

Child's Name: _____

Legal Guardian's Employment Information

1. Legal Guardian's Employer: _____ Occupation: _____
Employer's Address: _____ City _____ State: _____ Zip: _____
Employer's Phone Number: _____ ext. _____ Length of Employment: _____ Years
Full Time [] Part Time [] Hourly Rate: \$ _____

2. Legal Guardian's Employer: _____ Occupation: _____
Employer's Address: _____ City _____ State: _____ Zip: _____
Employer's Phone Number: _____ ext. _____ Length of Employment: _____ Years
Full Time [] Part Time [] Hourly Rate: \$ _____

Emergency Contact Information

In the event of an emergency and the Children's Center is unable to contact either Legal Guardian, I hereby give the Children's Center authorization to contact the following individual.

Name: _____
Address: _____ Phone: _____ Relationship to child: _____

Name: _____
Address: _____ Phone: _____ Relationship to child: _____

Note: Persons picking up your child will need to bring proper identification.

Tuition Acknowledgment

I understand that tuition is due every Friday before services are rendered. When tuition is subsidized by an outside agency, the legal guardian must adhere to that agency's payment policies. I will give a two-week notice before I withdraw my child from the program.

Legal Guardian's Signature: _____ Date: _____

Acknowledgements/Authorizations

Legal Guardian's Signature: _____ Date: _____

DCSSA Representative: _____ Date: _____

Director's Signature: _____ Date: _____

Child's Name: _____

Permission to Photograph or Video

I hereby give permission to the Daughters of Charity Services of San Antonio to allow my child to participate in any public release (photo, television, newspaper, media, etc.) that our organization may distribute to the community, schools and our benefactors for public relations.

I DO NOT give permission to the Daughters of Charity Services of San Antonio to allow my child to participate in any public release (photo, television, newspaper, media, etc.) that our organization may distribute to the community, schools, and our benefactors for public relations.

Legal Guardian's Signature: _____ Date: _____

Permission to Participate in Class Activities

I hereby give permission to the Daughters of Charity Services of San Antonio to allow my child to participate in the following activities:

1. Participate in planned field trips and nature and community walks.
2. Participate in water activities.
3. Participate in bike rodeos, athletic activities and parades on DCSSA grounds, which include parking

lots.

I DO NOT give permission to the Daughters of Charity Services of San Antonio to allow my child to participate in the following activities:

1. _____
2. _____
3. _____

Legal Guardian's Signature: _____ Date: _____

Food Program Participation Acknowledgment

I am aware that the Daughters of Charity Services of San Antonio participates in the Child and Adult Care Food Program (CACFP) and I acknowledge that I have received the Food Program Information and WIC Information.

Legal Guardian's Signature: _____ Date: _____

Authorization to Release Child

Child's Name: _____

Program policies and Licensing Standards demand your child be released only to the individual parents/legal guardians placed on this release form. If someone other than the persons listed below arrives to pick up your child, he/she will NOT be released. Notification must be given to the center prior to pick up if someone NOT listed below will be picking up your child. Persons picking up your child will need to provide proper identification (valid State Driver's License or I.D.). If you are single, divorced or separated, you must include your ex-spouse's or the biological parent's visitation rights limitations and/or arrangements. It is the parent/legal guardian's responsibility to keep this information current. Every year a new enrollment form must be completed and submitted.

I acknowledge that I have read and understand the Policy and Licensing standards for my child's release and hereby authorize my child to be released to the following individuals:

1. Name: _____ DL/ID #: _____

Relationship to child: _____ Phone #: _____

2. Name: _____ DL/ID #: _____

Relationship to child: _____ Phone #: _____

3. Name: _____ DL/ID #: _____

Relationship to child: _____ Phone #: _____

4. Name: _____ DL/ID #: _____

Relationship to child: _____ Phone #: _____

5. Name: _____ DL/ID #: _____

Relationship to child: _____ Phone #: _____

6. Name: _____ DL/ID #: _____

Relationship to child: _____ Phone #: _____

7. Name: _____ DL/ID #: _____

Relationship to child: _____ Phone #: _____

8. Name: _____ DL/ID #: _____

Relationship to child: _____ Phone #: _____

Acknowledgements/Authorizations

Legal Guardian's Signature: _____ Date: _____

DCSSA Representative: _____ Date: _____

Director's Signature: _____ Date: _____

Medical Information

Child's Name: _____

Physician Information

Child's Physician/Clinic: _____

Address: _____

Phone Number: _____

A current immunization record must be on file at time of registration. (After School Children NOT applicable)

Child's Medical History

Does your child have a history of the following conditions?

