

# Meadow Creek Childcare Center

## Parent Information Guide And Operational Policies

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# POLICIES

Meadow Creek Childcare Center is a non-profit, private, church sponsored childcare center. The facilities are available to all children regardless of race, color, national origin, sex, age, physical disability, religion or political beliefs.

**Sponsor**

The Center is sponsored by Meadow Creek Baptist Church.

**Objective**

Our aim is to help your child as any Christian parent would if he/she had the time and ability. We endeavor to give the love, affection and teaching that a child could receive in a Christian home in addition to the advantages of contact and association of supervised programs.

**Enrollment**

We must reserve the right to reject or dismiss any child from our program. Children will be placed in a class appropriate for their age and developmental level.

**Required Forms**

Admission Information

Family and Social History

Medical History

Authorization for Emergency Medical Care

Authorization to take child from the Center

Tuition Agreement

School drop-off/pick-up agreement for school age children

Excursions and Advertisement agreement

Expulsion agreement

Sunscreen, Bug Spray, Diaper Rash Ointment Permission Slip

Daycare Photo release form

## POLICIES OF MEADOW CREEK CHILDCARE CENTER

Bring your child appropriately dressed. Please bring children in closed toed shoes for their protection.

Please provide a change of clothing properly marked and packaged to be used in case of an accident or illness. It is the responsibility of the parent to see that this clothing is always clean and available to the Center.

Have your child stay home when he/she is ill. State law forbids us to care for sick children. If your child needs medication, the medication form must be filled out in full for us to administer medicine. If your child has a fever, he/she will NOT be allowed to stay at the Center and MUST be picked up immediately. **You have one hour to pick up your ill child or late fees will be assessed. The child must be FEVER FREE FOR 24 HOURS WITH NO MEDICATION BEFORE RETURNING TO THE CENTER.**

An adult must accompany the child into the Center, and it is the responsibility of that adult to see that a teacher is made aware of the child's presence. Any instructions for care must be given at this time.

No child will be released to anyone other than a parent or guardian unless proper identification and verification are on file in the office. Be prepared to show identification at any time.

We cannot allow toys or personal belongings to be brought to the Center by your child. **If they are brought to the Center, we will not be responsible for these items.**

Our Center is open from 6:30 am to 6:30 pm Monday through Friday. Be sure to make arrangements to pick up your child BEFORE 6:30 pm. If a child is not picked up by 6:30 pm, late fees will be applied. **Late fees are \$25 for the first 5 minutes late, then \$2 per minute for each additional minute until picked up. ALL LATE FEES MUST BE PAID BEFORE THE CHILD CAN COME BACK TO THE CENTER.**

Please give the Director as much notice as possible if the child is to be withdrawn from the Center. A week's notice is required, and the parent is liable for a week's holding fee if the child is withdrawn without notice. No records will be released from the Center until all accounts are paid in full.

Current credit card information must be kept on file at MCCC. If you leave the Center with a balance due, this credit card account will be charged for the balance due within 7 days.

Parents may discuss with the Director any questions or concerns about the policies and procedures of the childcare center at any time.

We have an open-door policy for parents. If parents wish to observe their child during regular daycare hours, they are welcome to do so. If the child gets unhappy during this time, we may ask the parent to leave. Parents are also welcome to participate in activities or classroom parties at any time throughout the year.

Nursing mothers are allowed to nurse their babies in the nursery or in our employee break room. Mothers have the right to breastfeed or provide milk for their child. No milk or formula is heated in the microwave.

Outside time – During weather conditions that do not pose any concerns for health and safety, such as significant risk of frostbite or heat-related illness, children will be permitted to go outside. This includes adverse weather conditions in which children may still play safely outdoors for short periods with appropriate adjustments to clothing and any necessary access to water, shade, or shelter.

We do not require our employees to have annual vaccines.

