Texas Dept of Family and Protective Services

ADMISSION INFORMATION

Form 2935 Aug 2010 / Pg 1 of 3

Operation Name			Director's Name			
Little Sheep Learning Cen	ter	disemble mass	Alysa K Johnson			
Child's Full Name			Child's Date of Birth Child's Home Telephone No.			
Office of the reality						
Child's Home Address						
Date of Admission	Date of Withdrawa	al	E-mail Address:			
Date of Administration						
Parent's or Guardian's Name			Address (if different from	child's addre	ss)	
List telephone numbers below where pa	arents/quardian ma	v be reached while	child will be in care:			
Mother's Telephone No.	Father's	Telephone No.	Guardian's Telepl	none No.	Cell Phone No	
Give the name, address and phone nur	nber of person to c	all in case of an em	ergency if parents / guardi	an cannot be	reached: Relationship	
I hereby authorize the childcare operati telephone number for each. Children v	on to allow my child vill only be released	to leave the childo to a parent or a pe	are operation ONLY with arson designated by the pa	the following prent/guardian	persons. Please list name & after verification of ID.	
CHECK ALL THAT APPLY:	nereby 🗌 give	do not give	consent for my child operation's employer		orted and supervised by the	
Walk home	for emergenc	v care on fie		nd from home	to and from school	
2. FIELD TRIPS: I hereby give do not give - my consent for my child to participate in Field Trips:						
Parent's Comments:		□ de pet givo	my consent for my c	hild to nartici	pate in Water Activities:	
3. WATER ACTIVITIES:	nereby 🔲 give Sprinkler i	do not give	-	wimming poo	parenty .	
4. RECEIPT OF WRITTEN OPER			ig/waunig pools s	william g poo	no in water table pay	
I acknowledge receipt of the			on those for discipline ar	d quidance		
5. I UNDERSTAND THAT THE FOLL						
None Breakfast	MAM Snack	Lunch [and an artist of the same of t	upper	Evening Snack	
6. MY CHILD IS NORMALLY IN CARI	ON THE FOLLO	WING DAYS AND T	TIMES:			
☐ Mondays from:		to:				
☐ Tuesdays from:		to:				
☐ Wednesdays from:		to:				
☐ Thursdays from:		to:				
☐ Fridays from:		to:				
Saturdays from:		to:				
Sundays from:		to:				
AUTHORIZATION FOR EMER	GENCY MEDIC	AL ATTENTIO	N:			
In the event I cannot be reached to	make arrangemen	ts for emergency	medical care, I authorize	the person	in charge to take my child to:	
Name of Physician:		Address:			Ph.#:	
Name of Emergency Medical Care F	acility:	Address:			Ph.#:	
I give consent for the facility to secu	re any and all					
necessary emergency medical care						
			Signature - Parer	nt or Legal G	uardian	
List any special problems that your during the past 12 months, any med aware of:	child may have, so ication prescribed	uch as allergies, e for long-term con	xisting illness, previous itinuous use, and any ot	serious illne her informati	ss, injuries and hospitalization on which caregiver's should b	
Child daycare operations are public ac may be practicing discrimination in viol	commodations und	er the Americans w may call the ADA	ith Disabilities Act (ADA), Information Line at (800) 5	Title III. If you 14-0301 (void	believe that such an operation ce) or (800)-514-0383 (TTY).	

HEALTH REQUIREMENTS											
Name of Child: Date of Birth:											
Age ▶ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mo	s 18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required)	TB TEST (if required) Positive Negative Date:										
Signature or stamp of a physician or public health personnel verifying immunization information above.											
Signature or stamp of a ph						ature				Date	
personne (distribution of the contraction)						ase. If your	child ha				
statement: My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine											
statement: My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.											
Parent's signature Date											
I am excluding my child from the 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 State Health Services. I understand this affidavit is valid for 2 years.											
		I information	regarding	immunizatio	ons contact	the Departn	nent of S	tate Health Se			
		<u>v</u>	www.dshs	s.state.tx.	us/immur	nize/public	c.shtm				
	Signatu	ıre – Parer	nt or Legal	Guardian				-	D	ate	

