

Bay Area Child Development Center, Inc.

5215 Embassy Dr.
Corpus Christi, TX 78411
Tel: (361) 857-6543
Fax: (361) 857-2622

LIST OF REQUIRED REGISTRATION INFORMATION

Enroll Date: _____ Withdraw Date: _____ Accepted By: _____

- 1. Admission Information: _____
 - 2. Enrollment Agreement: _____
 - 3. Signature of Parent Handbook: _____
 - 4. Physician's Statement & Vision/Hearing _____
 - 5. Lights Camera Action Consent and Release: _____
 - 6. Copy of Current Immunization:
 - a) Updated: _____
 - b) Updated: _____
 - c) Updated: _____
 - d) Updated: _____
 - 7. CACFP Forms: _____
 - a) Enrollment Form Participation: _____
 - b) Eligibility Form: _____
 - 8. Discipline and Guidance Policy: _____
 - 9. Addendum to Parent Handbook: _____
 - 10. Enrollment Financial Information: _____
 - 11. Parent Orientation Form: _____
-

Parent Information updated on:

Parent Initial Date: _____

Parent Initial Date: _____

Parent Initial Date: _____

Parent Initial Date: _____

Bay Area Child Development Center Enrollment Information

Enroll Date: _____ Withdraw Date: _____ Accepted By: _____

Child's Name: _____ D/O/B: _____ Home #: _____

Child's Address: _____
Street City State Zip

Mother's Name: _____ SS#: _____

Father's Name: _____ SS#: _____

Address if different: _____
Street City State Zip

Phone numbers while child is in care: Mother: WK: _____ Cell #: _____

Custody documents on file: Yes ___ No ___ Father: WK: _____ Cell #: _____

Days and Hours expected to be in care: Hours: _____ Days: _____ F/T P/T (Circle one)

Emergency contact (MUST BE OTHER THAN PARENT IF HE/SHE CANNOT BE REACHED AND DIFFERENT ADDRESS)

Name: _____ PH#: _____ Relationship: _____

Address: _____
Street City State Zip

I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons (include parent's name). I understand that all persons listed to pick up the child will provide a copy of a current Driver's License and that any changes to this list must be in writing by the parent to the center. There are no exceptions to this rule:

PH# _____ / _____ PH#: _____

PH#: _____ / _____ PH#: _____

PH#: _____ / _____ PH#: _____

PH# _____ / _____ PH#: _____

List any special needs that your child may have, such as environmental allergies, food intolerance, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Any allergies, food allergies, etc. must have an Emergency Plan signed by their physician.

Does your child have diagnosed food allergies? Yes ___ No ___ Plan submitted on: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Physician: _____ Address: _____ PH#: _____

Hospital: _____ Address: _____ PH#: _____

AT LEAST ONE OF THE FOLLOWING STATEMENTS MUST BE FILLED IN AND/OR DOCTOR'S STATEMENT :

1. **SCHOOL AGE CHILDREN:** My child attends the following school and his/her immunization record is on file at the school. Immunizations and tuberculosis test results are current:

School: _____ Address: _____ PH#: _____

2. **DOCTOR'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.

Physician's signature _____ Date: _____

3. **MY CHILD HAS AN APPOINTMENT FOR A PHYSICAL EXAMINATION ON:**
Name and address of Physician or address of EPSDT screening site: (I will submit the physician's statement, EPSDT form, or health service or clinic form to the day care facility following the examination).

_____ Date of appointment: _____
Physician's name

4. A signed and dated copy of the health care professional's statement is attached.

5. 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.

_____ Date: _____
Signature of Parent

Bay Area Child Development Center Parent Handbook
Policy Acknowledgement

I, _____ ACKNOWLEDGE, I have received a copy of the Parent Handbook for BACDC, and hereby agree to abide by the aforementioned policies as my child/ren is/are enrolled in this center. I further understand that upon withdrawal from the center, I must give a 2 weeks advance, and that I am obligated for payment of tuition until final withdrawal.

Date: _____

Parent or Guardian

Bay Area Child Development Center, Inc.

