



ENROLLMENT PACKET

The following is a checklist of the required paperwork for admission into the Tadpole Learning Center:

Complete and return the following forms included in this packet:

- Abuse & Neglect Acknowledgement Form
- Acknowledgement of Tadpole Handbook Receipt
- Days and Hours Form [one per child attending]
- Doctor's Statement
- Emergency Authorization Form
- Enrollment Form/Contact and Release Information
- Fees Schedule and Hours [review document]
- Medication Policy
- Photo Release Form
- Walking Field Trip Form

Copies of the following documents are also needed:

- Child's Birth Certificate
- Child's Social Security Card
- D Child's Shot Records

SEE TADPOLE LEARNING CENTER DIRECTOR

(LWISD PERSONNEL ONLY)

- Authorized Payroll Deduction Form
- Request Access Key Badge (Tadpole)



Dear Tadpole Parents,

In our effort to support and comply with updated Licensing Standards, we are providing you with information regarding the prevention, signs, symptoms, and reporting of child abuse. We have added information to our parent handbook and provided information and links on the Tadpole Learning Center website as well. This page should be printed out to acknowledge that you have been made aware of this information being provided regarding child abuse and neglect.

You can find information on the Lake Worth ISD website:

www.lwisd.org – (scroll over) Staff – Tadpole Learning Center – Resource Links

*Hotline Numbers *Article Dated 7/12/2012- Help & Hope- Prevent child abuse (In the news section)

To Find Additional Information on the Signs, Symptoms, Prevention, and Reporting of Child Abuse please use the link on our web page or use the web address provided below.

www.dfps.state.tx.us (Click on the Child Protective Services Tab)

Thank you. If you have any questions or need additional support please contact us in the Tadpole office. Please print and sign below and return to the Tadpole Office.

Ami Edwards

Director Tadpole Learning Center

Lake Worth ISD

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I have read the information provided about the signs, symptoms, prevention and reporting of abuse and neglect provided by Tadpole Learning Center. I have been directed to the links and information in the parent handbook and operational policies and have been given the information to locate the DFPS/Child Protective Services hotlines and education information.

Parents Name (please print): _____

Signature: _____ Date: _____



ACKNOWLEDGEMENT OF HANDBOOK

I hereby acknowledge that I have read the copy of the Tadpole Learning Center Parent Handbook. I understand that I can print a copy of the handbook which is available on-line at www.lwisd.org - Staff- Tadpole Learning Center- Documents.

I have read and agree to follow the rules and guidelines as outlined. The information in this handbook is subject to change. I also understand that changes may take place by the Director at Tadpole Learning Center and/or authorized personnel of Lake Worth I.S.D.

I understand that I am aware that I may be subject to late charges if I do not arrive by the posted closing time on the Standard Hours of Operations section of the handbook.

I understand that I have an obligation to inform Tadpole Learning Center of any changes in personal information, such as phone number, address, etc. I also understand that if I have any questions or concerns, I may contact the Director and/or staff at Tadpole Learning Center.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME (please print)

Name of Child(ren) attending Tadpole: _____

NOTE: After reading this document online, please print this page and return it to the Director at Tadpole Learning Center.

Thank you we appreciate your understanding and support.

OFFICE USE ONLY

DATE RECEIVED: _____ DATE REVISED: _____ BY: _____ DATE OF ADMISSION: _____

**TADPOLE LEARNING CENTER
ENROLLMENT FORM &
CONTACT AND RELEASE INFORMATION**

PLEASE PRINT LEGIBLY

CHILD

SOCIAL SECURITY#: _____ ENROLLMENT DATE: _____ PEIMS: _____

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE#: _____

PARENT/GUARDIAN

LWISD EMPLOYEE: _____ CAMPUS: _____ RM. EXT. _____

CELL PHONE: _____ ADDRESS: _____

PARENT: _____ EMPLOYER: _____ OFFICE PHONE: _____ EXT. _____

CELL PHONE: _____ E-MAIL: _____

CONTACT PERSON(S)

