



PARENT INFORMATION GUIDE

and

OPERATIONAL POLICIES

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

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. Diapers are to be provided by the parents, or the Center will charge a fee of \$1.00 per diaper.

Have your child stay at home when he or she is ill. State law forbids us to care for sick children. If your child needs medication, the medication forms must be filled out in full for us to administer the medicine. If your child has a fever, he/she will NOT be allowed to stay in 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. The child must be signed in **BY THE PARENT!** Children are NOT to use the computer, as it is a vital communication tool for the parents.

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 will be open from 6:30 AM to 6:30 PM. Be sure to make arrangements to pick up your child BEFORE 6:30 PM. The child must be signed in and out of the Center by the responsible adult. If a child is not picked up by 6:30 PM, overtime fees will be applied. Overtime fees are \$2 per minute per child. **ALL OVERTIME 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.

Our employees are asked to refrain from baby-sitting children enrolled in the Center. Please help our employees obey their work rules by not asking them to baby-sit.

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 child care 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.

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 your child. Meadow Creek Childcare Center maintains the highest Christian standards 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 and 9:30 AM. A rotating snack 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 and aide 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 invited 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 a 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 the child, if necessary.

*******For more information about childcare or JocaJ licensing offices look on the Protective and Regulatory Services website: www.tdprs.state.tx.us 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 local Licensing Office of the Texas Department of Protective and Regulatory Services.*******

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 birth date, the 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:

- A. a dated record that the child has been immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, and *Haemophilus influenzae* type b (Hib). There must be a:
 - 1. **record with a rubber stamp or signature of the physician or health professional;**
 - 2. machine or handwritten copy of the immunization record. Handwritten copies need to be signed by the person making the copy.
- B. a dated statement from a licensed physician or other authorized health personnel that immunizations against at least one of the diseases have begun. The immunization series must be completed as soon as is medically feasible. **The child-care facility must have a current immunization record on file.**
- C. a certificate or affidavit signed and dated by a physician duly registered and licensed to practice medicine in the United States, stating that the required immunization would be injurious to the health and well-being of the child or a member of the child's family or household. Unless a lifelong condition is specified, the affidavit or certificate is valid for only one year from the date signed by the physician and must be renewed every year for the exclusion to remain in effect.
- D. an affidavit signed by the parent or guardian stating that the immunization conflicts with tenets and practices of a recognized church or religious organization of which the parent or guardian is an adherent.
- E. a dated statement signed by the child's parent that the child's immunization record is current and is on file at the school the child attends. The name of the school must be included in the statement.
- F. if Medication is to be dispensed by the Center a Medical Authorization Form must be filled out in the office and the medicine must be locked in the office as well. The medicine must be in the original container with child's name, date, and amount to be given on it.
- G. 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.

Additional note: Parents must provide a record of the child's immunization for chicken pox or provide documentation (including dates) showing that the child had chicken pox.

Physical Health and Well-being*

- A.** Parents must be notified in cases of illness and injury.
- 8.** 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 facility activities.
 - 2. The illness results in a greater need for care than the staff can provide without compromising the health, safety, and supervision of the other children.
 - 3. The child has any of the following:
 - a. oral temperature 100.4 degrees or greater; rectal temperature 101.4 degrees or greater; armpit temperature 99.4 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness until medical evaluation indicates that the child can be included in the facility's activities;
 - b. symptoms and signs of possible severe illness (such as lethargy, uncontrolled breathing, uncontrolled diarrhea, vomiting illness [two or more episodes in 24 hours], rash with fever, mouth sores with drooling, wheezing, behavior change, or other unusual signs until medical evaluation indicates that the child can be included in the facility's activities.
 - 4. The child has been diagnosed with a communicable disease, until medical evaluation determines that the child is no longer communicable and is able to participate in the facility's activities.

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

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

*Discipline and Guidance**

§746.2801 To what extent may caregivers discipline the children in their care? 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.

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

Research has shown that positive guidance teaches children skills which help them get along in their physical and social environment. The aim is to develop personal standards in self-discipline, not to enforce a set of inflexible rules. Giving children understandable guidelines and redirecting their behavior helps them to develop internal control of their actions and encourages acceptable behavior.