5215 Embassy Dr. 4926 Greenwood Dr.
Corpus Christi, TX 78411 Corpus Christi, TX 78416
Tel: (361) 857-6543 Tel: (361) 225-2005
Fax: (361) 857-2622 Fax: (361) 225-2005

Director:

PHYSICIAN'S STATEMENT

Date: _____

TO WHOM IT MAY CONCERN:

_____ was seen in our office on _____.
This child was found to be in good physical health and may participate in all daycare activities. For further information, please contact our office at () _____.

Thank You,

Physician's Signature

VISION/HEARING SCREENING FOR 4 YR. OLDS

Hearing: _____ Date: _____ Signature: _____

HZ _____ 1000 _____ 2000 _____ 4000 _____ Pass _____

R _____ L _____ Fail _____

Vision: _____ Date: _____ Signature: _____

R20/ _____ L20/ _____ Pass _____ Fail _____

**Bay Area Child Development Center, Inc.
Lights, Camera, Action**

Consent and Release

Occasionally, Bay Area Child Development Center Inc., its affiliate company, and or other oral news media will take photographs of children participating in the various programs at Bay Area Child Development Center Inc. These photos and/or videotapes may be used from time to time in various forms of advertising media (brochures, magazines, orientations, trainings, public television, or newspaper).

I give my permission for Bay Area Child Development Center Inc. and/or agents to use any photographs and/or videotapes including my child for any and or media purpose without compensation.

PERMISSION GRANTED: _____

PERMISSION DENIED: _____

PARENT/GUARDIAN

Date

DIRECTOR/ASST. DIRECTOR/REPRESENTATIVE

Date

Discipline and Guidance Policy for: Bay Area Child Development Center

- ❖ 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

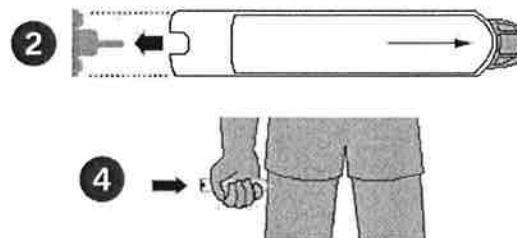
employee/caregiver

household member of child-care home



EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

OTHER EMERGENCY CONTACTS

RESCUE SQUAD: _____

NAME/RELATIONSHIP: _____

DOCTOR: _____ PHONE: _____

PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

Bay Area Child Development Centers, Inc.

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Corpus Christi, TX 78411
Tel: (361)-857-6543
Fax: (361)-857-2622

4926 Greenwood Dr.
Corpus Christi, Texas 78416
Tel: (361) 225-2002
Fax: (361) 225-2005

CACFP Documentation Acknowledgement

I hereby acknowledge that I have received the following information concerning the USDA Food Program:

1. Building for the Future;
2. WIC: The Special Supplemental Nutrition Program for Women, Infants & Children;
3. Non-Pricing form;
4. Right of Refusal; and
5. Civil Rights Information.

_____ Date: _____
Child's Name Parent Signature

Dear Parents:

Bay Area Child Development Centers, Inc. is operated 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. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USD A through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at <http://www.fns.usda.gov/snap/contactinfo/hotlines.htm>.

USDA is an equal opportunity provider and employer.

Child's Name: _____ Enroll date: _____

Hours and days of service and meals approved:

_____ - _____ = _____ days per week

I authorize my child to receive the following (circle all that apply):

Breakfast

Lunch

Afternoon Snack

Dinner

Parent Signature

Date:

Bay Area Child Development Center, Inc.
CHILD ENROLLMENT FORM FOR PARTICIPATION

IMPORTANT NOTICE: THIS FORM MUST BE COMPLETED BY PARENT OR GUARDIAN ONLY AT TIME OF ENROLLMENT, AND MUST BE UPDATED YEARLY. Failure to complete form will result in non-payment for this child's meals for this child care center.