## OUR RESPONSIBILITIES TO YOU AND YOUR CHILD

- A. We are offering a complete program for you child. Meadow Creek Childcare Center maintains the highest Christian standard for staff, program and facilities. Each child, according to his/her own abilities, is guided and challenged so his/her opportunities are enhanced for later achievements – academically and socially.
- B. Nourishing and tasty meals and snacks are provided daily. The Federal Food Program provides 80% of your child's daily nutritional requirements. Please do not bring food or snacks to the Center. The only exception to this is for children arriving before 7:30 am in which case breakfast may be brought. Children who arrive after 7:30 am need to eat before they arrive. Please keep in mind that all children are served snacks between 9:00 am and 9:30 am. A rotating snack and lunch menu is provided.
- C. A planned program of instruction is provided every morning during the school year, on the child's level.
- D. Safe and enjoyable play equipment, crafts and materials are provided by the Center.
- E. Meadow Creek Childcare Center is licensed and approved by the State of Texas according to strict standards of education, experienced health and personal characteristics. Each worker accepts as his/her most important qualifications, a sincere love for all entrusted to his/her care. Each worker is fully accredited by the state to fulfill the demands of his/her particular responsibilities.
- F. Consistent training and loving discipline will be administered. If you are called because of inappropriate and unacceptable behavior, the child MUST be picked up immediately. Your cooperation in the matter of training will be greatly appreciated. Without your cooperation in this matter, you may be asked to withdraw your child from the Center. You are welcome to call and check on your child at any time.
- G. All employees are required to take annually Preventing and Responding to Abuse and Neglect of Children training.
- H. Parents will be notified as soon as possible of any illness or accident that occurs at the center. It is then the parents responsibility to make sure the child is picked up by the responsible party.
- I. In case of a medical or life-threatening emergency where the parent cannot be reached, 911 will be called and either the director or staff member will go to the hospital with child, if necessary.

\*\*\*\*For more information about childcare or local licensing offices look on the Childcare Licensing website at [www.hhs.state.texas.gov](http://www.hhs.state.texas.gov) or call the Childcare Information Line at 1-800-862-5252 or local office 817-321-8604. To get information about the Center's record of compliance, contact the Licensing Office or search the website listed above. \*\*\*\*

Child Abuse hotline 1-800-252-5400

## **Immunization, Tuberculosis Test Requirements and Handling of Medications**

Ensure that each child's immunization record includes the child's date of birth, number of doses and types and the date (month, day and year) the child received each immunization. Compliance with this requirement is measured by one or more of the following for each child in care, including a caregiver's own child present in the facility:

Acceptable documentation includes:

(1) An official immunization record generated from a state or local health authority, including a record from another state. For example, the record may be from the Texas Immunization Registry, a copy of the current immunization record that is on file at the pre-kindergarten or school that the child attends, or the health passport for a child in the conservatorship of DFPS. The record must include:

- (A) The child's name and date of birth;
- (B) The type of vaccine and number of doses; and
- (C) The month, day, and year the child received each vaccination; or

(2) An official immunization record or photocopy. For example, the record may be from a doctor's office or a pharmacy. The record must include [Medium]:

- (A) The child's name and date of birth;
- (B) The type of vaccine and number of doses;
- (C) The month, day, and year the child received each vaccination;
- (D) The signature (including a rubber stamp or electronic signature) of the health-care professional who administered the vaccine, or another health-care professional's documentation of the immunization as long as the name of the health-care professional that administered the vaccine is documented;
- (E) Clinic contact information, if the immunization record is generated from an electronic health record system.

(3) Requirements for tuberculosis screening and testing vary across the state. If your regional Texas Department of State Health Services (DSHS) or local health authority requires tuberculosis testing for children in your child-care center, then you must have documentation to indicate that each child in your care is free of active tuberculosis. Documentation of a TB screening is not required to be on file. If you are unsure of the requirements for your area, contact the TB manager at the DSHS regional office nearest you.

(4) Once your child turns 4, we are required to have a Vision and Hearing Screening.

This information is taken from the Texas Department of Human Services Minimum Standards. These are their guidelines for immunization records.

## Physical Health and Well-being

A. Parents must be notified in cases of illness and injury.

B. An ill child must not be admitted for care if one or more of the following exists:

(1) The illness prevents the child from participating comfortably in child-care center activities including outdoor play.

(2) The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care.

(3) The child has one of the following (unless a medical evaluation by a health-care professional indicates that you can include the child in the child-care center's activities):

(A) An oral temperature above 101 degrees that is accompanied by behavior changes or other signs or symptoms of illness.

