

Calvary Kids Development Center Registration Form

Operation Name Calvary Kids Development Center		Director's Name Brenda Garrett	
Child's Name	ADMISSION DATE (office use only)		DISCHARGE DATE (office use only)
	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE	CHILD'S HOME TELEPHONE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP)			
PARENTAL/GUARDIAN INFO			
MOTHER'S/GUARDIAN'S NAME		CELL PHONE	
		HOME PHONE	
ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		EMAIL	
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)		WORK PHONE	
FATHER'S/GUARDIAN'S NAME		CELL PHONE	
		HOME PHONE	
ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		EMAIL	
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)		WORK PHONE	
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.			
NAME		RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)			
NAME		RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)			
NAME		RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)			
COMMENTS ON CHILD'S DEVELOPMENT (NOTE CHILD'S PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, AND INDIVIDUAL NEEDS)			
AUTHORIZATION OF EMERGENCY MEDICAL CARE			
In the event of a medical emergency, I give consent for the staff at Calvary Kids Development Center to make decisions for and/or provide care for my child. I understand that during a medical emergency there may not be time to contact a parent prior to action being taken and that this is in the best interest of my child. I understand that parents will be contacted as soon as possible. These decisions may include trained staff to perform CPR/First Aid until emergency medical help arrives, and for an ambulance to transport my child to the nearest hospital for treatment.			PARENT/GUARDIAN signature
PHYSICIAN OR CLINIC			
NAME			PHONE

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PREFERRED HOSPITAL	
NAME	PHONE

ALLERGIES/EXISTING MEDICAL CONDITIONS	
Please list any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past twelve months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:	

PARENTAL CONSENT		
Photographs	I give consent for the center to photograph my child for posting center activities, website and/or other published materials (this is separate from photos sent to parents through Tadpoles App).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Activities	I give consent for my child to participate in the following water activities: <input type="checkbox"/> Sprinkler Play <input type="checkbox"/> Splashing/Wading pools <input type="checkbox"/> Water Table Play	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENTS		
Handbook	I have received a copy and read the parent handbook. I have also had opportunity to ask questions about the center's policy.	PARENT/GUARDIAN INITIALS
Security	I understand that anyone who picks up my child must be listed on my enrollment form as authorized, and they must provide a picture ID. No door other than the front entrance is to be used for entering/exiting the center.	PARENT/GUARDIAN INITIALS
Relocation	I understand that in the event of an emergency relocation, children in the center's care will be relocated to Calvary South Austin's annexed youth room.	PARENT/GUARDIAN INITIALS
Tuition	I agree to abide by the tuition and fees as outlined in the parent handbook.	PARENT/GUARDIAN INITIALS
Meals	I understand I will provide lunch for my child and the center will provide a morning snack and afternoon snack.	PARENT/GUARDIAN INITIALS
Holidays	The center is closed Good Friday, Memorial Day, Fourth of July, Labor Day, two days for Thanksgiving, a week for Christmas, New Years Day and for any Staff Development days.	PARENT/GUARDIAN INITIALS
Open Door	I understand that I am always welcome at the center.	PARENT/GUARDIAN INITIALS
Transportation	I understand that the playground used for outdoor play is Garrison Park, and that my child will be transported to and from the playground in a vehicle.	PARENT/GUARDIAN INITIALS
PARENT'S/GUARDIAN'S SIGNATURE ▶		DATE

Name of Child:	Date of Birth:
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HEARING & VISION SCREENING				
Hearing and Vision Screening for possible vision and hearing problems is required by the Special Senses and Communication Disorders Act, Texas Health & Safety Code, Chapter 36, for children who are 4-years old.				
VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
HEARING	1000 Hz	2000 Hz	4000 Hz	
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				

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HEALTHCARE PROFESSIONALS STATEMENT

One of the following must be presented before your child is admitted to the child care center.

1. I have examined the above named child within the past year and find that he/she is able to take part in the child care program.

Signature of Physician

Date

2. A signed and dated copy of a health care professional's statement within the past year is attached.
3. 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.

Name and Address of Healthcare Professional

IMMUNIZATIONS: MUST PROVIDE CURRENT IMMUNIZATION RECORD

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the following statement:

My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent/Legal Guardian Signature

Date

- I am excluding my child from immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of Health Services. I understand this affidavit is valid for two years.

For additional information regarding immunizations, please contact the Department of Health Services at www.dshs.state.tx.us/immunize/public.shtm.

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Discipline and Guidance Policy for _____ CKDC _____
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

Circle one please:

parent employee