

ADMISSION INFORMATION

Operation Name Stepping Stones Early Learning Center		Director's Name Tina Grimes	
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:			
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 checked="" type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input checked="" type="checkbox"/> Lunch <input checked="" 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 checked="" type="checkbox"/> Mondays	from: 6:30 a.m.	to: 6:00 p.m.	
<input checked="" type="checkbox"/> Tuesdays	from: 6:30 a.m.	to: 6:00 p.m.	
<input checked="" type="checkbox"/> Wednesdays	from: 6:30 a.m.	to: 6:00 p.m.	
<input checked="" type="checkbox"/> Thursdays	from: 6:30 a.m.	to: 6:00 p.m.	
<input checked="" type="checkbox"/> Fridays	from: 6:30 a.m.	to: 6:00 p.m.	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

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	_____	_____	_____
SIGNATURE _____			DATE _____

 Signature – Parent or Legal Guardian

 Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
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Signature or stamp of a physician or public health personnel verifying immunization information above.

 Signature

 Date

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.

Parent's signature	Date
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I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

 Signature – Parent or Legal Guardian

 Date

Parent of: _____

Discipline and Guidance Policy for Stepping Stones Early Learning Center

Name of Operation

- ⓪ 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.

- ⓪ 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.

- ⓪ 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.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

- parent employee/caregiver household member of child-care home

ADMISSION INFORMATION

Stepping Stones Early Learning Center Policy Handbook & Tuition Agreement

I, _____, parent of _____ a child(ren) at Stepping Stones Early Learning Center, acknowledge that I have received a copy of the policies in the Stepping Stones Parent Handbook, and have been given the opportunity to read and ask questions concerning these policies.

Furthermore, I agree to abide by the policies set forth in the Handbook and agree to the following fees upon enrolling my child and abiding with the tuition plan I chose. I also acknowledge that I will give a 14 day notice of withdrawal from Stepping Stones. Failure to give 14 day notice will result in tuition charges for the following two weeks. I understand that I will have to update this plan yearly.

Registration Fee: \$_____ (summer, annually)

Supply Fee: \$_____ (Every 6 months Feb & Aug) Prorated to _____

Summer Camp \$_____

Tuition Payment Plan for one year:

Weekly: \$_____

Monthly: \$_____

Monthly Summer Camp Activity Fee: \$_____

CCMS Tuition Plan:

Monthly Co-Pay Due on 1st: \$_____

Prorated for Current Month: \$_____

Private Monthly Pay: \$_____

Office Use Only
Authorization Code: _____
Contact Person: _____
Effective Date: _____

**** There will be a \$15 charge for all late payments. ****

<i>Parent/Guardian Signature</i>	<i>Date</i>
<i>Provider Signature</i>	<i>Date</i>

Stepping Stones Early Learning Center
4528 Northeast Stallings Drive
Nacogdoches, Texas 75965
(936) 715-0188

Parent Handbook Acknowledgement

Dear Parents,

By signing this form I understand and acknowledge that I have received a parent handbook either in hand or by email.

If you have any questions, please stop by the office or call the center.

Stepping Stones Early Learning Center

Child's Name

Date

Parent's Name (Print)

Parent's Signature

Email Address (Print)

Director's Signature

Date



School Pictures/Snapshot Policy Agreement

I _____, parent of _____ give permission to Stepping Stones to take pictures during parties, promotions, and other like activities. I also understand that such pictures may appear on Stepping Stones Early Learning Center Facebook page (sselc2018).

Parents/Guardian Signature _____

Date: _____

Provider Signature _____

Date: _____