§746.2805 What types of discipline and guidance or punishment are prohibited? There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited: (1) Corporal punishment or threats of corporal punishment; (2) Punishment associated with food, naps, or toilet training; (3) Pinching, shaking, or biting a child; (4) Hitting a child with a hand or instrument; (5) Putting anything in or on a child's mouth; (6) Humiliating, ridiculing, rejecting, or yelling at a child; (7) Subjecting a child to harsh, abusive, or profane language; (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Child development research supports that physical punishment such as pinching, shaking, or hitting children teaches them that hitting or hurting others is an acceptable way to control unwanted behavior or get what they want. Children will also mimic adults who demonstrate loud or violent behavior. Rapping, thumping, popping, and flicking are only examples of various terms used for inflicting corporal punishment on a child.

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

§746.2809 Must I have a written discipline and guidance policy? No. You are not required to have a written discipline and guidance policy if you provide parents and employees with a copy of this subchapter. If you have a written policy, it must comply with the rules in this subchapter.

§746.2811 Must I give a copy of my written discipline and guidance policy to parents and my employees? (a) You must give a copy of your written discipline and guidance policy or a copy of this subchapter to parents and child-care center employees as specified in Subchapter B of this chapter (relating to Administration and Communication). (b) You must keep documentation showing that all parents and employees have received a copy of your written discipline and guidance policy or a copy of this subchapter. You may do this as a part of your operation policies or in a separate document.

§746.2813 How often must I update my written discipline and guidance policy? You must update your written discipline and guidance each time you make changes. You must keep documentation at your child-care center showing that all parents and employees have received a copy of your revised discipline and guidance policy.

* -- This information is taken from the Texas Department of Protective and Regulatory Services Minimum Standards for Child-Care Centers - Subchapter L, Discipline and Guidance, 09/01/03.

***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	Cost(\$)
6 weeks - 12 months	225.00	4 years old	166.00
12 months - 18 months	220.00	5 years old (not in K-5)	166.00
18 months - 24 months	214.00		
2 years old	196.00		
3 years old (if potty trained)	182.00	School age (before & after school only)	95.00
3 years old (if not potty trained)	196.00	K-5 - 12 years all day (summertime)	145.00

Effective as of 10/4/2021

Academic Fee

There will be an \$85 fee assessed for the Pre-K and Pre School year to provide academic materials, school supplies, mat, sweatshirt for the Christmas program, and a phonics-based reading program for each child. This is a one-time fee that will be assessed in August of each year.

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 1st grade and older will participate in numerous fun-filled activities each week. The field trip fee for 2nd graders and up will be \$150. This is a one-time fee each summer.

Broken Toy Charge

If a child breaks a toy on purpose or in anger, the parents will be held financially responsible for replacement of that toy.

Overtime Fees

If a child is not picked up by 6:30 PM, a late charge of \$2.00 per minute that the child is in the Center will be charged. This amount is payable to the worker who had to stay overtime and is in charge at the time of pick-up. **\$2.00 PER MINUTE PER CHILD. 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, but is not at school for some reason, please contact the office before 2:30 PM. If this is not done, a \$5.00 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 kept for that child which could otherwise be given to someone on our waiting list. See "**Vacation**" under "General Information" for more information. **What this means is if your child is out for the whole week, full tuition will apply.**

Partial Weeks

For children in K-5 and under who are present TWO FULL DAYS** DURING THE WEEK, THE FULL WEEKLY PAYMENT IS REQUIRED FOR THAT WEEK. IF THE CHILD IS PRESENT ONLY ONE DAY IN THE WEEK, THE CHARGE WILL BE 50% OF REGULAR TUITION. **If your child is out for the entire week and you do not have any vacation time and you do not have a Doctor's note for illness, then full tuition will apply.**

These policies also apply to school age students who are present for the summer. During the school year, if a school age child requires a full day** of Childcare (due to holidays, etc.) the rate for one day will be \$25.00, in addition to regular before and after school rates. However, two or more full days of care constitute a full week, thus full-time rates will apply.

** -- Four (4) or more hours of care for one day will be considered a full day of care.

Returned Check Charge

A returned check charge of \$30.00 will be added to your account for any check returned to the Center. Money orders will be required for a minimum of four weeks after a returned check. At the Center's discretion, money orders may be required at any time after a returned check. If there is a second returned check, checks will no longer be accepted. Visa and Master Card payments will continue to be accepted.

Payments

Payments should be made in the form of check, money order, Visa, or Master Card, Discover or American Express. Tuition is to be paid in advance in the office. Classroom workers will not be responsible for receiving payments; the payments need to be brought to the OFFICE to insure proper credit. While the office mailbox should be used for tuition payments, we will not be responsible for cash left in the office mailbox.

