

LITTLE FOLKS CHILD CARE CENTER
1921 JOHANNA
HOUSTON, TEXAS 77055
PHONE: 713-682-1661 FAX: 713-682-0955

Child's Full Name _____

Nickname _____ Date of Birth _____ Age _____ M/F _____ Enrollment Date _____

Child's Social Security Number: _____ Withdrawal Date: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____

Home Address: _____ City: _____ Zip: _____

Email address: _____

Phone Number: _____

Social Security Number: _____

Employed By: _____

Work Address: _____ City: _____ Zip: _____

Work Number: _____

Driver License Number: _____

Father's Name: _____

Home Address: _____ City: _____ Zip: _____

Email address: _____

Phone Number: _____

Social Security Number: _____

Employed By: _____

Work Address: _____ City: _____ Zip: _____

Work Number: _____

Driver License Number: _____

If you are the child's Guardian, mark out Mother or father and fill in.

Marital Status: _____ If divorce, who has custody? _____

Language Spoken at Home: _____ Religion: _____

Name and ages of other children in the family: _____

Describe your child's personality: _____

Please explain any behavior problems: _____

How do you discipline your child? _____

Has your child ever attended a Child Care or Preschool? _____ If yes where and when: _____

Referred to Little Folks by: _____

If your child attends a public or private school: School Name: _____

School Address: _____ School Number: _____

Child Grade Level: _____ Teacher's Name: _____ Room Number: _____

PICK UP AUTHORIZATION

Code word to be used by anyone picking up your child: _____

Persons to contact if parents cannot be reached who are authorized to pick up child:

Name	Home Phone	Work Phone	Relationship	Drivers Lic #

Parent Agreement

I. GENERAL INFORMATION

I am the parent and/or legal guardian of _____.

I hereby enter this agreement to enroll my child in Little Folks Child Care Center.

I understand that everything will be done to see that my child receives the best of care while enrolled

Here. Any problems or occurrences affecting my child will be brought to my attention. Parent conferences

Are available at any time upon request. I also understand that my child is considered an individual and will not be discriminated against because of race, color, national origin, sex, age, disability, religion, or political belief.

When bringing my child to the center, I will make sure that he/she is left in the presence of a staff member. If for any reason, I should fail to call for my child by the time the center closes, and attempts to reach me fail, I Empower the staff to make provisions for my child in whatever manner they deem necessary, and agree to pay an overtime charge upon picking up my child. (Please see the Director for amount of charge.)

I plan to leave my child at the center between the hours of _____ A.M. & _____ P.M. In return For the services I receive, I agree to pay \$ _____ in advance per week to Little Folks Child Care Center. All returned checks will be redeposited once, after that we expect them to be picked up by cashier's check or money order. There will be a service charge on all returned checks.

II. AUTHORIZATIONS

I authorize the school to provide transportation for my child for all off-campus school activities. I understand that I will be informed of these trips by notice before my child leaves the center. I also authorize transportation to and from public or private school.

I agree for my child to take part in the well supervised water activities.

I hereby authorize the staff to give emergency aid and treatment in case of injury or illness until either my family physician or I can be reached.

I have read the attached forms and filled them out to the best of my ability. I have also read and understand the Parent Agreement. I was given a copy of the operational policies for Little Folks Child Care Center.

Director's Signature

Parent's Signature

MEDICAL CONTACT INFORMATION

Child's Name _____ Birthday: _____

Doctor's Name: _____

Doctor's Address: _____ Phone: _____

Mother's Name: _____ Wk. Phone: _____

Father's Name: _____ Wk. Phone: _____

EMERGENCY CONTACT: (Person to be called when parent cannot be reached)

Name: _____ Relationship: _____

Address: _____ Phone: _____

List communicable diseases the child has had: _____

MEDICAL INFORMATION

Does your child indicate any special problems or needs? _____

Has this child had any recent illnesses? _____

Any chronic illness or hospitalization? _____

Are they currently taking allergy shots or medication? _____

Any limited activities? _____

Medication prescribed for long term usage? (Must be in original container) _____

Any special diet? _____

- A child who appears ill upon arrival shall not be admitted to the Child Care Center. When a child becomes ill at the center, the parents will be notified and asked to make immediate arrangements for removal of the child from the center.
- Children that need special care due to disabling or limiting conditions shall be asked to submit
- Approval from a qualified specialist prior to admission.
- Medication and special medical procedures shall be administered to a child at the Child Care Center with the written, dated, and signed request of a physician or the parent/guardian of the child.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical care at the time of the illness or accident, I hereby authorize Little Folks Child Care Center to take my child to their doctor, or to the nearest physician or hospital, and to see that my child receives any and all emergency medical care as thought necessary by the Director, Staff Member / or Physician called.

Date

Father's Signature

Mother's Signature

Health Requirements

Name of Child	Date of Birth		Date/Booster	
Immunization	Date/dose 1	Date/Dose2	Date/dose3	Date/Booster
DTP/DTaP/DT				
POLIO IPV or OPV				
MEASLES Rubacia/Serampion				
MUMPS				
RUBELLA				
Hib				
Hepatitis A				
Hepatitis B				
TB TEST (if required)				
Varicella (see Below)				

Varicella (chickenpox) vaccine is not required if your child has had the chickenpox disease. If your child has had chickenpox, please complete the statement: My child has had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature _____

_____ Date

Signature of Health Care Professional: _____ Date: _____

Signature of staff making handwritten copy of records: _____ Date: _____

ADMISSION REQUIREMENT: One of the following must be presented when your child (under the age of 5 years) is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

- ☐ Health – Care Professional Statement: I have examined the above-named child within the past year and find that he/she is physically able to Take part in the day care program.

Health Care Professional Signature _____

_____ Date

- ☐ A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.
- ☐ A form or written statement from a health service or clinic.

If you do not have any of the above:

- ☐ Parents Statement: My child has been examined within the past year by a health care professional and is able participate in the day care program.

Name and Address of Health Care Professional _____

- ☐ Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the day care Facility. OR
- ☐ My child has an appointment for a physical examination:

Name and Address of Health Care Professional _____

_____ Date

I will submit the statement from a health care professional to the child care facility following the examination.

Signature of Parent or Guardian _____

_____ Date

Hearing	Date	Signature	
Hz	1000	2000	4000 Pass
R			
L			
Vision	Date	Signature	Fail
R20/	L/20	Pass	Fail

Discipline and Guidance Policy for Little Folks Child Care

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



FP Assistance

Feeding the Future

Enrollment Form

Center Name: LITTLE FOLKS Site Code: L-180-A

Child's Name: _____ Date of Birth: ____/____/____

Admission date: ____/____/____ Withdrawal Date: ____/____/____ Classroom: _____

1. Circle the days that your child will normally attend the center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

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

Parent Signature

Date of Signature

Day Time Phone Number

1) _____	_____	(____) ____-____
2) _____	_____	(____) ____-____
3) _____	_____	(____) ____-____
4) _____	_____	(____) ____-____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Updated 4-2018

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CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

L-180-a

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members
(First, Middle Initial, Last)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

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 3.

NAME: _____ ELIGIBILITY NUMBER: _____

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) (Example) Jane Smith	B. Gross Income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

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