(B) A tympanic (ear) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness. Tympanic thermometers are not recommended for children under six months old.

(C) An axillary (armpit) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness.

(D) An infrared temporal (forehead) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness or;

(E) Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill or;

(4) A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious.

Additional note: You must provide the office with a doctor's note if your child misses a whole week due to illness.

\*This information is taken from the Texas Department of Human Services Minimum Standards.

## **Discipline and Guidance**

### **§746.2803. What methods of discipline and guidance may a caregiver use?**

Subchapter L, Discipline and Guidance April 2017 Discipline must be: (1) Individualized and consistent for each child (2) Appropriate to the child's level of understanding; (3) Directed toward teaching the child acceptable behavior and self-control; and (4) A positive method of discipline and guidance that encourages self-esteem, self-control, and self-direction, including the following: (A) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior; (B) Reminding a child of behavior expectations daily by using clear, positive statements; (C) Redirecting behavior using positive statements; and (D) 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.

### **§746.2805. What types of discipline and guidance or punishment are prohibited?**

Subchapter L, Discipline and Guidance March 2023 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) Grabbing or pulling a child; (4) Putting anything in or on a child's mouth; (5) Humiliating, ridiculing, rejecting, or yelling at a child; (6) Subjecting a child to harsh, abusive, or profane language; (7) Placing a child in a locked or dark room, bathroom, or closet; (8) Placing a child in a restrictive device for time out; (9) Withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with §746.2803(4)(D) of this subchapter (relating to What methods of discipline and guidance may a caregiver use?); and (10) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age

### **§746.2807. May my employees discipline their own children who are in care at my center?**

Subchapter L, Discipline and Guidance September 2003 Yes, during operating hours an employee may discipline the employee's own child as long as the employee does not violate the requirements specified in this subchapter.

## Expulsion Policy

EXPULSION \_\_\_\_\_ POLICY \_\_\_\_\_ NAME \_\_\_\_\_ OF \_\_\_\_\_ CHILD: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ OF PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

### WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

Staff will try to redirect child from negative behavior.  
 Staff will reassess classroom environment, appropriate of activities, supervision.  
 Staff will always use positive methods and language while disciplining children.  
 Staff will praise appropriate behaviors.  
 Staff will consistently apply consequences for rules broken.  
 Child will be given verbal warnings. Child will be given time to regain control.  
 Childs disruptive behavior will be documented and maintained in confidentiality.  
 Parent/guardian will be notified verbally.  
 Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.  
 The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.  
 We may ask for a recommendation of evaluation by professional consultation.  
 We may ask for a recommendation of evaluation by local school district child study team.

### SCHEDULE OF EXPULSION

If, after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.  
 The parent/guardian will be informed regarding the length of the expulsion policy.  
 The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

### PARENTAL ACTIONS FOR CHILD'S EXPULSION

Failure to pay/habitual lateness in payment.  
 Failure to complete required forms including the child's immunization records.  
 Verbal abuse to staff. If a parent threatens physical or intimidating actions toward staff members.



**CHILD'S ACTIONS FOR EXPULSION**

Failure of child to adjust after a reasonable amount of time.

Uncontrollable tantrums/angry outbursts.

Ongoing physical abuse to staff or other children.

Unable to toilet train in our three-year-old program.

**A CHILD WILL NOT BE EXPELLED**

IF child's parents:

- a. Made a complaint to the Office of Licensing regarding a schools alleged violation of the licensing requirements.
- b. Reported abuse or neglect occurring at the school.
- c. Questioned the school regarding policies and procedures.
- d. Without giving the parent sufficient time to make other childcare arrangements.

# **FINANCIAL, ACADEMIC & GENERAL INFORMATION**

## FINANCIAL INFORMATION

### Tuition

Tuition will be assessed to your account weekly according to the following chart.

Age of Child	Cost	Age of Child	Cost2
6 weeks - 12 months	\$315	4 years old	\$231
12 months - 18 months	\$308	5 years old (not in K5)	\$231
18 months - 24 months	\$299	School age (before and after school)	\$134
2 years old	\$274	K5-12 years old all day (summertime)	\$235
3 years old (not potty trained)	\$274		
3 years old (potty trained)	\$254	Effective date 1/5/2025	

### Supply Fee

A supply fee will of \$50 be assessed twice a year to cover supplies, academic materials, craft supplies, curriculum and various other classroom supplies that occur during the year. This will be assessed the beginning of January and beginning of June.