ADMISSION INFORMATION

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SCHOOL AGE CHILDREN: My child attends the following school:							
	Name of School and Address						
CHECK ALL THAT APPLY:							
required immunizations and/or	er immunization record is on file at the school and all indications and/or tuberculosis test are current. and Hearing screening records are also on file. My child has permission to: walk to or from school in the school and all indicates the schoo						
Name of sibling(s):							
IMMUNIZATION RECORD:							
☐ I have provided the childcare o	peration with a copy o	f my child's n	nost curre	ent immunization rec	ord.		
following must be presented when your Please check only one option: 1. HEALTH-CARE PROFESSION	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 or 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 Profession	al's Signature			Date		
2. A signed and dated copy of a	health care profession	al's statement	is attache	ed.			
 Medical diagnosis and treatment member of; I have attached as 			of a recog	nized religious organiza	ition, which I adhere to or am a		
4. My child has been examined	within the past year by a	a health care p	profession	al and is able to partic	cipate in the day care program.		
Name and address of health care pr		care profession	onal's sigr	ned statement and will	submit it to the child-care operation.		
	Signature - Parent or Le	egal Guardian			Date		
					-		
VISION	R 20/			L 20/	☐ PASS ☐ FAIL		
SIGNATURE			DATE_				
HEARING	1000 Hz	2000 H	łz	4000 Hz			
R			reaches and promote reaching the account		☐ PASS ☐ FAIL		
			D. T.	L			
SIGNATURE			DATE_				
Signature – Parent or Legal Guardian Date							

Updated Contact Information

General Information			
Child's Name:		Date of Birth:	
Address:	dress:		
Mom Cell:	Email Co	ntact:	
Dad Cell:	Email Co	ntact:	
			-
Medical Information			
Allergies/Medial Conditions/Special Needs:			
Other Information Emergency Personnel May	Need to Know:		
Physicians Information			
Name:		Phone:	
Address:			
Hospital Information			
Name:		Phone:	
Address:			
Primary Emergency Contact			
Name:	Relationship:	Primary Phone #:	
Address:		Secondary Phone #:	
Secondary Emergency Contact			
Name:	Relationship:	Primary Phone #:	
Address:		Secondary Phone #:	
My signature gives authorization for the a on my behalf in the event of an emergence		ck up my child from care and communic	cate
Parent Signature:		Date:	

Authorized Pick-up Persons

General Information		
Child's Name:		Date of Birth:
Authorized Pick-up 1		-
Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:
Authorized Pick-up 2		
Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:
Authorized Pick-up 3		
Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:
Authorized Pick-up 4		
Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:
Authorized Pick-up 5		
Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:
My signature gives authorization for the above i the event of an emergency. It is my responsibilit necessary changes.	ndividuals to pick up my child fro ty to keep this list up to date and	m care and communicate on my behalf in notify Little Sheep Learning Center of any
Parent Signature:	Da	ite:

Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

Child Name (last, first, middle)			Social Security No.* Not Needed	Enrollment Date	Date of Birth
Street Address (if rural, attach	directions)		City	County	Zip
Mailing Address (if different)	Street or P.O	. Box	City	County	Zip
Telephone No. (include A/C)					
* If applicable.					no de la constitución de la cons
1. Health					
Does your child have any alle	ergies?			☐ Yes	□ No
If so, what allergies does you	r child have?		Production of the Charles of the State of the Burker and the Charles of the State o		
How should we respond if he	/she has an a	llergic reaction?			
Does your child have an exist	ting illness?			☐ Yes	□ No
Has your child had a previous 12 months?	s serious illne	ss or injury, or ho	ospitalization during the	past Yes	□ No
Is your child taking any medic	cation?			Yes	□ No
If so, how is the medication a be administered while he/she		and will it need	to		
Is the medication prescribed f	for continuous	s use?		Yes	□ No
Are there any side effects we should be alerted to?					□ No
2. Toileting:					
Does your child need assistar	nce with toilet	ing?		☐ Yes	□ No
How can we best help?					
What are your ideas about toi	let training?				***************************************
How can we best help?		***************************************			
3. Behavior:					
Does your child have any spe	cial fears?			Yes	∏ No
How does your child communicate his/her needs?					□ No
Are there any special words that might not be readily recog		luses		☐ Yes	
How do you tell your child to don't approve of or that might					
When your child gets upset, calm down?	what helps hi	m/her			
What is a good way to distra he/she is having a temper tan	trum?				
Are there any particular particularly helpful at naptime		t are			

