Daughters of Charity Services of San Antonio  
DePaul Children’s Center  
Enrollment Packet  

2011

Child’s Information

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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2. Date of Birth: __________/________/________ Age: __________

3. Home Address: ___________________________________________________________________, TX Zip: __________

4. Telephone: Home: __________

Enrollment Information

1. Enrollment Type: [  ] Full Time [  ] After School Care Bus Pick Up? [  ] Yes [  ] No

2. Attendance Days: [  ] Monday [  ] Tuesday [  ] Wednesday [  ] Thursday [  ] Friday

3. Check Meals to be Served: [  ] Breakfast [  ] Lunch [  ] Snack [  ] After-Schoolers: (snack only on school days)

4. Drop Off Time: ____:____ AM/PM Pick Up Time: ____:____ AM/PM

Legal Guardian’s Information

1. Legal Guardian’s Name: ___________________________________________________________________

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Home Address: ____________________________________________________________________________________________

(If Different from Child’s)
Phone Number: Home: _________________________ Cell: _________________________ Work: _________________________

Relationship to Child: _________________________

Marital Status: [  ] Single [  ] Married [  ] Divorced [  ] Separated

2. Legal Guardian’s Name: ___________________________________________________________________

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Home Address: ____________________________________________________________________________________________

(If Different from Child’s)
Phone Number: Home: _________________________ Cell: _________________________ Work: _________________________

Relationship to Child: _________________________

Marital Status: [  ] Single [  ] Married [  ] Divorced [  ] Separated

If single, divorced or separated, is there a Decree which addresses the custody and/or visitation rights for each Parent/Guardian? [  ] YES [  ] NO

If YES, please provide a copy

(For Office Use Only)
Enrollment Date: _____/_____/_____ Withdrawal Date: _____/_____/_____
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?

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<thead>
<tr>
<th>Condition</th>
<th>X</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Asthma</td>
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<tr>
<td>Food/Medication/Insect Allergies</td>
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<tr>
<td>Epilepsy/Seizures</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Cardiac</td>
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<tr>
<td>Gastrointestinal</td>
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<tr>
<td>Other</td>
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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: ________________
Daughters of Charity Services of San Antonio

Physical/Immunization Form

Child’s Name: ____________________________ ____________________________ ____________________________

First                        Middle                        Last

SICK CHILDREN MAY NOT BE ADMITTED: Children will be observed each morning for any irregularities. If a child becomes ill during the day, you will be notified to pick up your child.

AN UPDATED IMMUNIZATION RECORD MUST BE PROVIDED UPON ENROLLMENT.

Texas law requires that all children admitted to child care facilities must be immunized. Any vaccine exclusion for medical reasons requires a physician’s statement.

TB Skin Test Date: _____/_____/______ Results ______________ (12 months or older, optional)

Physical

This child was examined by me on _____/_____/______ and found free of all contagious and transmittable diseases and is physically able to participate in the Child care program.

This child should wear: Hearing Aid ______ Glasses _______ Other ______

Any other special instructions: ________________________________________________

Dr’s Signature: _______________________________________________

Dr’s Printed Name: ___________________________________________
Discipline and Guidance Policy for:

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 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
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 physicians 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: __________________

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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: __________________
Daughters of Charity Services of San Antonio

Intake Form

Enrollment Date _______________________ Referral By ________________________

Client Information:
First Name ___________________ MI _______ Last Name ______________________
Address ___________________ City ________________, TX Zip _______ County _______  
Phone ___________________ Date of Birth ____________ Social Security # ______________

Gender: [ ] Male [ ] Female Head of Household: [ ] Yes [ ] No Military/Veteran [ ] Yes [ ] No

Marital Status: [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widow

Ethnicity: [ ] Hispanic or Latino [ ] Not Hispanic or Latino [ ] Ethnicity Unknown

Race: [ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or other Pacific Islander [ ] White [ ] Other Race [ ] Race Unknown

Primary Language: [ ] English [ ] Spanish [ ] Other

Education: Highest Completed
[ ] Masters [ ] Bachelors [ ] Associates [ ] Some College [ ] HS Graduate [ ] GED
[ ] Dropped Out-Years Completed______

Insurance: Do you have medical/dental insurance? [ ] Yes [ ] No
Insurance Name _________________________ Phone __________________ Policy # ______________

Employer ____________________________ Phone __________________ Occupation __________________

Housing Information: [ ] Single-parent Household [ ] Two-parent Household [ ] Other Family Household
[ ] Non-Family Household [ ] Homeless

Household Size: _________ Household Income: _________

Additional Household Members

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>SS#</th>
<th>Relationship to HOH</th>
<th>Employer</th>
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