

Tyler Christian



Preschool



Enrollment Packet:

You will need the following for your child to begin.

- 1.) Enrollment packet **FULLY** filled out
- 2.) Health Statement from a physician saying your child is healthy enough to attend day-care
- 3.) Current shot records

Admission Information

Use this form to collect all required information about a child enrolling in daycare.

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: TYLER CHRISTIAN PRESCHOOL		Director's Name: SHANNON BEDSOLE	
Child's Full Name:		Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian <i>(if different from the child's)</i> :	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Consent Information			
1. Transportation:			
I give consent for my child to be transported and supervised by the operation's employees (Check all that apply). <input checked="" 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. Field Trips:			
<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 (Check all that apply).

- water table play sprinkler play splashing or wading pools swimming pools aquatic playgrounds

Is your child able to swim without assistance: Yes No | If no, what type of assistance is needed:

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

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

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

- None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

6. Days and Times in Care:

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

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

Child's Special Care Needs (check all that apply)

Environmental allergies

Food intolerances

Existing illness

Previous serious illness

Injuries and hospitalizations (*past 12 months*)

Other:

Limitations or restrictions on child's activities

Reasonable accommodations or modifications

Adaptive equipment (*include instructions below*)

Symptoms or indications of complications

Medications prescribed for continuous long-term use

Explain any needs selected above. If none write N/A or NONE:

Does your child have diagnosed food allergies? Yes No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

 _____
Signature — Parent or Legal Guardian Date Signed

Authorization For Emergency Medical Attention

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

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

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

 _____
Signature — Parent or Legal Guardian Date Signed

Requirements for Exclusion from Compliance

- 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.

 _____
Signature Date Signed


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. (Select **only one** option.)

- 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.
- A signed and dated copy of a health care professional's statement is attached.
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.
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 of Health Care Professional, if selected _____ Address of Health Care Professional, if selected _____

Signature — Health Care Professional Date Signed

 _____
Signature — Parent or Legal Guardian 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.

Privacy Statement

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

Signatures



Child's Parent or Legal Guardian

Date Signed

Shannon Bedsole

Center Designee

Date Signed

TYLER CHRISTIAN PRESCHOOL ENROLLMENT AGREEMENT

I, the below-signed parent, understand that this is a contract for services, and I am accountable for all charges and fees that may occur by my participation in this program. I also understand that even if I am receiving government assistance I am ultimately responsible for any amounts not paid for by such assistance. I also understand that I must give two weeks' notice if I choose to withdraw my child under any circumstance and if I do not pay, I will not only be charged the amount of tuition owed, but I will also be responsible for any attorney, collections and court fees that accumulate. If I choose to remove my child from the care of Tyler Christian Preschool without a written two-week notice, then I will solely be responsible for the two weeks after, that Tyler Christian Preschool determines was the last day of care. All weekly payments are posted on Monday and then drafted on Friday every week, monthly payments are due by the first Friday of the month and CCS payments are due by the 1st business day of the month. Please note when we draft on Friday, payments may not reflect in your bank until the following week. Therefore, when it shows on your bank account, it is for the previous week that was billed for and not the current week. CCS families will not be eligible for services of Tyler Christian Preschool if tuition is not paid by the 1st. All private paying families will accumulate a \$25 late fee plus the \$30 return fee each week thereafter when payment is sent back to us due to insufficient funds. If the account goes unpaid for two weeks, I understand I will not be able to render services of Tyler Christian Preschool, and my child's spot will become available to another child without notice. If my account goes into default or is sent back due to insufficient funds or failure to update payment information, my child will be ineligible to return to Tyler Christian Preschool and I will be responsible for the two weeks following nonpayment.

Parents Full Printed Name: _____

Parents/Guardians Signature: _____ Date: _____

I have been given a copy of, have read, and agree to abide by the policies set forth in the **Parent Handbook** provided by Tyler Christian Preschool.

Parents/Guardians Signature: _____ Date: _____

Child's Name: _____

I acknowledge that Tyler Christian Preschool has provided me with "**A Parent's Guide to Daycare**" and has discussed its contents with me. This acknowledgement will be kept in my child's record as long as they attend this preschool. I understand the content described in "**A Parent's Guide to Daycare**" and was given the opportunity to express any questions I had concerning it.

