



Bay Colony Children's House

Learning Center with a Montessori Approach

689 FM 517 W. Ste. 500
Dickinson, TX. 77539
281-337-3630
Fax: 281-337-3736

School hours: Mon.-Fri. 6:00am-6:00pm
A Year-Round Learning Center



Bay Colony Children's House
Learning Center with a Montessori Approach

Bay Colony Children's House

2019 Update

(281) 337-3630 (P) (281) 337-3736 (F)

www.baycolonychildrenshouse.com

bcchmontessori14@gmail.com

Director: Araceli Rangel

Child's Full Name:		Child's Date of Birth:	
Child's Home Address:	City:	Zip code:	Subdivision:
Child Resides With: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Mom & Dad <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other		Home Phone:	
Mother's Full Name:	Mother's Phone: Cell Phone Carrier: _____ Cell: _____ Work: _____		
Mother's Employer:	Mother's Email:		
Father's Full Name:	Father's Phone: Cell Phone Carrier: _____ Cell: _____ Work: _____		
Father's Employer:	Father's Email:		
1 st to contact : <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		2 nd to contact : <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardians can not be reached:			
Name of Authorized Person:		Relationship to Child:	
Address of Authorized Person:		Phone Number:	
List the times your child will be in care on each of the days below: (9-5) Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____			
Public School Information (For School Age Children Only)			
1. What type of care will we be providing for your school age child? <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before and After School <input type="checkbox"/> AM Pre-K <input type="checkbox"/> PM Pre-K <input type="checkbox"/> Summer			
2. My Child attends the following school:		Grade:	
3. School Address:		School Phone Number:	
4. My child's immunization, hearing & vision screening records and/or tuberculosis test are current and on file at my child's school. _____ <small>Parents Initials</small>			
5. Field Trips: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to participate in field trips with/without water activities. Parent Comments:			
Authorization for Emergency Medical Attention			
In the event I cannot be reached to make arrangements for emergency medical care, I authorize Bay Colony Children's House to take my child to:			
Transportation: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by Bay Colony Children's House Employees: <input type="checkbox"/> To and From Bay Colony Children's House <input type="checkbox"/> for Emergency Care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school			
Emergency Medical: I give consent for the facility to secure any and all necessary emergency medical care for my child			
Signature – Parent or Legal Guardian _____		Date _____	
Name of Physician:	Physician's Address:	Phone Number:	
Name of Emergency Care Facility/Hospital:	Address of Emergency Care Facility/Hospital:	Phone Number:	
Does your child have diagnosed food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Plan submitted on:			
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: <input type="checkbox"/> No <input type="checkbox"/> Yes explain:			
Child daycare 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 _____	

Date of Admission: _____

Date of Withdrawal: _____

Permissions/Acknowledgments: Check all that apply

Water Activities:

I give I do not give consent for my child to participate in the following water activities:
 sprinkler play splash/wading pools swimming pools water table play

Media Release:

Bay Colony Children’s House currently uses internet websites, Local newspapers, marketing brochures, education journals, and newsletters to publicize current research projects and center events.
 I do I do not give consent for my child to be included in a picture for the purposes mentioned above.

Meal Service:

I understand that the following meals will be served to my child while in care:
 Breakfast AM Snack Lunch PM Snack

Permission to Apply Sun Block & Mosquito Spray:

Yes No I give Bay Colony Children’s House employee’s permission to apply sun block to my child before outside playtime.
 Yes No I give Bay Colony Children’s House employee’s permission to apply Mosquito Spray to my child before outside playtime.

