

ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> TRANSPORTATION:			
<input type="checkbox"/> Walk home <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			
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from: CLOSED	to: CLOSED	
<input type="checkbox"/> Sundays	from: CLOSED	to: CLOSED	

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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

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

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address
School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

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.

_____ _____
Health Care Professional's 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.

Name and address of health care professional:

_____ _____
Signature - Parent or Legal Guardian
Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date



Discipline and Guidance Policy for Koinonia Children's Academy

- 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 or 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 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;
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have read and received a copy of the Discipline and Guidance Policy.

Parent's Signature: _____ Date: _____



EMERGENCY CONTACT/AUTHORIZED PICK-UP PEOPLE

The people listed below are authorized to pick up my child(ren):
(Please include the names of carpool arrangements, child care providers, and all emergency contacts).

Child(ren)'s Name(s): _____

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

NEXT OF KIN TO BE CONTACTED IN CASE OF SEVERE EMERGENCY

Name: _____

Phone: _____ Relationship: _____

Please note: You and anyone listed on this form will be asked to sign your child(ren) in and out of the Center. Anyone not listed on this form will not be allowed to pick-up your child without written notification from the parent. At the time of pick-up this person will be asked for valid photo identification card before your child is released into his/her care. This is to ensure the safety of your child. Parent signature below acknowledges acceptance of this policy.

Parent's Signature: _____ Date: _____

I have received the Koinonia Children's Academy Parent Handbook.

Parent's Signature: _____ Date: _____

INFORMATION ON REPORTING CHILD ABUSE

- **Child abuse and neglect are against the law in Texas, and so is failure to report it.***
- *If you suspect a child has been abused or mistreated, you are required to report it to the Texas Department of Family and Protective Services or to a law enforcement agency.*
- You are required to make a report within 48 hours of the time you suspected the child has been or may be abused or neglected.

What is Abuse? Abuse is mental, emotional, physical, or sexual injury to a child or failure to prevent such injury to a child

What is Neglect? Neglect includes (1) failure to provide a child with food, clothing, shelter and/or medical care; and/or (2) leaving a child in a situation where the child is at risk of harm.

How do I make a report?

1. Call the abuse and neglect hotline at **1-800-252-5400**.
2. When you make a report, be specific. Tell exactly what happened and when. Be sure to record all injuries or incidents you have observed, including dates and time of day and keep this information secured.
3. Reports should be made as soon as possible but no later than 48 hours before bruises and marks start to fade. It is important for the investigators to be able to see the physical signs.
4. Give the agency person any information you have about the relationship between the child and the suspected abuser.
5. Please provide at least the following information in your report.
 - Name, age, and address of the child
 - Brief description of the child
 - Current injuries, medical problems, or behavioral problems
 - Parents names and names of siblings in the home

Will the person know I've reported him or her? Your report is confidential and is not subject to public release under the Open Records Act. The law provides for immunity from civil or criminal liability for innocent persons who report even unfounded suspicions, as long as your report is made in good faith. *Your identity is kept confidential.*

Finally, err on the side of caution. If you have reason to suspect child abuse, but are not positive, *make the report*. If you have any doubts about whether or not it is abuse, call the hotline. They can advise you if the signs you have observed are abuse.

* Failure to report is a Class B criminal offense, punishable by a \$2,000 fine and/or imprisonment for up to 180 days. Failure to report also could subject you to considerable monetary liability in a civil rights action.



Enrollment Waiver of Claim

For and in consideration of acceptance of the child or children named below for instruction, the undersigned parents or natural guardians hereby release the school from any claim which may be asserted on behalf of said child or children due to personal injuries or property damages occurring on school premises. The undersigned are familiar with the methods of instruction used by the school and understand the children will be permitted to spend time on the playground, use playground equipment, and alternate play space inside the building. The undersigned assumes all risks which may be involved in normal activities at the school.

The undersigned also releases any person, whether directly or indirectly connected with the school, or who may transport the children from all claims which arise by virtue of injury to the children.

Name of Child(ren): _____

Parent/Guardian Signature: _____ Date: _____

If your account for any reason must be turned over to a collection agency a 40% fee will be added to said account and two extra weeks charged if no written notice is given.

Parent/Guardian Signature: _____ Date: _____



PHOTO RELEASE FORM

I, _____, the parent of a child/children at Koinonia Children's Academy (Hereinafter known as the "Center"), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed/video recorded at the Center during normal daycare hours, field trips, or activities. I understand that these photographs may be used in activities or projects within the Center and will not be used for advertising or promotions without my written consent.

The child(ren) are known as: _____.

With my signature below I grant permission for my child(ren) to be photographed/video recorded, their images recorded for print or display within Koinonia Children's Academy, or for use in arts and crafts projects. 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.

Parent/Guardian Signature _____ **Date** _____

Relationship to Child _____