Parents/Guardians Signature: _____ Date: _____

PHOTO AND VIDEO RELEASE

Name of Parent/Guardian: _____ Name of Child: _____

Please mark the appropriate box:

- I give
- I do not give

Tyler Christian Preschool permission to take photos of my child if the occasion should arise including but not limited to pictures used for:

- Arts and Crafts
- Classroom Décor
- Activities throughout the day posted to Facebook
- Muffins with Mom; Donuts with Dad
- Special Occasions
- Holiday Crafts
- Parties

Please mark the appropriate box:

- I give
- I do not give

Tyler Christian Preschool permission to videotape my child if the occasion should arise including by not limited to taping used for:

- Surveillance of building and grounds
- Monitoring teachers and children
- Live feeds posted to Facebook for classroom activities:
 - Earth Day
 - Water Sprinkler Day
 - Thanksgiving Feasts
 - Easter Egg Hunts

I understand these photos will not be sold or distributed without my knowledge or permission.

Parent Signature: _____ Date: _____

NOTICE TO PARENTS

Tyler Christian Preschool may apply pest control materials inside or on school grounds as needed. Pest control materials are registered by the EPA and are selected and applied according to label directions.

Our school utilizes a licensed, professional pest control service for the prevention and control of rodents, insects, and other pests in and around the school's building. Their program consists of:

1. Inspection and monitoring to determine whether pests are present, and whether any treatment is needed;
2. Recommendations for maintenance and sanitation to help eliminate pests without the need for pest control materials;
3. Application of EPA-registered pest control materials when needed.

Pests can sting, bite, cause contamination, damage to property, and spread disease; therefore, we must prevent and control them. All pest control materials are chosen and applied according to label directions per Federal law.

An estimated schedule of interior pest control inspections and possible treatments is available for review or copying in the office. The schedule is the first Wednesday of the first month of the quarter after 6:00 p.m. Parents of students may request to receive prior notification of any application of a pest control material, should such an application be deemed necessary on a day different from the days specified in the schedule. Should you have any further questions, you may contact Shannon Bedsole or Tara Bailey. If you would like a copy of this please let us know.

Parents' Printed Full Name: _____

Parents' Signature: _____ Date: _____

Child's Name: _____ D.O.B.: _____

Director's Signature: _____ Date: _____

Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

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

* If applicable.

1. Health

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

2. Toileting:

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

3. Behavior:

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

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

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

5. Activities:

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

6. Family History:

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

Signature of Director Date Signed

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

Signature of Parent Date Signed

Additional Comments:

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Discipline and Guidance Policy for

T.C.P.

Name of Operation

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

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

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

CACFP STUDENT ENROLLMENT FORM

Center Name
Tyler Christian Preschool

This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals / snacks for your children. Federal CACFP regulations require all parents/guardians to complete a CACFP Enrollment Form when enrolling their child(ren) and review/update enrollment data annually thereafter.

CHILD INFORMATION

<p>Center Enroll Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Child's First Name <input style="width: 100%;" type="text"/></p> <p>Child's Last Name <input style="width: 100%;" type="text"/></p> <p>Child's Birth Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Normal Days in Care * Center's Days of Operation: M-F <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU</p> <p>Normal Hours in Care * Center's Hours of Operation: 6:30 AM - 6:00 PM <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM to <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Meals/Snacks Child Receives * Meals / Snacks Served at Center: BRK, LUN, PMS <input type="checkbox"/> BRK <input type="checkbox"/> AMS <input type="checkbox"/> LUN <input type="checkbox"/> PMS <input type="checkbox"/> SUP <input type="checkbox"/> EVS</p>	<p>Ethnic Identity (Check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Racial Identity (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Am. Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SITE / SPONSOR USE ONLY</p> <p>Withdrawal Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Re-Enroll Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>Center Enroll Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Child's First Name <input style="width: 100%;" type="text"/></p> <p>Child's Last Name <input style="width: 100%;" type="text"/></p> <p>Child's Birth Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Normal Days in Care * Center's Days of Operation: M-F <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU</p> <p>Normal Hours in Care * Center's Hours of Operation: 6:30 AM - 6:00 PM <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM to <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Meals/Snacks Child Receives * Meals / Snacks Served at Center: BRK, LUN, PMS <input type="checkbox"/> BRK <input type="checkbox"/> AMS <input type="checkbox"/> LUN <input type="checkbox"/> PMS <input type="checkbox"/> SUP <input type="checkbox"/> EVS</p>	<p>Ethnic Identity (Check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Racial Identity (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Am. Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SITE / SPONSOR USE ONLY</p> <p>Withdrawal Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Re-Enroll Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>Center Enroll Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Child's First Name <input style="width: 100%;" type="text"/></p> <p>Child's Last Name <input style="width: 100%;" type="text"/></p> <p>Child's Birth Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Normal Days in Care * Center's Days of Operation: M-F <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU</p> <p>Normal Hours in Care * Center's Hours of Operation: 6:30 AM - 6:00 PM <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM to <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Meals/Snacks Child Receives * Meals / Snacks Served at Center: BRK, LUN, PMS <input type="checkbox"/> BRK <input type="checkbox"/> AMS <input type="checkbox"/> LUN <input type="checkbox"/> PMS <input type="checkbox"/> SUP <input type="checkbox"/> EVS</p>	<p>Ethnic Identity (Check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Racial Identity (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Am. Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SITE / SPONSOR USE ONLY</p> <p>Withdrawal Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Re-Enroll Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>

