

# KIDS R LOVE LEARNING CENTER

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Welcome to Kids R Love Learning Center!

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:

- |  |   |
|--|---|
| <input type="checkbox"/> 1 - Pair of Safety Scissors | <input type="checkbox"/> 1 -Pack Variety Construction Paper |
| <input type="checkbox"/> 1 - Box Large Crayons       | <input type="checkbox"/> 1 - Pack Manilla Paper             |
| <input type="checkbox"/> 1 - Pack Washable Markers   | <input type="checkbox"/> Glue Sticks                        |

# KIDS R LOVE LEARNING CENTER

## INFORMATION & 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:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Work 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): \_\_\_\_\_

**Name of School Attending:** \_\_\_\_\_

Hours: \_\_\_\_\_ AM \_\_\_\_\_ PM Room Number: \_\_\_\_\_ Teachers Name: \_\_\_\_\_

**Comments and any other significant information:** \_\_\_\_\_

In order to meet legal requirements, I hereby give my full and complete consent to KIDS R LOVE LEARNING CENTER 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

## 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: <b>KIDS R LOVE LEARNING CENTER</b>		Director's Name: <b>VICTORIA TRUJILLO</b>	
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 <i>(if different from the child's)</i> :		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
<b>In case of an emergency, call:</b>			
Name of Emergency Contact:	Relationship:	Area Code and Phone No.:	
Address:			
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 phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

### Consent Information

<b>1. Transportation:</b>
I give consent for my child to be transported and supervised by the operation's employees (Check all that apply). <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
<b>2. Field Trips:</b>
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.
Comments: <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

### 3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

☐ water table play   ☐ sprinkler play   ☐ splashing or wading pools   ☐ swimming pools   ☐ aquatic playgrounds

Is your child able to swim without assistance: ☐ Yes ☐ No

If no, what type of assistance is needed: \_\_\_\_\_

### 4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- |  |   |
|--|---|
| <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"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services   |
| <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 (Check all that apply):

☐ 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		

### Child's Special Care Needs (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Environmental allergies                                 | <input type="checkbox"/> Limitations or restrictions on child's activities        |
| <input type="checkbox"/> Food intolerances                                       | <input type="checkbox"/> Reasonable accommodations or modifications               |
| <input type="checkbox"/> Existing illness  | <input type="checkbox"/> Adaptive equipment ( <i>include instructions below</i> ) |
| <input type="checkbox"/> Previous serious illness                                | <input type="checkbox"/> Symptoms or indications of complications                 |
| <input type="checkbox"/> Injuries and hospitalizations ( <i>past 12 months</i> ) | <input type="checkbox"/> Medications prescribed for continuous long-term use      |
| <input type="checkbox"/> Other: _____  |   |

Explain any needs selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. 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 Area Code and Phone No.: \_\_\_\_\_

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 or her sibling under 18 years old

Authorized pick up or 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.

### Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

### Requirements for Exclusion from Compliance

- ☐ 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 \_\_\_\_\_

### 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. (*Select **only one** option.*)

- ☐ 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.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ 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.
- ☐ 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 of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

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)	
	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.	

### 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 \_\_\_\_\_ and does not need varicella vaccine.  
(Date)

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 \_\_\_\_\_

### Physician or Public Health Personnel Verification

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

Signature \_\_\_\_\_

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 Assessment Form

<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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## 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

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 \_\_\_\_\_ 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 (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 \_\_\_\_\_ 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 Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, 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(b) and §747.2315(b)]. 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(b) and §747.2315(b)].
- 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(b) and §747.2315(b)].
- 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 [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- 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 Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, 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 Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

### Signatures

This policy is effective on: \_\_\_\_\_ Child's name: \_\_\_\_\_

\_\_\_\_\_  
Signature — Director/Owner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Staff member

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Parent

\_\_\_\_\_  
Date Signed

# KIDS R LOVE LEARNING CENTER

## 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 Printed Name

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

\_\_\_\_\_  
Date

# KIDS R LOVE LEARNING CENTER

## TUITION AGREEMENT

Dear Parents/ Guardian,

Thank you for choosing Kids R Love 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 current week of childcare. If you are paying tuition on or after Wednesday of the current week, payment is considered **late**. 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 for personal reasons, 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 for child pick-up or have an alternative authorized person for child pick-up. 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 R Love Learning Center

**LOCATION:** Kids R Love Learning Center  
1107 ROBERTS CUT OFF RD.  
RIVER OAKS, TX 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 R LOVE LEARNING CENTER