Tuition will be considered late when not paid by 6:30 PM on Tuesday of the current week. A 10% late charge will be added at this time.

Reminders & Cut-Offs

Reminders will be given if your account is behind one week. A cut-off will be issued if your account is behind two weeks. When a cut-off is issued, your child will not be allowed in the Center after the date listed on the cut-off form. In order to reinstate your child, you must pay the cut-off amount plus the amount required to bring your account to a status of 'paid in advance.'

Receipts

Receipts will be printed at your request. If you have questions concerning your account, please check your account status on the check-in computer and/or contact the office. The parent is responsible to produce receipts for any days or weeks in question.

Withdrawal from the Center

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

Enrollment Procedures

ALL forms MUST be completed and turned in prior to your child's first day in our care. NO EXCEPTIONS!

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, Boy Samuel, Daniel, boyhood of Jesus, Zaccheus, Good Samaritan.

Four-year-olds

Language Arts: Phonics and Reading. Recognition of name, sound, and picture 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
Numbers concepts 1-20
Numbers before and after 1-20
Addition facts 1+1 through 9+1

Bible: Hymns/choruses
Memory verses
Bible Lessons such as Genesis, Life of Christ, Salvation Series.

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 Year's 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 charge. 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 with a hold fee of \$30. This week must be used during the following six months or forfeited. After one year of enrollment, a second week of vacation will accrue for free. At 18 months a week of vacation will accrue for \$30. At the anniversary of the second year a vacation week will accrue for free. At 2 years and 6 months a second week of vacation will be awarded for \$30. At the 3-year anniversary , a free week will be awarded. Each vacation week must be used within the following six-month period or it is forfeited. Please note that hold fees and vacation weeks will not be honored unless at least 1-week prior written notice is given.

Time Enrolled	\$30 Hold	Free Hold	Time Accrued
6 months	X		1 week
1 year		X	1 week
18 months	X		1 week
24 months		X	1 week
30 months	X		1 week
36 months		X	1 week

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.

DHS FORM 1626/6-98

Name of Facility

Address of Facility

Date

Facility Representative

Telephone#

Dear Parent or Guardian:

We serve nutritious meals to all children enrolled in this facility. We receive federal support to help pay the cost of the meals. Therefore, we do not charge separately for the meals. The amount of federal support we receive is based on information you provide from your child's Head Start Program, or on the information you provide on the enclosed application.

HEAD START PARTICIPATION: If your child is enrolled as a participant in the Head Start Program and meets Head Start's low income criteria, your child is automatically eligible for free meals in the Child and Adult Care Food Program, national School Lunch Program, School Breakfast Program, and Summer Food Service Program, without further application. You may ask your child's Head Start Program to give you a letter which certifies that your child is currently enrolled as an income-eligible participant in Head Start. If you provide us with a copy of the certification letter from Head Start, you will not need to fill out the enclosed application. You must tell us if a change occurs that results in your child no longer being enrolled as an income-eligible Head Start participant.

If you have not provided us with a Head Start certification letter for your child, and your household income is at or below the income levels shown on Form 1625-A, please fill out this application, sign it, and return it to us. Please answer all the questions on the form. *If information about household members and income is missing, federal support may be reduced.*

COMPLETE APPLICATION: For an application to be complete, you must include (1) the names of children enrolled, (2) total household income by source, (3) all household members' names, (4) the Social Security number of the adult household member signing the application, or an indication that that household member does not possess a Social Security number, and (5) an adult household member's signature. TANF (AFDC)/Food Stamp households must provide only the children's names, their case number, and an adult household member's signature.

VERIFICATION: Our staff or state or federal officials may check the information on the application at any time during the year.

REPORTING CHANGES: You must tell us if your household income increases by more than \$50 a month (\$600 a year) or if your household size changes. If your child is approved for program benefits because you receive TANF (AFDC) or food stamps, you must tell us immediately if your participation has been terminated.

SPECIAL NEEDS: If your child is determined by a doctor to have special dietary needs as a result of a disability or other physical condition, please call us at the number listed above.

FOSTER CHILDREN: Some foster children may be eligible regardless of your income. If you have foster children living with you and you want to apply for free or reduced-price meals for them, call us.

CONFIDENTIALITY: People who are eligible to participate in the program must not be discriminated against because of race, color, national origin, sex, age, disability, religion, or political belief. Anyone who believes that they have been discriminated against should write immediately to: Director, Civil Rights Division, W-2065, Texas Department of Human Services, P.O. Box 149030, Austin, Texas 78714-9030 or the Secretary of Agriculture, Washington, D.C. 20250. **NOTE:** Discrimination complaints based on religion or political beliefs must be referred *only* to the Director, Civil Rights Division, Texas Department of Human Services.