### Mat Fee

There will be a \$15 mat fee to replace torn or worn mats.

### Summer Activity Fee

During the summer months, children who have completed Kindergarten and older will be charged a \$100 activity fee to help off-set the costs of activities brought into the center for them to do.

### Overtime Fees

If a child is not picked up by 6:30 pm a late fee will be added to your account, per child. **\$25 for the first 5 minutes then \$2 per minute for each additional minute. All overtime fees must be paid before the child can return to the center.**

### Missed School Pick-up charge

**If a child is scheduled to be picked up from school by us, but is not as school for some reason, please contact the office before 2:30 pm. If this is not done, a \$5 charge will be assessed to your account.** Also, if a child is not in the designated spot to be picked up, we will not make a second trip to the school. The parents will be called from the school.

### Absenteeism

If a child is absent, we cannot give credits or refunds, because a place is being held for that child which could otherwise be given to someone on our waiting list.

**Partial Weeks**

If a child is absent, we cannot give credits or refunds, because a place is being held for that child which could otherwise be given to someone on our waiting list. See "Vacation" under "General Information" for more information on hold weeks. What this means is if your child is out for the whole week, full tuition will still apply.

These policies also apply to school age students who are present for the summer. During "no school weeks" full summer tuition will apply.

**Returned Check Charge**

A returned check charge of \$30 will be added to your account for any check returned to the Center. Debit or Credit cards will be required for a minimum of four weeks after a returned check.

**Payments**

Payments are easily made in the ProCare app using your checking account. A 3% processing fee will be added to your account when using a credit or debit card. Payments are due by Tuesday of the current week. If payment has not been paid by Friday, a 10% late fee will be added to your account.

**Receipts**

Receipts can be emailed to you, at your request, or printed from the ProCare app.

**Withdrawal from the Center**

A 7-day notice is required when withdrawing your child from the Center. All tuition must be paid in full at this time.

**ALL forms MUST be completed and turned in prior to your child's first day in our care.**

## Academic Information

### Two-year-olds

#### Language Arts:

Recognition of name, sound and picture for short vowels  
 Recognition of name and picture for consonants.  
 Formation of upper- and lower-case vowels.

#### Numbers:

Simple Counting 1-30  
 Number concepts 1-10

#### Bible:

Hymns/chorus  
 Memory verses  
 Bible Stories

### Three-year-olds

#### Language Arts:

Recognition of name, sound and picture for short vowels and consonants.  
 Formation of vowels and consonants in upper and lower case.

#### Numbers:

Simple counting 1-50  
 Number concepts 1-15

#### Bible:

Lessons such as creation, Noah, Samuel, Daniel, baby Jesus, Zaccheus, Good Samaritan.

### Four-year-olds

#### Language Arts:

Phonics and Reading. Recognition of name, sound and pictures of long and short vowels and consonants. Sounding of blends and one and two vowel words.  
 Reading of sentences and stories with one and two vowel words.  
 Manuscript Writing. Formation of letters, blends words and sentences.  
 Writing of first name.

#### Numbers:

Number recognition and counting	1-100
Number concepts	1-20
Numbers before and after	1-20
Addition facts	1+1 through 9+1

#### Bible:

Hymns/Chorus  
 Memory verses  
 Bible Lessons such as Genesis, Life of Christ, Salvation.

## **General Information**

### **Holidays**

The Center will be closed on the following days:

Thanksgiving Day and the following day	Good Friday
Christmas Eve	Fourth of July*
Christmas Day*	Memorial Day
New Years Day*	Labor Day

During the week of Thanksgiving all families whose children are enrolled and in attendance will receive a 20% discount off of their regular weekly tuition. For all other weeks that include a holiday, regular tuition will be charged for students normally attending the Center.

\*If these fall on Saturday, the Center will be closed the previous Friday. If on Sunday, the Center will be closed the following Monday.