Receipt of written Operational Policies

Policy Acknowledgments: I acknowledge receipt of Bay Colony Children’s House Operational Policies including those for:

- Discipline and Guidance
- Suspension and Expulsion
- Emergency plans
- Procedures for conducting Health Checks
- Safe Sleep
- Procedures for Parents to discuss concerns with the Director
- Procedures for Parents to participate in Operation Activities
- Procedure for release of children
- Procedures for dispensing medications
- Illness and exclusion criteria
- Immunizations requirements for children
- Meals and Food Service Practices
- Procedures to visit the center without securing prior approval
- Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website
- Information Regarding Immunizations
- Information on Gang Free Zones
- DFPS Privacy and Security Policy

Parent Signature:

Immunization Record:

I have provided the childcare operation with a copy of my child’s most current immunization record.
 I am registered with immtrac and I give Bay Colony Children’s House permission to access my child’s records.

ADMISSION REQUIREMENT:

If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. **HEALTH-CARE PROFESSIONAL’S STATEMENT:** I have examined the above named child within the past year and find that he /she is able to take part in the day care program.

_____ **Healthcare Professional Signature** _____ **Date**

2. A signed and dated copy of a health care professional’s statement is attached.
 3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional’s signed statement and will submit it to the child-care operation

_____ **Signature – Parent or Legal Guardian** _____ **Date**

I have attached a signed and dated affidavit stating that I decline immunizations for reasons of conscience including religious belief, on the form described by Section 161.9941 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	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
---------------	-------------	-------------	---

Signature _____ Date _____

HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
L				
R				

Signature _____ Date _____

Signature – Parent or Legal Guardian _____ **Date** _____



Bay Colony Children's House
Learning Center with a Montessori Approach

State Health Requirement

689 FM 517 W Ste. #500 Dickinson, TX. 77539 • Phone (281) 337-3630 • Fax (281) 337-3736 • www.baycolony@comcast.net

Child's Name: _____ Date of Birth: _____

Address: _____ Zip code: _____

Special Needs: (allergies, special diet, restrictions, physical activity, specific medications, chronic conditions, etc.)

To satisfy Texas Health Requirements, we must have the following items on file for each Child enrolled:

(1) An up to date Immunization record that meets the Texas Minimum State Vaccine requirements for Child Care Facilities

If your child's immunization record does not meet the TX Minimum State Vaccine Requirement, you must provide a notarized Exemption from Immunizations for Reasons of Conscience Affidavit. Providing this form does not mean you will never have your child immunized, it simply allows your child to attend a child care program in Texas even though your child does not meet the requirement.

(2) Signed Health Statement

Either the Health Statement below or a signed statement on a doctor's form is acceptable.

The date of exam must be within 12 months of your child's start date.

For more information about the Texas Minimum State Vaccine Requirements for Child-Care Facilities or to request an Exemption, please visit www.immunizetexas.com.

★ HEALTH STATEMENT - THIS SECTION TO BE COMPLETED BY YOUR CHILD'S DOCTOR

Is this child able to physically and mentally participate in group activities? YES NO

I have examined _____ on _____, and find
(Child's Name) (Date of Exam)

him/her free of infection and communicable diseases and able to participate fully in all programs offered at Bay Colony Children's House.

Physician's Name: _____

Physician's Signature: _____

Doctors Address: _____ Doctor's Phone: _____

VISION AND HEARING SCREENING – REQUIRED for 4 and 5 year olds; OPTIONAL for 3 year olds

The Special Senses and Communications Disorders Act requires that all schools show proof that Vision and Hearing screening has been **done on all 4, 5, and 6 year olds each calendar year → 3 years in a row.** Strongly recommended to have vision and hearing screening are also children 3 ½ to 4 years of age. As you know, early detection can change a life! For your convenience, **Bay Colony Children's House will hold testing on-site. If your child has already been tested or you are choosing to have your child tested off-site, you must provide BCCH proof and results of the tests before the end of the calendar year.**

IMPORTANT: The Dept. of Health requires the school to have vision results that are recorded for both right and left eye individually and hearing must be an audiometric test done on the right and left ear separately at 25 dB's or less at 1000, 2000, 4000 Hz. The TDOH requires schools to report this information annually. The words "PASS" or "FAIL" are not sufficient to meet the requirement.