PARENT / GUARDIAN INFORMATION

<p>I certify the information on this form is true and correct to the best of my knowledge and that I have received access to WIC and CACFP literature within the last 12 months.</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Date</p>	<p>Parent First Name <input style="width: 100%;" type="text"/></p> <p>Parent Last Name <input style="width: 100%;" type="text"/></p> <p>Cell Phone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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This institution is an equal opportunity provider.

SITE / SPONSOR USE ONLY



Center Name
Tyler Christian Preschool

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Names of all household members (First, Middle Initial, Last)	CHECK IF ENROLLED CHILD	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 4.**

NAME: _____ ELIGIBILITY NUMBER: _____
*SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed List of Eligible Federal/State Funded Programs (H1660), provide the name of the program and eligibility number:

NAME: _____ ELIGIBILITY NUMBER: _____ Check here if no eligibility number

Part 4. Total Household Gross Income—You must tell us how much and how often.

A. Name (List only household members with income)	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1				3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony				
	Weekly Every 2 Weeks 2x Month Monthly Annually	Weekly Every 2 Weeks 2x Month Monthly Annually	Weekly Every 2 Weeks 2x Month Monthly Annually	Weekly Every 2 Weeks 2x Month Monthly Annually	Weekly Every 2 Weeks 2x Month Monthly Annually	
Example: Jane Smith	\$ 200 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ 150 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ 100 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	\$ 100 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)
An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
Date: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip Code: _____
Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- I do elect to allow my household information to be disclosed.
 I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (833) 256-1665 or (202) 690-7442; (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Infant Declaration Form:

Center Name
Tyler Christian Preschool

INSTRUCTIONS TO PARENTS:

Complete BOTH sections on this form. Sign and date where indicated. Submit to child care provider.

Section 1

Infant's Name _____ Birth Date: ____ / ____ / ____

Parent's Name _____

My child is allergic to the following foods:
(A Doctor's note is required for any foods that cannot be substituted within the same food group.)

Section 2

Your child care provider offers the following infant formula(s): _____

Parent Declaration - **Select only ONE of the following options.**

CENTER will provide ALL meal components for infant named above.

or

PARENT will provide ALL meal components for infant named above.

or

BOTH PARENT and CENTER will provide meal components for infant named above, as indicated below.

		0-5 Months	6-11 Months
<input type="radio"/> Center or <input type="radio"/> Parent	will provide Iron Fortified Infant Formula / Breast Milk	<input type="checkbox"/>	<input type="checkbox"/>
	↳ <input type="text"/> <input type="radio"/>		
	<small>Infant Formula Brand Name</small>		
<input type="radio"/> Center or <input type="radio"/> Parent	will provide Iron Fortified Infant Cereal		<input type="checkbox"/>
<input type="radio"/> Center or <input type="radio"/> Parent	will provide Infant Fruits/Vegetables		<input type="checkbox"/>
<input type="radio"/> Center or <input type="radio"/> Parent	will provide Infant Meats		<input type="checkbox"/>
<input type="radio"/> Center or <input type="radio"/> Parent	will provide Crusty Bread/Crackers		<input type="checkbox"/>

*** This form must be updated and submitted any time there is a change in Section 2.

I understand that once my infant child turns 6 months of age, it is my responsibility to notify the child care center director as to any limitations of solid foods that my infant child is not developmentally ready to receive.