If you have any questions or need help filling out an application, please contact us.

WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children

1. What is WIC? WIC is a nutrition program for low-income women; infants and children. It teaches young families how to stay healthy through better nutrition and how to stretch a tight food budget. It also provides supplemental foods and helps families access health and medical services. Some WIC clinics provide childhood immunizations, and others can refer families to the nearest shot clinic. WIC educates pregnant women about the benefits of breastfeeding, and it offers guidance and support to breastfeeding women.

2. Who is eligible? Women who are pregnant, breastfeeding, or have an infant younger than 6 months; infants and children younger than 5.

Applicants must have a household income at or below 185% of the U.S. poverty level (see the guidelines below), they must be a state resident, and they must have a nutritionally inadequate diet or a nutrition-related health problem. U.S. citizenship is not a requirement. WIC applicants who participate in Food Stamps, Medicaid, or TANF automatically meet the income eligibility requirements.

The WIC income guidelines below are effective beginning July 1, 2012

Family Size	ANNUAL	MONTHLY	TWICE MONTHLY	EVERY TWO WEEK	WEEKLY
1	20,665	1,723	862	795	398
2	27,991	2,333	1,167	1,077	539
3	35,317	2,944	1,472	1,359	680
4	42,643	3,554	1,777	1,641	821
5	49,969	4,165	2,083	1,922	961
6	57,295	4,775	2,388	2,204	1,102
7	64,621	5,386	2,693	2,486	1,243
8	71,947	5,996	2,998	2,768	1,384
Each Additional Family Member	7,326	611	306	282	141

3. What types of nutrition-related health problems will qualify? Examples include, but are not limited to - anemia, obesity, growth failure, infants born prematurely or born with other high-risk health problems, inadequate or too much weight gain in pregnancy, current or history of a high-risk pregnancy, nutritionally inadequate diet, breastfeeding problems, diabetes, and many other health and medical conditions that have an impact of nutritional health.

After applicants are determined income eligible, they are screened by a health professional. This will include measurement of height and weight, a simple blood test for anemia, a dietary assessment, and a medical history. There are no costs for the screening. Eligibility lasts anywhere from 6 to 12 months, depending on the age of the participant.

4. What foods do WIC participants receive? WIC participants are given vouchers that allow them to purchase specific foods each month at a nearby grocery store. The foods are high in protein, calcium, iron, and vitamins A and C, and folic acid.

WIC food include routine infant formulas (and also specialty formulas for infants with high-risk medical conditions), infant cereal, iron-fortified adult cereal, fruit or vegetable juice, eggs, milk, cheese, and peanut butter or dried beans or peas.

5. What is the WIC Farmers Market Nutrition Program? WIC participants in 59 of the 254 Texas counties receive coupons during the late spring and early summer months. These coupons can be used to purchase fresh fruits and vegetables at their local farmer's market.

7. Who do people call for WIC information in Texas? Call this toll free number 1-800-942-3678 or 1-800-WIC-FOR-U.

BUILDING FOR THE FUTURE

This Childcare facility receives Federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow!

Meals served here must meet nutrition requirements established by USDA's Child and Adult Care Food Program.

Questions? Concerns? Call USDA at 1-800-424-9121 or Special Nutrition Programs at 1-800-982-3261 or Your Childcare facility's contract organization at 817-321-8000.

People who are eligible to participate in the program must not be discriminated against because of race, color, national origin, sex, age, disability, or political belief. Anyone who believes that they have been discriminated against should write immediately to: Director, Civil Rights Division, MC W-206, Texas Department of Human Services, P.O. Box 149030, Austin, TX 78714-9030 or the Secretary of Agriculture, Washington, D.C. 20250. **Note:** Discrimination complaints based on religion or political beliefs must be referred *only* to the Director, Civil Rights Division, Texas Department of Human Services.

NOS PREPARAMOS PARA EL FUTURO

Este centro de cuidado de niños recibe asistencia económica federal para servir comidas nutritivas a sus hijos. La Buena nutrición hoy significa un mañana más saludable.

Las comidas que se sirven aquí tienen que cumplir con los requisitos de nutrición establecidos por el Programa de Alimentos para Adultos y Niños de/ Departamento de Agricultura de los Estados Unidos (USDA).