## MEDICATION AUTHORIZATION FORM

Today's Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

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

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Time/Frequency: \_\_\_\_\_

Date to Start: \_\_\_\_\_

Route:

☐ Oral

☐ Inhaled

Date to Stop: \_\_\_\_\_

☐ Topical

☐ Other

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

Additional Instructions/Comments: \_\_\_\_\_

Known side effects: \_\_\_\_\_

### FOR PRESCRIPTION MEDICATION

Prescribing Health Care Provider \_\_\_\_\_

Phone Number: \_\_\_\_\_

### FOR CONTROLLED SUBSTANCES

Amount of Medication Received: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

- I, the parent or legal guardian, authorize Kids R Love Learning Center Personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/ Guardian Name: \_\_\_\_\_

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

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

## 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)

# KIDS R LOVE LEARNING CENTER

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## DAYCARE PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent of a child/children at **KIDS R LOVE LEARNING CENTER**. (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**

Authorization form for the application of *non-prescription* topical ointment or cream, including but not limited to sunscreen, insect repellent, diaper ointment, or teething gel (with a physician’s note for children under 2). *All containers are to be marked with the child’s name in permanent marker. Authorization Form must be completed for each non-prescription topical ointment or cream.*

CHILD	DOB	CLASSROOM
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I authorize Kids R Love Learning Center staff to apply the following non-prescription topical ointment or cream to my child, as described below. I understand that these products will only be applied according to the product’s label. Any deviations from the label will require a physician’s written authorization. For children under two years, please ensure their age is represented on the label or provide physician’s written authorization.

TOPICAL OINTMENT/CREAM	WHERE ON THE BODY TO BE APPLIED	WHEN TO BE APPLIED	START DATE	END DATE	EXPIRATION DATE	PARENT/ GUARDIAN INITIAL

This authorization is valid for one year. Upon expiration, place in child’s file.

PARENT/GUARDIAN SIGNATURE

DATE

# KIDS R LOVE LEARNING CENTER

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Childcare & Early Learning Center

## FAMILY HANDBOOK ACKNOWLEDGEMENT

Please sign this acknowledgement, detach it from the handbook, and return it to the center prior to enrollment.

This handbook may be updated from time-to-time, and notice will be provided as updates are implemented.

Thank you for your acknowledging the policies and procedures we have established for the safety and welfare of all children in our care. We look forward to getting to know you and your family.

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I have received the **Kids R Love Learning Center Family Handbook**, and I have reviewed the family handbook with a member of the **Kids R Love Learning Center** staff. It is my responsibility to understand and familiarize myself the Family Handbook and to ask center management for clarification of any policy, procedure or information contained in the **Kids R Love Learning Center Family Handbook** that I do not understand.

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Recipient Signature

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Date

---

Center Staff Signature

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Date

# KIDS R LOVE LEARNING CENTER

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## PARENT ORIENTATION

Welcome! Selecting child care is important to families. It is very important that parents are oriented to the child care program where their child is receiving services. Knowing and understanding the policies and procedures of the child care program can have a positive impact on families and their child care experience.

This is your orientation checklist. We will be sharing information with you about our center and we are also providing you with a copy of the center's policies and procedures. This orientation is intended to help you understand what you need to know as you leave your child in our care. We plan to cover all areas listed below with you. If an area is not covered or if you do not receive a copy of the policies and procedures, please be sure to let us know.

- ☐ A tour of the facility
- ☐ An introduction to the teaching staff
- ☐ A parent visit with the classroom teacher
- ☐ An overview of the parent handbook
- ☐ The policy for arrival and late arrival
- ☐ An opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable
- ☐ An explanation of Texas Rising Star quality certification
- ☐ A statement encouraging parents to inform the facility of any elements related to their CCMS enrollment that the program may be able to help with
- ☐ An overview of family support resources and activities in the community
- ☐ Information on the child development and developmental milestones
- ☐ A statement informing parents of the significance of consistent arrival times, including the points that children should arrive before the education portion of the program begins, to limit disruption, and that consistent routines prepare children for the transition to kindergarten
- ☐ A statement to parents regarding limiting technology use on-site (e.g. encouraging them to refrain from cell phone use). In order to facilitate better communication between the parents and the teacher and the parents and the child, it is best if parents are not distracted by use of electronic devices while at the center/home
- ☐ A statement to parents reflecting the role and influence of families

My signature below indicates that I have received a copy of the center's policies and procedures and an orientation was conducted with me which covered all areas outlined in this orientation plan.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_