_____ () _____ / _____ / _____

Parent Signature Parent Phone Number Date

*Please include your phone number so our CACFP Sponsor can contact you if they have any questions.

For Sponsor Use Only

Provider's Guide to Parent's Rights

Senate Bill 1098 from the 88th Legislative Regular Session added Section 42.04271 to the Human Resources Code and states that a parent or guardian of a child at a child care facility has the right to:

- Enter and examine the child-care facility during its hours of operation and without advance notice;
- File a complaint against the child care facility;
- Review the child care facility's publicly accessible records;
- Review the child-care facility's written records concerning the parent's or guardian's child;
- Receive inspection reports and information about how to access the child care facility's online compliance history;
- Have the facility comply with a court order that prevents another parent or guardian from visiting or removing the child;
- Be given the contact information for the child care facility's local Child Care Regulation office;
- Inspect any video recordings of an alleged incident of abuse or neglect involving their child provided that:
 - Video recordings of the alleged incident are available;
 - The parent or guardian does not retain any part of the video depicting a child that is not their own; and
 - The parent or guardian of any other child in the video receives prior notice from the facility;
- Obtain a copy of the facility's policies and procedures handbook;
- Review the facility's staff training records and any in-house training curriculum; and
- Exercise these rights without receiving retaliatory action by the facility.

Required Notifications

- The child care facility must provide written notice to the parent or guardian of any other child captured in a video before allowing a parent to inspect a recording.
- The child care facility must provide a parent or guardian with a written copy of the rights no later than the child's first day at the facility.

Helpful Tips

Since a parent may perceive an action taken by a child care facility as retaliatory, keep in mind:

- Documentation is essential in supporting your actions; and
- Follow the suspension and expulsion policy outlined in your operational policies and update your policy, if needed.



TEXAS
Health and Human
Services

**Texas Department of Family
and Protective Services**

A Parent's Guide to Child Care

More Information

- [Local Child Care Licensing Offices](#)
- Child Care Information Line: 1-800-862-5252



On This Page

- [Who is Child Care Licensing \(CCL\) and what do they do?](#)
- [What should you know when searching for a child care program?](#)
- [What responsibilities do you have as a parent?](#)
- [What should you do when you have concerns?](#)

Dear Parent

A child care program can have a tremendous influence on your child. A good program may improve language skills, social skills, and build self-esteem. While no child care operation can replace a parent's love and attention, well-chosen child care can complement your efforts and enhance your child's development.

When you choose regulated child care you and your family join in new experiences and relationships. You, the child care director and/or primary caregivers have a responsibility to protect the health, safety and well-being of your child. The Texas Child Care Licensing Division, is part of this partnership, too.

Who is Child Care Licensing (CCL) and what do they do?

The Child Care Licensing Division (CCL) protects children in child care settings through regulation and education. With the assistance of child care providers and experts in areas such as child development, early childhood education, fire safety, health and sanitation, Child Care Licensing develops minimum standards.

CCL inspects licensed child care centers, such as before and after-school programs, school-age programs, and licensed and registered child care homes to make sure these operations meet the minimum standards for their child care program. All regulated child care operations must meet basic health and safety requirements.

CCL also investigates all reports of abuse or neglect and violations of the minimum standards and licensing laws. One example would be a report of an individual providing child care to an unrelated child without a permit. These operations are unregulated and considered illegal operations.

What should you know when searching for a child care program?

While each child care operation is responsible for meeting minimum standards, many child care operations exceed these requirements. Each operation has its own special personality and approach to educating and caring for children. Your child will benefit from the time you spend researching and choosing a child care operation that meets the needs of your child and your family. Child care is a choice. Make it an informed one by following these steps:

