owner

Date signed:

Signed by:

X

Staff member

Date signed:

Signed by:

X

Parent

Date signed:



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REMINDERS

Breakfast is served from 7:00AM to 8:15AM, if your child attends public school please have them here by 7:00AM to have time to eat before leaving for school. Lunch is served at 11:00AM everyday. Please make sure your child is here by 11:00AM. **We will no longer accept children who arrive after 11:00AM.** This disrupts the other children while in care during lunch or during nap. Snacks are served at 2:30PM daily, School age children are served snacks at 3:30PM. Menus are posted on the front board. **NO OUTSIDE FOOD IS ALLOWED IN THE BUILDING..**

TUITION

Tuition is due on Monday for the current week of service. A grace period will be given until Wednesday of the current week. If tuition is NOT paid by Wednesday at 6:00PM, a **\$20.00 late fee** will be added to your account. If tuition is not paid by Friday of the current week, then your child will not be accepted on the following Monday morning. Please speak with Mrs. Christina or Ms. Ellie if you have any questions.

MEDICATION

In order for the childcare center to administer medication You (the parent/legal guardian) **MUST** fill out a medication form. Medication forms can be found by the sign in sheet. All prescription medication **MUST** be in its original containers with the child's name on the medication. *The center **will not** administer any over the counter medication without a Doctor's note.*

SIGN IN & OUT

It is very important that You (the parent/legal guardian)sign your child in and out each day. *The **Sign in Book*** is located on the front counter. Your child must be brought directly to the classroom assigned when entering the building. Make sure the teacher knows he/she is present. We will only release children to persons that have **written authorization** in your child's file or written permission from you, left at the center. Please remind anyone that will be picking up your child that they **MUST** have proper identification **BEFORE** your child can be released.

BAD WEATHER DAYS

In the event the weather conditions get snowy or icy,d please be advised that the center will not be opening at normal hours of operation. The center will open one hour prior to the **FORT WORTH ISD** school opening.

EXAMPLE: FTW ISD opens @ 10:00 am, then the center opens at 9:00 am. If the FTW ISD is closed then the center will be closed as well.

Please also be advised if the weather seems to be getting bad and the road conditions are worsening, Your child should be picked up A.S.A.P. We are concerned about the SAFETY of your FAMILY and our STAFF.

We would like to Thank You for choosing Kids Kreations as your childcare center. Please feel free to voice any questions or concerns that you may have.



----- Cut & Keep -----



I have received "Reminders"

Parents Name: _____

Date: _____

SUPPLEMENTAL INFORMATION

- **FIELD TRIPS** - field trips will be scheduled during summertime school breaks. Field trips will be optional to parents and there may be fees related to the activities which will be the parental financial responsibility. Swimming activities (field trips) will be at a local pool. Children participating in field trip activities will be transported to and from the designated sites by the center staff. [NO EXCEPTIONS]
- **IMMUNIZATIONS REQUIREMENTS** for children in care are posted within the center and it is the director's responsibility to notify parents of any related information and documentation that may be needed for each child's file to remain in care.
- It is the parents' responsibility to submit updated immunization records and one year doctor statements to the childcare center.
- It is also the Parent's responsibility to keep the childcare center updated on all new contact numbers and information.
- Parents are to exercise reasonable care when dropping off and picking up children on center property to check for approaching vehicles and walking surfaces for safety.

FINAL REVIEW

Parents are encouraged to review and discuss with the childcare center director any questions or concerns about the policies and procedures of the childcare center. Parents are also encouraged to discuss any concerns about any of the center staff with the director. If the concerns are with the Director and/or any of the managers or owners of the center, you are encouraged to contact the local TX DFPS licensing office or call the TX DFPS hotline or visit their website the Director of the center upon request will make information for these and other government acting agencies available.

Parents may also review a copy of the state's minimum standards as published by the TX Department of Family and Protective Services. This information and the sender's most recent licensing inspection reports are available for review upon request.

LOCATIONS:

Kids Kreations, # 2 - (817) 624-8185 - 1818 Roberts Cut-Off Rd., Ft. Worth, TX 76114
Kids Kreations, # 3 - (817) 624-2223 - 1125 Roberts Cut-Off Rd., Ft. Worth, TX 76114

HOURS OF OPERATION: Monday - Friday
6:30 AM - 6:00 PM

DIRECTORS: #2 Location: Ellie Shope
#3 Location: Christina Rios

PARENTAL ACKNOWLEDGEMENT

I have been given a copy of this centers policy is an acknowledged receipt with my signature below:

Authorized Person's Signature

Date

Printed Name



KIDS KREATIONS

Childcare & Early Learning Centers

DAYCARE PHOTO RELEASE FORM

I, _____, the parent of a child/children at **Kids Kreations**. (Hereinafter known as the "Daycare), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as: _____.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I **understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses.** I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship To Child

Get Ahead of What's Ahead.

FAMILY EMERGENCY PLAN



TEXAS READY

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency essentials kit or another safe place where you can access it in the event of a disaster.

Neighborhood Meeting Place: _____

Telephone Number: _____

Out-of-Town Meeting Place: _____

Telephone Number: _____

Local Contact Name: _____

Telephone Number: _____

E-mail: _____

Cell Phone Number: _____

Out-of-Town Contact Name: _____

Telephone Number: _____

E-mail: _____

Cell Phone Number: _____

Fill out the following information for each family member and keep it up to date.

Name: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____ Date of Birth: _____

Important Medical Information: _____

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location One

Address: _____

Phone Number: _____

Evacuation Location: _____

Work Location Two

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location Two

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone Number: _____

Evacuation Location: _____

Important Information	Name	Telephone Number	Policy Number
Doctor(s):			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			



