



# 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 \_\_\_\_\_



### 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 <b>call in case of an emergency</b> 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		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](http://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.

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

\* 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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# KIDS KREATIONS

Child Care & Early Learning Centers

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## BREAKFAST ANNOUNCEMENT

If you would like your child(ren) to eat breakfast at our centers prior to being dropped off at their school in the morning, **please be sure your child(ren) is dropped off by 7:00 AM.**

Kids Kreations buses depart from our centers promptly at **7:10 AM** each morning, and drop off children at the following schools:

- Joy Jame Elementary
- AV Cato Elementary
- Castleberry Elementary

## SOME ITEMS YOUR CHILD(REN) MAY NEED:

**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
- 1 - Glue Sticks



# KIDS KREATIONS

Child Care & Early Learning Centers

FY 2021-2022

## DIRECTORS REPORT

As we enter the current school year, there are a few rules and guidelines to review that will help Kids Kreations Centers to stay safe and pleasant for your child(ren).

**Safety is our first and foremost concern at our centers, and while in transport to-and-from our centers.**

Kids Kreations will provide transportation to-and-from designated schools. Please be advised of the schools transportation will be provided for. List will be published for review.

Departure times from the centers and the schools will be published for review. These times will be set by the Director and will be strictly followed by Staff. Delays will not be tolerated as each delay compounds the problem of not being on time for the next destination.

Children will have a **(5) minute window after school** has been released, to be at their designated pick-up locations at each school. If your child does not arrive at the designated pick-up location within the (5) minute window, the staff/ driver will notify the center by "cell phone" before leaving the school, and prepare to proceed to the next scheduled destination.

**It is very important that YOU (as the parent), contact the center by 1:30 PM to report any changes in the status of your child's school pick-up or release of your child from the center for the current day.**

If your child participates in any of the ISD's field trips, release times from schools may be altered to an **earlier dismissal time**. If your child does participate in those field trips, **please be sure to make other arrangements for your child to be picked up after school dismissal**. Kids Kreations **will** maintain regular bus-run schedules for all schools as per routine dismissals.

Care Centers **will not provide** care for a sick child if the health of other children is at risk. **Please keep your child(ren) home if they are sick. A child that is sick cannot participate in daily activities and routines.**

If your child(ren) *becomes* ill before school and has noticeable symptoms (EX: diarrhea, vomiting, chills, fever, pink-eye w/ drainage, lice, etc), our staff will call the parent to **immediately** come and pick up the child. A child who is noticeably ill, will be isolated from other children until they can be picked up. If the parent is not reachable, Care Center Staff will contact one of the emergency contact persons to pick up your child. You must provide local emergency contacts and information on how to reach them in case of emergency.

If your child becomes ill while at school, and the school nurse requests pick-up of your child and/or any school administrator informing the center of the sick/ ill child, **we will not pick up your child from another program or school during the regular school day due to illness.**

Children with behavior problems in and outside the daycare can result in loss of care and/ or transportation. Each child is given a chance to respond *within* the tolerance of care each day. Every day is a new day. Refusal to comply with the guidelines of the Care Centers and Staff will not be tolerated.

### BUS TRANSPORTATION ETIQUETTE:

- Always meet at designated areas on time for pick-ups
- Always buckle-up (it's the law)
- Keep all personal belongings together
- Voices are to be kept low (Talk to the person nearest to you)
- No throwing of any objects
- Remain seated at all times



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## TRANSPORTATION FORM

**PLEASE CHECK ONLY ONE:**

- NEW ENROLLMENT
- UPDATE TO CURRENT INFORMATION

**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



## DISCIPLINE & 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; 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

Please check one of the following:

Parent

Employee/caregiver

Household member of a child-care home





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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):			