FIRST NAME OF CHILD: _____ LAST NAME: _____

DATE ENROLLED: _____ DATE OF BIRTH: _____

NORMAL HOURS IN CARE:

Earliest Arrival Time _____ am ____ pm _____ Latest Departure Time _____ am ____ pm _____

MEASL and/or SNACKS NORMALLY SERVED TO CHILD IN CARE (Mark all that apply)

Breakfast _____ Lunch _____ PM Snack _____ Dinner _____

NORMAL DAYS IN CARE (mark all that apply):

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

RACE/ETHNICITY

White _____ Black/African American _____ American Indian/Alaska Native _____ Asian _____

Hispanic/Latino _____ Native Hawaiian/ Other Pacific Islander _____ Unknown _____

SEX OF CHILD MALE _____ FEMALE _____

DATE WITHDRAWN _____

In accordance with Federal Law, U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382(TTY). USDA is an equal opportunity provider and employer.

PARENT/GUARDIAN FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME TEL. NUMBER: (_____) _____ WORK TEL. NUMBER (_____) _____

I certify that I have received a Building for the Future flyer notifying me that this provider receives federal cash assistance to serve healthy meals to my child(ren) which must meet nutrition requirements established by USDA's Child and Adult Care Food Program. In addition, I have received W.I.C. program flyer.

Signature of Parent or Guardian

Date Signed

Infant Care Instructions

Dear Parent,

In order to serve your infant's needs in a more individual manner, we ask that you fill out this form and return it to the nursery.

Baby's Name: _____ Baby's Birthday: _____

Type of Formula (Be specific) _____ Warmed? _____

Type of juice(s) _____

Type of Diet: Cereal _____ Meats _____

Vegetable _____ Fruits _____

Table Food (11 months and up): _____

Allergies: Food _____

Skin _____

Other _____

Skin Care: Ointment _____ Special soap _____

Sleeping position: On Stomach _____ On Back _____ On Side _____

Does your baby use a pacifier? _____

OTHER HELPFUL INFORMATION (Please include schedule for feeding, sleeping, etc.)

Thank You for sharing your child with us!!!!

Parent Signature _____ Date _____

Update:

Changes _____ Parent Initial _____ Date _____

Changes _____ Parent Initial _____ Date _____

Changes _____ Parent Initial _____ Date _____

Changes _____ Parent Initial _____ Date _____

Changes _____ Parent Initial _____ Date _____

CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine and the American Academy of Pediatrics recommend that adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more.

Child care providers participating in the CACFP **are required** to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider.

This child care provider offers the following infant formula(s): Similac Advanced

It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family. Please complete the information on the next page to designate your preference for infant formula, infant cereal and other foods.

Infant's Name _____ Infant's Date of Birth _____

Breast milk and/or Formula preference

Please mark your preference (choose all that apply)	Today's Date _____ Birth – 3 months	Today's Date _____ 4 – 7 months	Today's Date _____ 8 – 11 months
I will bring expressed breast milk for my infant.			
I want the child care provider to provide the infant formula it offers for my infant.			
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring:			

Preference regarding infant cereal and other foods

Please mark your preference	Today's Date _____ 4 – 7 months	Today's Date _____ 8 – 11 months
My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant.		
My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.		
My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.		

Parents (or guardians) Signature _____ Date of Signature _____

- | |
|--|
| <ol style="list-style-type: none"> 1. This form must be kept on file for each infant enrolled for child care. 2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age. 3. If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, the meal may be claimed for reimbursement. 4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement. 5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement. |
|--|

Bay Area Child Development Center, Inc.

Parent Orientation

Name of Parent: _____

I have received information on the following:

- Introduction to the staff
- Parent visit with the classroom caregiver
- Overview of the parent handbook
- Policy for arrival and late arrival
- Opportunity for an extended visit in the classroom by both myself and my child for a period of time to allow us both to be comfortable
- An explanation of the Texas Rising Star Program
- Encouragement to share elements of my CCS enrollment so that the provider may assist, if applicable
- Family support resources and activities in the community
- Child development and developmental milestones
- Expectation of families
- The significance of consistent arrival time, including:
 - before the educational portion of the school begins
 - impact of disrupting other children's learning
 - the importance of consistent routines in preparing children for the transition to Kindergarten
- Statement about limiting technology use on site to improve communication between staff, children and families
- Statement reflecting the role and influence of families

I acknowledge receipt of the above information.

Parent Signature

Date

Director Signature

Date