Discipline and Guidance Policy for Bay Colony Children's House

Name of Operation

Children will be encouraged to make right choices and to show respect for their peers and teachers. Teachers will guide and redirect children with positive examples. No physical punishment or harsh treatment will ever be used at our center. If guidance and positive talk won't help, children will be asked to sit on the "thinking chair" to think about what they have done and come up with positive alternatives for a future similar situation.

- 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.

In the event of extreme misbehavior and after several attempts to correct the situation, disciplinary actions will be as follow:

1. Written note to Parents.
2. 2nd written note to Parents- Phone call. Brief meeting at pick up time.
3. 3rd Written Note to Parents- Phone call, Parents will be asked to pick up child for the day + scheduled conference.
4. 4th Written Note to Parents- Phone call, Parents asked to pick up for the day + 3day suspension+ Action Plan.

My signature verifies I have read and received a copy of this discipline and guidance policy.

Brief description of incident:

Parent Signature

Date

Office Signature

Date



Bay Colony Children's House
Learning Center with a Montessori Approach

I have received a copy of the following policies that include the latest revisions of The Texas child care Minimum Standards.

_____ Parent's Operational Policies

Initials

_____ Discipline and Guidance Policy

Initials

I have read and understand these policies, and will abide to them as close as possible in the best interest of my child.

Signature

Date



Bay Colony Children's House
Learning Center with a Montessori Approach

Additional Authorized Family/Friends Designated to pick up _____
Child's Name

Name of 1 st Authorized Person:	Relationship to child:
Address of 1 st Authorized Person:	Phone number:
<hr/>	
Name of 2 nd Authorized Person:	Relationship to child:
Address of 2 nd Authorized Person:	Phone number:
<hr/>	
Name of 3 rd Authorized Person:	Relationship to child:
Address of 3 rd Authorized Person:	Phone number:
<hr/>	
Name of 4 th Authorized Person:	Relationship to child:
Address of 4 th Authorized Person:	Phone number:
<hr/>	
Name of 5 th Authorized Person:	Relationship to child:
Address of 5 th Authorized Person:	Phone number:

I Hereby authorize Bay Colony Children's House to release my child only to the following Persons. Please list name & phone number for each person listed.
Children will only be released to a parent or person designated by the Parent/Guardian after a photo copy/verification of ID.

Signature – Parent or Legal Guardian _____ Date _____



Bay Colony Children's House
Learning Center with a Montessori Approach

Items needed on First Day of Attendance

Infants:

- 1) 3 Full sets of weather appropriate clothing
- 2) Diapers and wipes
- 3) Clean and sanitized bottles, baby food, un-opened formula, Pacifiers (stuffed animals cannot be attached)
- 4) Diaper rash ointment
- 5) A light blanket (Blanket's will go home on Fridays to be laundered. Please return blankets on Monday)
- 6) Shot Record
- 7) Health Statement
- 8) Infant feeding instructions (if not eating table food)

Toddlers and Preschoolers:

- 1) 2 full sets of weather appropriate clothing (including socks)
- 2) A small blanket will be included in you supply activity fee. No blankets brought from home will be permitted. Blankets will go home on Fridays to be laundered. Please return blankets on Monday. There is a \$10 fee for a replacement blanket.
- 3) Diapers, pull ups (with opening side straps) wipes and diaper rash ointment
- 4) Extra pair of shoes (for potty training children)
- 5) Potty Training- Elastic waist pants, 5 pair of underwear/panties (no suspenders)
- 6) Shot Record
- 7) Health Statement

*In an effort to teach your baby independence, **onesies and overalls are no longer permitted** at the time they transition to toddler classrooms. Jeans and pants with belts and buckles are strongly discouraged, as they prevent your child from gaining independence during potty training.

*Please label your child's belongings with his /her First Name and Last Initial with a permanent marker.