There will be some early closings on days prior to holidays as posted at the Center. For these days, overtime fees will be charged based upon the early closing time.

### **Vacation**

After the first six months of enrollment, one week of vacation will accrue. This week must be used during the following six months or forfeited. After one year of enrollment, a second week of vacation will accrue.

### **Withdrawn students**

Children who are absent for 4 or more weeks will be automatically withdrawn. Reinstatement may occur, but all accrued vacation time will be forfeited. Vacation time will begin to accrue from the new enrollment date. Fees will apply to children absent for 3 weeks or less.

# FORMS



### 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 Meadow Creek Childcare Center		Director's Name Michele Chaney	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to <b>call in case of an emergency</b> if parents/guardian cannot be reached			Relationship
I authorize the child care operation to <b>release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

### Consent Information

Check All That Apply:	
<b>1. Transportation</b>	
I give consent for my child to be transported and supervised by the operation's employees:	
<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	



### 3. Water Activities

I give consent for my child to participate in the following water activities:

- ☐ water table play
 ☐ sprinkler play
 ☐ splashing/wading pools
 ☐ swimming pools
 ☐ aquatic playgrounds

### 4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- |   |   |
|---|---|
| <input type="radio"/> Discipline and guidance                                       | <input type="radio"/> Procedures for release of children  |
| <input type="radio"/> Suspension and expulsion                                      | <input type="radio"/> Illness and exclusion criteria  |
| <input type="radio"/> Emergency plans   | <input type="radio"/> Procedures for dispensing medications   |
| <input type="radio"/> Procedures for conducting health checks                       | <input type="radio"/> Immunization requirements for children  |
| <input type="radio"/> Safe sleep  | <input type="radio"/> Meals and food service practices  |
| <input type="radio"/> Procedures for parents to discuss concerns with the director  | <input type="radio"/> Procedures to visit the center without securing prior approval  |
| <input type="radio"/> Procedures for parents to participate in operation activities | <input type="radio"/> Procedures for parents to contact Child Care Licensing (CCL),<br>DFPS, Child Abuse Hotline, and CCL website |

### 5. Meals

I understand that the following meals will be served to my child while in care:

- ☐ Morning snack
 ☐ Lunch
 ☐ Afternoon snack

### 6. Days and Times in Care

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### Authorization For Emergency Medical Attention

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

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

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

Signature- Parent or Legal Guardian	

### Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? ☐ Yes ☐ No

Plan Submitted on \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

\_\_\_\_\_  
Signature - Parent or Legal Guardian

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

### School Age Children

My child attends the following school

School Phone Number

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

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

### Admission Requirement

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

Check **only one** option :

1. ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

\_\_\_\_\_  
Signature - Health Care Professional

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

2. ☐ A signed and dated copy of a health care professional's statement is attached.

3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

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

Name

Address of Health Care Professional

\_\_\_\_\_  
Signature - Parent or Legal Guardian

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

### Requirements for Exclusion

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

### Vision Exam Results

Right Eye 20/      Left Eye 20/      ☐ Pass    ☐ Fail

Signature

Date Signed

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail	
Right				<input type="radio"/> Pass	<input type="radio"/> Fail
Left				<input type="radio"/> Pass	<input type="radio"/> Fail

Signature

Date Signed

### Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1-2 months (second dose)	
	6-18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15-18 months (fourth dose)	
	4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	12-15 months (fourth dose)	
	2 months (first dose)	
	4 months (second dose)	
	6-18 months (third dose)	
	4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose)	
	4-6 years (second dose)	
Varicella	12-15 months (first dose)	
	4-6 years (second dose)	
Hepatitis A	12-23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

**Physician or Public Health Personnel Verification**

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

\_\_\_\_\_  
Signature

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

**Varicella (Chickenpox)**

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_ \_ \_ \_ \_ and does not need varicella vaccine.

\_\_\_\_\_  
Signature

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

**Additional Information Regarding Immunizations**

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

**TB Test (If Required)**

☒ **Positive** ☐ **Negative** Date: \_ \_ \_ \_ \_

**Gang Free Zone**

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**Privacy Statement**

HHSC values your privacy. For more information, read our privacy policy online at: <http://hhs.texas.gov/policies-practices-privacy#section-1>.

