

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: _____

1. Enrollment 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: _____
 8. Infant Care Instructions :(if necessary): _____
 9. Discipline and Guidance Policy: _____
-

Parent Information updated on:

_____	_____	_____
Parent Initial	Date:	
_____	_____	_____
Parent Initial	Date:	
_____	_____	_____
Parent Initial	Date:	
_____	_____	_____
Parent Initial	Date:	
_____	_____	_____
Parent Initial	Date:	

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 #: _____

Father: WK: _____ Cell#: _____

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

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

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

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#: _____

ONE OF THE FOLLOWING STATEMENTS MUST BE FILLED IN AND DOCTOR'S STATEMENT RECEIVED WITHIN 6 WEEKS OF ENROLLMENT:

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:** My child has been examined within the past year by a licensed physician and is able to participate in the day program: *Name and address of physician:* _____

(Within the next 6 weeks, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT program, or a formal statement from a health service of clinic and will submit it to the day care facility).

3) **MY CHILD HAS AN APPOINTMENT FOR A PHYSICAL EXAMINATION ON:**

_____ Date: _____

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: _____

Signature of parent

Bay Area Child Development Center, Inc.

ENROLLMENT AGREEMENT

I, _____ (Parent) agree that Bay Area Child Development Center, Inc. will care for _____, child(ren) beginning on _____, 20_____.

Care will include the following meals and snacks: (circle those that will be provided):

Breakfast Lunch PM Snack Supper

I understand and agree to pay a weekly/monthly fee of \$ _____. I understand that payment for childcare is due on the Monday of each week wherein payment would be made in advance for care. If this fee is not paid on the first day of the week, a late penalty of \$5.00 per day will be charged daily until paid in full. Continuous late fees will be grounds for termination or participation in our daycare program.

Parents of children who are on the Workforce Program are required to pay the first half of the required parent fee on the 1st of the month and the second half on the 15th. Unless specific arrangements are made with the staff a late charge of \$25.00 will be added for late fees.

My child(ren) is (are) to be in care between the hours of:

_____ and _____ on _____.

Arrival Departure Days of the Week

Late pick up for children left at the center outside of normal hours of operation will require an additional fee of \$5.00 per minute, per child that is kept in care after the 7:00 closing time and will be due upon pick up of the child(ren).

WHEN I WITHDRAW MY CHILD(REN) FROM CARE, I AGREE TO GIVE AT LEAST A 2 WEEKS ADVANCE NOTICE AND UNDERSTAND I WILL BE BILLED FOR THE TWO WEEKS IF NOTICE IS NOT GIVEN IN WRITING.

If nonpayment is the cause for termination, the 2 weeks notice will still be charged when care is terminated. In case suit or action is instituted to collect any portion thereof, the below named buyer(s) promises to pay all collection costs and such additional sums as the court may adjudge reasonable such as court costs, attorneys fees, services of process, etc. in said suit or action.

_____/_____/_____/_____
Signature of Parent/Legal Guardian Social Security # Drivers' License # Date

**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

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

Bay Area Child Development Center, Inc.
5215 Embassy Dr.
Corpus Christi, TX 78411
Tel: (361) 857-6543
Fax: (361) 857-2622

Director: Amber Sharkey

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 _____

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
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Changes	Parent Initial	Date
---------	----------------	------

Changes	Parent Initial	Date
---------	----------------	------

Changes	Parent Initial	Date
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Changes	Parent Initial	Date
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CACFP Infant Feeding Preference-Centers

Infants Name _____ Infant's Date of Birth _____

Bay Area Child Development Center Inc. will feed your infant breast milk provided by you and/or we will provide iron fortified infant formula.

The infant formula provided by this center is: **Enfamil Lipil W/ Iron**

This center 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 centers to follow specific meal patterns according to the age of the infant.

Centers participating in the CACFP are required to offer infant formula to infants who are enrolled for child care. Parents (or guardians) may decline the infant formula offered by the center, and supply the infant's formula.

Parents (or Guardians) complete the following table(s) as appropriate:

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

According to CACFP requirements, in order to claim meals for reimbursement, the center must provide infant cereal and other foods when your infant is developmentally ready to accept them.

Please mark your preference	Today's Date	Today's Date
	4-7 months	8-11 months
I want the center to provide the infant cereal and other foods for my infant.		
I will bring the infant cereal and/or other foods for my infant.		

Parent's (Guardian's) signature _____ Date _____

1. This form should be kept on file for each infant enrolled for child care.
 2. This form should 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) declines the formula and the center provides meal and/or snack components, the meal may be claimed for reimbursement.

4. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

**Bay Area Child Development Center Inc.
Discipline and Guidance Policy**

- ◆ 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; and
 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 foods, 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 a copy of this discipline and guidance policy.

Signature

Date

Check one please:

Parent Employee/caregiver Household member of child-care home

Enrollment Financial Information

Bay Area Child Development Center I

Enroll Date	
Childs Name	
DOB	
Childs Address	
Home Phone #	
Mothers Name	
Mothers DOB	
Mothers SS #	
Mothers Address	
Mothers Cell #	
Mothers Wk Name & #	
Alternate #	
Mothers DL#	
Email/Facebook/Twitter	
Secondary Parent/Guardian	
Parent/Guardian DOB	
Parent/Guardian SS #	
Address	
Cell #	
Wk Name & #	
Alternate #	
DL#	
Email/Facebook/Twitter	
Emergency Contacts/	
Authorized Pickup Individuals	
Name/Relationship/Phone	
Address	
Name/Relationship/Phone	
Address	
Name/Relationship/Phone	
Address	

All Information must be filled in, if you are unsure please see Director/Assistant Director for additional information.