Condition	X	Comment
Asthma		
Food/Medication/Insect Allergies		
Epilepsy/Seizures		
Diabetes		
Cardiac		
Gastrointestinal		
Other		

Is your child taking any prescription medications for any of the above medical conditions?

Yes _____ No _____

If yes, what medication is your child taking? _____

Does your child have any physical limitations?

Yes _____ No _____

If yes, please specify: _____

Has your child ever been hospitalized?

Yes _____ No _____

If yes, please specify: _____

Permission to Transport and Administer Emergency Services

In the event of a medical emergency, I hereby give permission to Daughters of Charity Services of San Antonio for my Child to receive emergency care and be transported to a medical facility by EMS or a Child Care worker.

Legal Guardian's Signature: _____ Date: _____

Discipline and Guidance Policy for:

DePaul Children's Center
Name of Operation

Child's Name: _____

Discipline must be:

- Individualized and consistent for each child,
- Appropriate to the child's level of understanding and
- Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourages self-esteem, self-control and self-direction, which includes at least the following:

- Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior,
- Reminding a child of behavior expectations daily by using clear, positive statements,
- Redirecting behavior using positive statements and
- Using brief, supervised separation or time away 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:

- Corporal punishment or threats of corporal punishment,
- Punishment associated with food, naps or toilet training,
- Pinching, shaking or biting a child,
- Hitting a child with a hand or instrument,
- Putting anything in or on a child's mouth,
- Humiliating, ridiculing, rejecting or yelling at a child,
- Subjecting a child to harsh, abusive or profane language,
- Placing a child in a locked or dark room, bathroom or closet with the door closed and
- 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.

Legal Guardian's Signature

Date

Check one please:

- Parent Employee/Caregiver Foster Parent Household member of child-care home

Legal Guardians Rights and Responsibilities

Child's Name: _____

Legal Guardian's Responsibilities

Legal Guardians are responsible for providing DePaul Children's Center with accurate information regarding family's current financial status or any changes in the family's status. This information assists DePaul in determining the parent's eligibility for services.

Legal Guardians are responsible for paying the weekly/monthly tuition fees charged for the services provided.

Legal Guardians are responsible for paying late pick up fees if their child is picked up after 6 PM.

Legal Guardians are responsible for providing DePaul Children's Center with complete and accurate health information such as:

1. immunization records,
2. physical examination and hearing and vision screenings

As required by the Texas Department of Family and Protective Services.

Legal Guardians are responsible for providing the child care center with:

1. Doctors notes for return to school after an illness,
2. Extra sets of clothes to be kept in the child's cubby,
3. Medication forms that are accurately filled out and signed as needed and Initialing sign in and out forms upon drop off and pick up.

Legal Guardians are responsible for completing 8 hours of volunteer work in the child's classroom annually.

Legal Guardians are responsible for supervision of their children after they have left their child's classroom.

Legal Guardians are responsible for cooperating with DePaul Children's Center to uphold safety standards and participate in activities that are designed for children's safety and the safety of all families enrolled in the program.

Legal Guardian's Signature

Intake Worker's Signature

Date

Date

Legal Guardians Rights and Responsibilities Continued

Legal Guardian's Rights

Legal Guardians have the right to be treated with respect and dignity regardless of race, religion, sex, age, disability, national origin or ability to pay services.

Legal Guardians have the right to receive an explanation of the services and charges.

Legal Guardians have the right and are encouraged to participate in decisions regarding their child's developmental needs.

Legal Guardians have the right to access information regarding their child's appropriate assessment and behavior management plan, and expected outcomes.

Legal Guardians have the right to communicate with childcare teaching staff regarding the dissatisfaction of services provided. Parents are encouraged to communicate any suggestions for the improvement or enhancement of services provided by DePaul Children's Center.

Legal Guardians have the right to be notified in advance if DePaul Children's Center is unable to continue providing services to the family. Reasons that may lead to termination of services:

1. Failure to follow DePaul Children's Center Guidelines for Legal Guardian Responsibilities.
2. Intentional failure to report and update accurate financial income.
3. Verbal or physically abusive behavior towards DePaul Staff.
4. Sexual Harassment

Failure to pay fees charged for providing child care services.

Legal Guardians have the right to terminate services if needed.