NAME: _____ RELATIONSHIP: _____ HOME: _____ OFFICE: _____

CELL PHONE: _____ ADDRESS: _____

NAME: _____ RELATIONSHIP: _____ HOME: _____ OFFICE: _____

CELL PHONE: _____ ADDRESS: _____

NAME: _____ RELATIONSHIP: _____ HOME: _____ OFFICE: _____

CELL PHONE: _____ ADDRESS: _____

DESIGNATED "PICK UP" PERSON{S}

NAME: _____ DOB: _____ DL#: _____ PHONE#: _____

NAME: _____ DOB: _____ DL#: _____ PHONE#: _____

NAME: _____ DOB: _____ DL#: _____ PHONE#: _____

NAME: _____ DOB: _____ DL#: _____ PHONE#: _____

NAME: _____ DOB: _____ DL#: _____ PHONE#: _____

NAME OF CHILD: _____

DATE: _____

EMERGENCY AUTHORIZATION FORM

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:

NAME OF PHYSICIAN: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF HOSPITAL/CLINIC: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

INSURANCE COMPANY: _____ POLICY#: _____

PHONE#: _____ PERSON INSURED: _____

I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

SIGNATURE

DATE

MEDICAL INFORMATION (If this section does not apply. please mark below with N/A)

Please list any special condition(s) that your child may have, such as allergies, existing illnesses, previous serious illnesses and injuries, disabilities, and/or any hospitalizations during the past twelve (12) months:

Is your child taking any long-term continuous use prescribed medication: YES NO

If yes, please list:

TRANSPORTATION RELEASE

I do ____ do not ____ give my consent for my child to be transported and supervised by this facility.

WATER ACTIVITIES

I do ____ do not _____ give my consent for my child to participate in water activities such as wading pools, splashing pools, sprinklers, and swimming pools.

Can your child swim unassisted: YES NO

FIELD TRIPS

I do ____ do not ____ give my consent for my child to participate in school-sponsored field trips.

(IF YOUR CHILD IS UNDER TWO (2) YEARS, YOU ARE REQUIRED TO ATTEND.)

SIGNATURE

DATE



DAYS & HOURS

LWISD Student or Employee Name: _____

Campus: _____ E-Mail: _____

Check if you are a: Teacher _____ Paraprofessional _____

CHILD'S NAME: _____ CHILD'S DOB: _____

DAY(S) THE CHILD WILL BE IN CHILDCARE: M TU W TH F
(CIRCLE ALL THAT APPLY)

HOURS THE CHILD WILL BE IN CHILDCARE:

Arrival: _____ Pick Up: _____

Mark all that apply:

FULL DAY BEFORE SCHOOL AFTER SCHOOL

NEW TEACHER PD DAYS

TEACHER PD DAYS/WORKDAYS

FIRST DAY OF ATTENDANCE AT TADPOLE: _____

SIGNATURE OF PARENT/GUARDIAN

DATE

FOR TADPOLE/BUSINESS OFFICE USE ONLY

Form distributed to Business Office on _____ by _____

Special Notes for Payroll Deduction Form: _____

Received at Business Office on _____ by _____



DOCTOR'S STATEMENT

_____ has been to my office and I have examined this child.

He/She is able _____ Is Not Able _____ to attend child.

This child may participate in a group childcare learning environment.

Yes _____ No _____

Signature of Physician: _____

Date: _____

You may fax this form to Tadpole Learning Center: 817-238-0639

Lake Worth I.S.D. Medication Policy

All medication should be given outside of school hours if possible. Only medication that is required to enable a student to stay in school may be given at school. Morning medications should be given at home before school. Medications that are ordered three times a day can be given before school, after school, and at bedtime (approximately 8 hours apart). If necessary, medication can be

given at school under the following conditions:

1. Medication must be provided by the parent or guardian and the medication must be current.
2. For the safety and protection of all students, medication must be transported by an adult.

The district can assume no

responsibility for loss or negligent behavior when a student carries medication without following district policy.

Noncompliance may subject the student to disciplinary action.