1. Research your options. If possible, begin gathering basic information several months before you think you will need child care. Many operations have waiting lists.
 - Check out our website - www.TxChildCareSearch.org to find regulated child care operations. You can also view details about services offered by the child care operation, inspection dates, and any minimum standard violations.
 - Check out our website - www.dfps.state.tx.us to view the minimum standards for the type of child care program you are interested in
 - Talk to friends, family, and other parents about their recommendations of regulated child care.
2. Narrow your list to a few child care centers or homes that interest you.
 - Arrange to visit the child care operations to compare their programs. If you did not review the inspection reports on our website, you will want to ask each operation about their history with Licensing.
 - Visit the operation when children are in care so you can see the type of activities the children are engaged in and you can see how the caregiver interacts with children. Keep in mind the individual needs of your child. Imagine what it would be like to spend 10 hours every day in that environment. You may want to ask if you could bring your child to the operation and spend a couple of hours so your child can explore the operation and interact with the caregiver.
 - Meet with the caregiver or Director. Discuss any of your concerns and make sure your questions are answered to your satisfaction. Use the Top [10 Questions to Discuss when Choosing Child Care](#) when talking with the caregiver and Director. If you have any reservations about the caregiver or the operation, trust your instincts and keep looking. You may want to come back to the operation unannounced.
3. Make a pros and cons list and choose the most appropriate child care program for your child and your family. If you have any specific questions about an operation's compliance with minimum standards before you make your choice feel free to contact your [local Licensing office](#).

What responsibilities do you have as a parent?

It is important that you establish a good relationship with your child care operation. Parent involvement and active communication can ensure a positive child care experience for both you and your child. Here are some other responsibilities you have as a parent:

- Provide the necessary information. The child care operation must obtain certain information from the parent about their child upon enrollment. It is important you provide this information so the child care operation can ensure the health and safety of your child. Some examples are:
 - Complete list of emergency contacts and persons your child may be released to.
 - Emergency care authorization and physician information.
 - Current list of immunizations.
 - Preschool health statement.
 - Indication of any special needs or allergies.
 - Medication authorizations.
- Read all the material the child care operation provides to you. A licensed or registered child care provider is required to provide you with a copy of their operational policies. It is important that you read, understand, and ask any questions.
- Keep talking with your child's caregiver. Good communication with your child and child's caregiver is vital from the very beginning and will help ensure good care for your child. Be mindful that a caregiver's main responsibility is the supervision and care of children. If having a discussion with your caregiver becomes a distraction, it may be a good idea to set up a conference time.
- Be your child's advocate. Ask your child about their day, what they did, who they saw or anything special that day. Share their excitement about new friends, new skills, listen to their concerns and give them a chance to boast about their achievements.

What should you do when you have concerns?

You may find yourself displeased about something that has happened at your child's child care operation. It is important you communicate your concerns with the director or caregiver. There may be a misunderstanding that can easily be resolved.

If you feel the situation isn't resolved and you believe the operation is not meeting the minimum standards, you should report your concerns to a local Licensing office or contact our Child Abuse Hotline at 1-800-252-5400. Licensing staff will investigate all reports of minimum standard violations.

If you suspect your child has been abused or neglected you must report the situation immediately to the Child Abuse Hotline. Parents who suspect that their child has been abused in child care sometimes remove their child from the operation, but do not report the problem. This leaves other children in danger. Be seriously concerned with your child care operation if you see that:

- Parents are not encouraged or allowed to visit the operation during the day.
- Children are left without direct adult supervision.
- Classrooms are continually out of control or there appears to be too many children in care.
- Caregivers are scolding and yelling at children.

- Caregivers are physically rough with children and allow rough play.
- The operation is unsanitary or has unsafe conditions.
- Your child is unhappy about being left at the facility and this doesn't improve over time.
- You child comes home with unexplained bruises or injuries.
- Infants are napping in unsafe sleep conditions.

Building for the Future

This child care center 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 **1-866-873-2263**

or

Food and Nutrition at **1-800-TELL-TDA**
(835-5832)

or

Your child care center at

713-669-9302

Food For Kids Inc.

USDA is an equal opportunity provider and employer.

Construyendo Para El Futuro

Este guardería infantil recibe asistencia monetaria del gobierno federal para server comidas nutritivas a sus niños.
¡Buena nutrición hoy significa un mañana más saludable!

Comidas servidas aquí deben de seguir los requistes nutricionales establecidos por el programa "Child and Adult Care Food Program" del Departamento de Agricultura de los Estados Unidos (USDA por sus siglas en inglés).

¿Preguntas? ¿Inquietudes?

Llame gratuitamente a USDA al 1-866-873-2263

o

Alimentación y Nutrición al 1-800-TELL-TDA
(835-5832)

o

Centro de cuidado de niños de su hijo al

713-669-9302

USDA es un proveedor y empleador que ofrece oportunidad igual para todos.



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings

Authorized Signature, Date

For Official Use Only: Date Received, Employee Signature



