SHELDON EARLY LEARNING CENTER ADMISSION INFORMATION

Operation Name & Address: Sheldon Early Learning Center 17010 Beaumont Highway, Houston, TX 77049	Director's Name: Misty Warner	
Child's Full Name	Child's Date of Birth	Child's Home Telephone No.
Child's Home Address (Street No., City, State, Zip)		
Date of Admission / Date of Withdrawal	Parent's E-Mail Address	
Parent 1 or Guardian	Parent 2 or Guardian	
List telephone numbers below where parents/guardian may be reached while child will be in care:		
Parent 1 Cell Number / Parent 1 Work No.	Parent 2 Cell Number	Parent 2 Work Number
Give the **name, address and phone number** of person to call in case of an emergency if parents/guardian cannot be reached:		Relationship:

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons: (Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.)

Name	Telephone No.	Relationship

CHECK ALL THAT APPLY: I hereby ☐ give ☐ do not give - consent for my child to be transported and supervised by operation's employees

For emergency care ☐ on field trips ☐

2. ☐ **FIELD TRIPS:** I hereby ☐ give ☐ do not give - consent for my child to participate in Field Trips

Parent's Comments:

3. ☐ **WATER ACTIVITIES:** I hereby ☐ give ☐ do not give - consent for my child to participate in Water Activities:

Sprinkler play ☐ ☐ **Water table play**

4. ☐ **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

5. ☐ **I will provide my child with the following meals**
☐ **Breakfast** ☐ **Lunch** ☐ **Snack**

6. **MY CHILD IS NORMALLY IN CARE ON THE FOLLOWNG DAYS AND TIMES:**

Mondays from: _____ to: _____
Tuesdays from: _____ to: _____
Wednesdays from: _____ to: _____
Thursdays from: _____ to: _____
Fridays from: _____ to: _____

List any special problems that your child may have, such as allergies, fears, 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 (if nothing, please put N/A).

_____

_____

_____

Child daycare 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 – Parent or Legal Guardian **Date**

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***SCHOOL AGE CHILDREN:**

My child attends the following school:

_____

Name of School and Address **School Phone #**

CHECK ALL THAT APPLY:

☐ **I am attaching a copy of my child's immunization record and all required immunizations and/or tuberculosis tests are current. Vision and Hearing screening records are also on file at the above-named school.**

☐ **My child has permission to:**
be released to the care of his/her sibling(s) under 18 years of age.

Name of Sibling(s): _____

IMMUNIZATION RECORD: (required)

☐ **I have provided the childcare operation with a copy of my child's most current immunization record.**

ADMISSION REQUIREMENT: **If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation within one week of admission:**
Please check only one option:

☐ **1.** **HEALTH-CARE PROFESSIONAL'S STATEMENT:** **I have examined the above named child within the past year and find that he/she is able to take part in the day care program.**

_____ _____

Health Care Professional's Signature **Date**

☐ **2.** **A signed and dated copy of a health care professional's statement 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 health care professional:

_____ _____

Signature—Parent or Legal Guardian **Date**

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Name of Day Care Facility and Owner or Director: **SHELDON ISD EARLY LEARNING CENTER** **Director:** Misty Warner

to take my child (or children):

Name of child (1)	**Name of child (2)**
Name of child (3)	**Name of child (4)**

to:

Name of Doctor	**Telephone No.**
Address of Doctor	

or to:

Name of Hospital or Clinic	**Telephone No.**
Address of Hospital or Clinic	

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

_____ _____

Signature—Parent or Legal Guardian **Date**

DISCIPLINE AND GUIDANCE POLICY FOR SHELDON ISD EARLY LEARNING 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 of 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**

Media Release

During the course of the year, Sheldon Early Learning Center Staff may take pictures and/or video of your child participating in activities such as water day, field trips, classroom parties, bulletin board displays, holiday pictures, and various classroom activities to be displayed on Brightwheel and Sheldon ELC Twitter page.

Please verify the following:

Child's Name: _____

Parent's Name: _____

(Child's Name) _____ has my permission to be photographed and/or videotaped for the subject of a media feature for the purpose considered necessary and worthwhile to the administration of Sheldon Early Learning Center.

_____ Yes, they may participate

_____ No, they may not participate

Parent's Signature: _____ Date: _____/_____/____

Sheldon
Early Learning Center
Sheldon's Shining Stars