



TRINITY CHRISTIAN PRESCHOOL

EARLY EDUCATION + BIBLICAL FOUNDATION

ENROLLMENT DOCUMENTATION

Receipt of Written Operational Policies (Parent Handbook):

☐ I acknowledge receipt of the facility's operational policies, including those below:

- Discipline and guidance
- Procedures for release of children
- Suspension and expulsion
- Illness and exclusion criteria
- Emergency plans
- Procedures for conducting health checks
- Immunization requirements for children
- Safe sleep
- Procedures for parents to discuss concerns with the director
- Procedures to visit the center without securing prior approval
- Promotion of indoor and outdoor physical activity
- Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website

Check the box:

☐ I understand that I am responsible for all meals and snacks served to my child(ren).

My child is in care during hours of operation which are Monday-Friday, 8:00am-3:40pm. I will be given a calendar of holidays and days off.

Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights (parent handbook) as a parent or guardian of a child enrolled at this facility.

Signature — Parent or Legal Guardian

Date Signed

Child's Care Needs (check all that apply)

- ☐ Environmental allergies
- ☐ Limitations or restrictions on child's activities
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Adaptive equipment (include instructions below)
- ☐ Previous serious illness
- ☐ Symptoms or indications of complications
- ☐ Injuries and hospitalizations (past 12 months)
- ☐ Medications prescribed for continuous long-term use
- ☐ Other _____

Explain any needs selected above and doctors note may be required to have on file for any of the above:

Does your child have diagnosed food allergies?

- ☐ Yes
- ☐ No

Food Allergy Emergency Plan Submitted Date: _____

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____

Address _____

Phone No. _____

Name of Emergency Care Facility _____

Address _____

Phone No. _____

- ☐ I give consent for the facility to secure any and all necessary emergency medical care for my child.

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

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

Signature — Parent or Legal Guardian

Date Signed

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

In case of an emergency:

Name of Emergency Contact: _____

Relationship: _____

Phone Number: _____

Full Address: _____

Gang Free Zone - Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement - HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

The following must be presented when your child is admitted to the childcare operation **before** attending.

- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Attached or uploaded current immunization record with signature or stamp of a physician or public health personnel verifying immunization information above
- or**
- ☐ Notarized affidavit for Immunizations

Signature — Parent or Legal Guardian

Date Signed