?Tiene preguntas o inquietudes? Comuníquese con el USDA al 1-800- 424-9121 o con el Programa Especial de Nutrición al 1-800-982-3261 o con la organización que contrata al centro de cuidado de niños de su hijo al 817-321-8000.

Las personas que tienen derecho de participar en el programa no deben ser discriminadas por raza, color, origen nacional, sexo, edad, discapacidad ni creencias políticas. Cualquier persona que crea que ha sido discriminada debe escribir inmediatamente al Director de la División de Derechos Civiles del Departamento de Servicios Humanos de Texas a: Director, Civil Rights Division, MC W-206, Texas Department of Human Services, P.O. Box 149030, Austin, TX 78714-9030 o a la Secretaria de Agricultura a: Secretary of Agriculture, Washington, D.C. 20250. **Nota:** las quejas por discriminación basadas en religión o creencias políticas se deben enviar *unicamente* al Director de la División de Derechos Civiles del Departamento de Servicios Humanos de Texas.

REQUEST FOR A WEEK OF HOLD

Please consider the following week as a hold week for my child. I realize that if I have already used my holds for the year, or do not give at least one week in advance notice, I will be required to pay the full regular tuition.

Child's Name _ _ _ _ _

Anniversary date _____

Week desired for hold: _____

Today's date: _____

Parent Signature: _ _ _ _ _

REQUEST FOR A WEEK OF HOLD

Please consider the following week as a hold week for my child. I realize that if I have already used my holds for the year, or do not give at least one week in advance notice, I will be required to pay the full regular tuition.

Child's Name _ _ _ _ _

Anniversary date _____

Week desired for hold:

Today's date: _ _ _ _ _

Parent Signature: _ _ _ _ _

FORMS

Services

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 call in case of an emergency if parents/guardian cannot be reached			Relationship
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 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:

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees:

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:

- 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), 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
	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.	

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.

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

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>D.O.B.</i>
Father's Name _____		Occupation _____	
Mother's Name _____		Occupation _____	
Reason for requesting Pre-School placement _____			

Other children in family:

Name _____	Sex _____	Age _____
Name _____	Sex _____	Age _____
Name _____	Sex _____	Age _____
Name _____	Sex _____	Age _____

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 _____

Parents' method of discipline _____

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

AUTHORIZATION TO TAKE CHILD FROM THE CENTER

_____ <i>Child's Name</i>	_____ <i>Age</i>	_____ <i>D.O.B.</i>
_____ <i>Father's Name</i>		
_____ <i>Social Security # or last four numbers</i>		<i>(Copy of D.L.)</i>
_____ <i>Driver's License #</i>		
_____ <i>Work Phone</i>		
_____ <i>Mother's Name</i>		
_____ <i>Social Security # or last four numbers</i>		<i>(Copy of D.L.)</i>
_____ <i>Driver's License #</i>		
_____ <i>Work Phone</i>		

OTHERS AUTHORIZED TO PICK UP CHILD FROM THE CENTER

_____ <i>Name</i>		
_____ <i>Social Security # or last four numbers</i>		<i>(Picture)</i>
_____ <i>Driver's License #</i>		
_____ <i>Work Phone</i>		
_____ <i>Name</i>		
_____ <i>Social Security # or last four numbers</i>		<i>(Picture)</i>
_____ <i>Driver's License #</i>		
_____ <i>Work Phone</i>		

Father's or Legal Guardian's Signature **Date**

Mother's or Legal Guardian'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 educational policies of the Center in every way.
- _____ B.
- _____ C. student who does not cooperate with the policies set forth by the Center.
- _____ D. 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.
- _____ E. We give permission for our child to take part in all Childcare activities, including field trips and school sponsored trips away from the premises, and absolve the Center from liability because of injury to our child at school or during any school activity.
- _____ F. 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 Center's responsibility.
- _____ G. We will notify the Center at once if any changes occur in phone numbers or addresses of our home or work.
- _____ H. We agree to inform staff members anytime any communicable diseases have infected our child, or if any disease contracted by my child will affect the Center.
- _____ I. We agree to come to the Center when the Director deems it absolutely necessary in order to properly discipline your child. This will only happen in extreme cases of behavior problems.
- _____ J. We agree to keep current credit card account information on file at the Center. We understand and agree that if we withdraw from the Center owing a balance, the Center will bill this credit card for the balance within 7 days.
- _____ K. I have received a copy of the Parent Information Policy Guide.

Parent or Legal Guardian's Signature

Date