Daughters of Charity Services of San Antonio

Acknowledgement of Family Handbook

**I have read and will abide by the policies and operating
procedures of the DePaul Children's Center**

Print Legal Guardian's Name

Legal Guardian's Signature

Date

Daughters of Charity Services of San Antonio

Authorization for Access to the Child's Confidential File

Child's Name: _____

Please initial the following:

_____ I understand that the office staff and my child's current teachers at De Paul Children's Center will have ongoing access to my child's file, records, health information, in addition to screenings, assessments and/or portfolio information while my child is enrolled at the center.

_____ I grant representatives from the Texas Department of Family and Protective Services (child care licensing), San Antonio Metropolitan Health District, NAEYC Accreditation, and other care regulatory organizations permission to access to my child's file, records, health information, in addition to screenings, assessments and/or portfolio information as part of their required routine inspections of De Paul Children's Center's files. Documentation of such representatives accessing my child's file and the date will be recorded in my child's file in the office for my review.

Other than the legal guardians, I grant the following individuals access to my child's file, records, health information, in addition to screenings, assessments and/or portfolio information.

Legal Guardian's Name: _____
(Please print)

Legal Guardian's Signature: _____

Date: _____

Note: Other schools, therapists and/or professionals may request information from us about your child as part of an enrollment process or while providing care for your child/family and such information will only be provided with additional written permission from the legal guardian.

Daughters of Charity Services of San Antonio

Permission to Post Food Allergy Information

Child's Name: _____

Dear Parent/Legal Guardian:

In order to protect your child from problem food items, we are asking for your permission to post information about your child's food allergy or special diet in the food preparation area and in areas of the facility where your child has food served each day. **I further understand the I must provide the center with written physician instructions note and I will update this information as needed and/or yearly.**

Please initial below one of the statements for our records. If approved for posting, we will post the information.

_____ My child **DOES NOT** have a food allergy or special diet.

_____ I give permission to post information about food restrictions. (List these below and provide a physician's letter of prescribed diet if food allergy has been diagnosed.)

_____ I do not want the center to post information about my child's food allergies or special diet.

My child has the following food allergy:

Special Diet Requirements:

Legal Guardian's Signature: _____ Date _____

Daughters of Charity Services of San Antonio

Health Statement

The health care professional listed below

Name of Health Care Professional: _____

Address: _____

Telephone Number: _____

has examined my child

**within the past year stating that he/she is able to participate in
the Child Care program.**

**I will provide the center with a signed physical examination form from
a health care professional within 2 weeks of my child's enrollment date.**

Legal Guardian's Name: _____

Legal Guardian's Signature: _____

Date: _____

Daughters of Charity Services of San Antonio

Child and Family Information

Child's Name: _____ Nickname: _____

What are some of your child's favorite activities, songs and books?

Who are the important people in your child's life outside of his immediate family (special friends, caregiver, etc.)? What pets do you have? Name?

What are your child's favorite foods? Is there any food considerations about which we should know? (Allergies, sensitivities, etc.)

Child's personality information: How would you describe your child?

Does your child have any: Special interests-?

Dislikes or fears-

What special routines, if any, do you use with your child when he or she is having a rough time?

What special routines, if any, do you have when you are leaving him/her? Does your child have a special stuffed animal, blanket or other transitional object?

What interests or activities does your family do together? What cultural, religious or family traditions does your family have?

What languages are spoken in the home with your child? (Note: many of our teachers are bilingual in Spanish and English and they talk, sing and read to the children in both languages.)

What information would you like from your child's teacher on a regular basis and/or at conferences?

What are your goals for your child this year?

Daughters of Charity Services of San Antonio

Child Health Records

Health Insurance Coverage

Date of coverage: _____

Child's Name: _____

Date of Birth: _____

Does your child have health insurance coverage?

Yes _____ No _____

If yes, insurance carrier: _____

Individuals authorized by the family to access your child's health information:

Name _____

Telephone Number _____

Relationship to Child _____

Name _____

Telephone Number _____

Relationship to Child _____

Name _____

Telephone Number _____

Relationship to Child _____

Legal Guardian's Signature: _____

Date: _____

Daughters of Charity Services of San Antonio

For Afterschool Children Only

My child _____

Is enrolled at

School: _____

Address: _____

Phone: _____

Teacher Name and Grade: _____

Classroom Number: _____

His/Her immunization records and tuberculosis (TB) test results are updated and on file at the school listed above.

Legal Guardian's Printed Name: _____

Legal Guardian's Signature: _____

Date: _____

After-school Transportation Program

I hereby authorize DePaul Children's Center permission to transport my child from the Elementary School to DePaul Children's Center for after school care on days that school is in session.

Legal Guardian's Signature: _____

Date: _____

