

KIDS R LOVE LEARNING CENTER

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:

- 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 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: KIDS R LOVE LEARNING CENTER		Director's Name: VICTORIA TRUJILLO	
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
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and 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

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees (Check all that apply).

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 (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.:
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My child has permission to (*check all that apply*):

walk to or from school or home ride a bus be released to the care of his 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**

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.

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

* If applicable.

1. Health

Does your child have any allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?			
How should we respond if he/she has an allergic reaction?			
Does your child have an existing illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?			
Is the medication prescribed for continuous use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?			
What are your ideas about toilet training?			
How can we best help?			

3. Behavior:

Does your child have any special fears?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?			
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?			
When your child gets upset, what helps him/her calm down?			
What is a good way to distract your child when he/she is having a temper tantrum?			
Are there any particular routines that are particularly helpful at naptime?			

What position is most comfortable for your child when he/she is napping?	
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4. Eating Preferences:

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

5. Activities:

What activities do you like to do with your child?			
What activities does your child like to do when playing with other children?			
What does your child like to do when he is playing alone?			

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)			
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I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

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Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures

(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date: _____

Signed by: _____

Role: Parent Caregiver/Employee Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)

KIDS R LOVE LEARNING CENTER

FY2023-2024

BUS TRANSPORTATION INFO & ETIQUETTE

As we enter the current school year, there are a few rules and guidelines to review that will help Kids R Love Learning Center 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 R Love will provide transportation to-and-from the following designated schools:

- Joy Jame Elementary
- AV Cato Elementary
- Castleberry Elementary

Departure times from the Kids R Love center and the elementary 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 R Love Learning Center **will** maintain regular bus-run schedules for all schools as per routine dismissals.

Kids R Love **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

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: _____

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

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

KIDS R LOVE LEARNING CENTER

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.

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.

Recipient Signature

Date

Center Staff Signature

Date

KIDS R LOVE LEARNING CENTER

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 th 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 beings, 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 no 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: _____