**Signatures**

\_\_\_\_\_  
Child's Parent or Legal Guardian

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

\_\_\_\_\_  
Center Designee

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

## Family and Social History

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Childs last name	Childs first name	Childs middle name	DOB
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Father's name \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's name \_\_\_\_\_

Occupation \_\_\_\_\_

Reason for requesting Pre-School placement \_\_\_\_\_  
\_\_\_\_\_

Other children in family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

What does he/she like to do most outdoors?

\_\_\_\_\_

What does he/she like to do most with other children?

\_\_\_\_\_

Favorite games

\_\_\_\_\_

Favorite toys

\_\_\_\_\_

Favorite foods

\_\_\_\_\_

Has he/she ever been cared for other than by parents?

\_\_\_\_\_

If so, by whom?

\_\_\_\_\_

Does he/she need help in:

Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Washing hands \_\_\_\_\_ Eating \_\_\_\_\_ Toilet \_\_\_\_\_

List any special allergies

\_\_\_\_\_

List any special problems

\_\_\_\_\_

List any special fears

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Parents method of discipline

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Please give any other information you feel will help us in caring for your child.

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## AUTHORIZATION TO TAKE CHILD FROM CENTER

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Child's name

Age

DOB

---

Father's name

---

Driver's License #

(Copy of DL)

---

Phone number

---

Mother's name

---

Driver's License #

(Copy of DL)

---

Phone number

## OTHERS AUTHORIZED TO PICK UP CHILD FROM CENTER

---

Name

---

Driver's License #

(Picture or DL)

---

Phone number

---

Name

---

Driver's License #

(Picture or DL)

---

Phone number

---

Name

---

Driver's License #

(Picture or DL)

---

Phone number

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_



## PARENTS AGREEMENT

- A. We are in agreement with the rules and regulations set forth in the Parent Information Guide. I/We shall endeavor to support and uphold the principles, practices and education policies of the Center in every way.
- B. We agree to pay the weekly payments in advance as stated in the handbook. We also understand that late fees will be assessed for late payments per the financial section of this Parent Information Guide and that all fees are non-refundable.
- C. We give permission for our child to take part in all Childcare activities and absolve the Center from liability because of injury to your child at school or during any school activity.
- D. We understand that all medical records and state required hearing and vision tests must be current. We also understand that it is our responsibility for keeping them up to date; it is not the Centers responsibility.
- E. We will notify the Center at once if any changes occur in the phone numbers or addresses of our home or work.
- F. We agree to inform staff members any time any communicable diseases have infected our child or if any disease contracted by my child will affect the Center.
- G. We agree to come to the Center when the Director deems is absolutely necessary in order to properly discipline the child. This will only happen in extreme cases of behavior problems.
- H. We agree to the terms in the discipline and guidance portion of this Parent Information Guide and will uphold any student being expelled who does not cooperate with the policies set forth by the Center
- I. I have received a copy of the Parent Information Policy Guide.

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Parent Signature

Date

## Sunscreen, Bug Spray, Diaper Rash Ointment

### Permission Slip

If you would like for your child to have sunscreen protection or bug spray protection, please provide it and sign below. Return this form and the sunscreen or bug spray to your child's teacher. Please label it with your child's name and the date of purchase. To avoid the possibility of a skin reaction, please test the sunscreen you choose on your child at home prior to bringing to the daycare.

\_\_\_\_\_ I give Meadow Creek Childcare Center permission to apply  
SUNSCREEN that I have provided for my child.

\_\_\_\_\_ I give Meadow Creek Childcare Center permission to apply BUG  
SPRAY that I have provided for my child.

\_\_\_\_\_ I give Meadow Creek Childcare Center permission to apply DIAPER  
RASH OINTMENT that I have provided for my child.

Child's name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Meadow Creek Childcare Center

## DAYCARE PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent of a child/children at Meadow Creek Childcare 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 \_\_\_\_\_

Relationship To Child \_\_\_\_\_

☐ I DO NOT want my child/children featured on Meadow Creek  
Childcare Center's Facebook or Instagram

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

Relationship To Child \_\_\_\_\_ Child's Name \_\_\_\_\_