3. Medication must be in the original, properly labeled container. The pharmacy can supply two labeled bottles for this purpose. Medications sent in baggies or unlabeled containers will not be given.

4. The first dose of any medication must be given at home to observe for reactions.

5. All medication (including cough drops) must be accompanied by a written request signed by the parent or guardian.

Directions for use must comply with label directions. This request should be made on the appropriate form supplied by the school and must be renewed every school year.

6. ANY medications to be given for more than ten (10) days or administered for more than ten (10) doses (whichever is greater), must be accompanied by a written request signed by a physician or dentist licensed to practice in the USA.

Fever-controlling medications (such as Tylenol or Motrin) will not be used in order to keep a child at school.

7. Herbal, alternative medications, and dietary supplements must be accompanied by a medication request form signed by one parent or guardian AND a physician or dentist licensed to practice in the USA.

8. All medications must be kept in the clinic except for students whose doctor requires them to maintain an inhaler or anaphylaxis medicine in their possession. A student with asthma or anaphylaxis may self-administer prescription medication while on school property or at a school-related event; however, a physician's signed request and statement that the student is capable of self-administering is required. It is highly recommended that a second inhaler/epi-pen be kept in the nurse's office for these students. The self-administration of any such medicine must be done in compliance with the prescription or written instructions from the student's physician. If a student allows another person to use the medication, the privilege will be revoked.

9. In accordance with a student's individual health plan (IHP) for management of diabetes, a student with diabetes will be permitted to possess and use monitoring equipment and treatment supplies while at school or a school-related activity.

10. Please speak to the school nurse if your child requires long-term medication, any health care procedure, or monitoring.
11. All medications may be given by a medically untrained person. These personnel will be designated by the campus principal in writing and trained by the nurse.
12. When possible, for student safety, narcotics should be given at home and not during school hours. All narcotic and opioid analgesics that are given under the direction of p.r.n. (as necessary or as circumstances may require) will only be given after a registered nurse of the district (or in the event of his/her absence, a district principal or director of special education) has determined that the circumstances are warranted. Such medications will be kept locked in the school clinic.
13. Parents should provide only the amount of the medication needed at school. No extra medication can be sent home with the students (except inhalers and nebulizer medication). An adult must pick up unused medication on the last day of school or it will be destroyed.
14. The school nurse may utilize various first-aid topical preparations and hygiene items (if available) at his/her discretion. Examples include, but are not limited to; hydrogen peroxide, antibacterial soap, aloe vera gel, petroleum jelly, and triple antibiotic ointment. Parents should contact the school nurse if they prefer these items not to be used with their child.
15. In emergency situations where a severe allergic reaction is suspected, the school nurse may administer Benadryl or its equivalent. Every effort will be made to contact parents (or EMS is appropriate) prior to administration.
16. The school district, the school board, and its employees shall be immune from civil liability for damages or injuries resulting from the administration of medication to a student in accordance with this policy.

I have read and understand the Lake Worth 1.5.D. Medication Policy.

Printed Name of Student

Grade/Teacher

Printed Name of
Parent or Guardian

Signature of
Parent or Guardian

Date



WALKING FIELD TRIP FORM

Child's Name: _____

Date: _____

I give permission for my child to attend walking field trips for the current school year to the areas mentioned below. I also give permission for my child to receive emergency medical attention if needed during this time.

- ▶ Effie Morris Library
- ▶ Effie Morris Gym
- ▶ Administration Building
- ▶ Motor Lab
- ▶ Bye-Bye Buggy Walks/Campus Walks
- ▶ Effie Morris Cafeteria

Parent Signature: _____ Parent Campus: _____

Best Daytime Phone Number: _____



PHOTO RELEASE

By signing below, I hereby give my permission for my child(ren) listed below to be photographed/videotaped while engaging in Tadpole Learning Center functions and/or field trips. Images and video clips may be placed on the district website and social media outlets, such as Facebook and Twitter.

I understand that the center assumes no responsibility for the use of this information.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME (please print)

Name of Child(ren) attending Tadpole: _____

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