Texas Dept of Family and Protective Services

Child Assessment Form

Form 7293 November 2012

What position is most comfortable for your ch	nild when he/she	is napping?			
4. Eating Preferences:					
What are your child's favorite foods?				1 -	
Does your child use utensils, eat with fingers	, feed self?				
Does your child choke easily while eating?				Yes	□ No
5. Activities:					
What activities do you like to do with your ch	ild?				
What activities does your child like to do whother children?	en playing with				
What does your child like to do when he is pl	aying alone?				
A 25 12 111 1					
6. Family History:	aiblines				
Tell me about your family (i.e. child's parents grandparents, and other extended family)	s, siblings,				
I verify that the above assessment was discu	issed with the pa	erent(s) of			
Signature of Director			Date S	Signed	
I verify that the director appropriately relayed	the information	concerning my	child's asses	ssment.	
Signature of Parent			Date S	Signed	
Additional Comments:					

LISIC CLITTE SHEEP CLICKFORD CENTER

Discipline and Guidance Policy for

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 recei	ived a copy of this discipline and guidance policy.
Signature		Date
Check one plea	ase:	
□ parent	☐ employee/caregiver	☐ household member of child-care home



Little Sheep Learning Center is a ministry of Good Shepherd Lutheran Church and strives to fulfill the mission of the church:

"Live God's word and embrace all people."

our center, but we would not do so without yo	
I do give permission for members and child,	congregation of GSLC to pray for my
I do not give permission for members a my child,	and congregation of GSLC to pray for
Parent Signature	
Parent Signature	Date



MEDIA RELEASE

Parent Release form for Photographing and of Videotaping

Student's LAST name:
Student's FIRST name:
I (check one) do or do not give permission for my child to be photographed or videotaped, by Little Sheep Learning Center staff member or a representative of Good Shepherd Lutheran Church to be used in connection with our web page, Facebook, classroom and/or program decoration or for instructional or marketing purposes. The intent of this release is to gain authorization from a parent/guardian to include your child's image. Permission may be limited to areas designated by the parent by opting out. To opt out of a selected area, draw a line through the area you desire to opt out of. I understand that I may revoke this permission at any time by notifying the LSLC office in writing at:
202 Highway 71 West OR PO Box 750 Bastrop TX. 78602
Parent/Guardian Signature:
Parent/Guardian Printed Name:
Date:
If there are any exceptions or special conditions places list below:



The Tuition Agreement will be discussed when paperwork is returned to LSLC. The Director or Administrator will confirm your payment option and answer any questions that you may have. This agreement will be placed in your child's file. If you would like a copy for your records please let us know, you may request a copy of this at any time.

Thank you,

Little Sheep Learning Center Staff



TUITION AGREEMENT

Child's Name		Date of Birth	
Mother's Name			
□ Pavi	ng Monthly	☐ Paying Weekly	
Payment for my child's program is due on each month if I am paying monthly, as spe schedule whether or not my child attends child cannot return to care until paid. Parent initials	Monday of each cur cified in the current	rent week if I am paying weekly and by rate schedule. Tuition is payable accor	ding to the tuition
Weekly Tuition Amount \$		Monthly Tuition Amount \$	
	Non-refundable Regi	stration Fee \$ 50	
In the event of a NSF check return, a \$40 Maccepted in the form of a money order or Parent initials		ll be added to my account and your pa	yment will only be
Our program is open Monday through Fric Department of Family and Protective Serv \$1 a minute late penalty will be charged to child can return to care. Regular attendan- notify Little Sheep Learning Center by 8:30 Parent initials	ices to care for child o my account. Late p ce is imperative to yo	ren during these specified times. If I an enalties must be paid to Little Sheep Le	n late picking up my child, a earning Center before the
During summer months and holiday times normal planned curriculum. Parents will b Parent initials			onal activities outside our
Little Sheep Learning Center chooses not to Learning Center will not acknowledge whi coordinated between the two parents. Lat Parent initials	ch party is responsib	le for payment of tuition fees. These a	rrangements must be
In the event I choose to end my relationsh given in writing. Parent initials	ip with Little Sheep I	Learning Center and withdraw my child	l, a two week notice will be
INCENTIVE: If you have chosen the monthly payment of then you will receive a \$10.00 discount of SIBLING DISCOUNT: For 2 children attending Little Sheep Learn you will receive 15% off the lowest tuition	f your monthly tuitio ning Center you will r	n rate.	
Parent/Guardian Signature	Date	Director's Signature	Date



Acknowledgement of Parent Handbook

My signature verifies I have read and received a copy of the Parent Handbook which outlines the operation policies for Little Sheep Learning Center.

All of my questions have been answered.

If I have any other questions I will ask as soon as possible.

Guardian/parent must review and sign.

Printed Name:			
Pinted Name.	Signature:		
Relationship:			
		Date:	
Printed Name:			
Printed Name:	Signature:		
Relationship:			
Relationship.		Date:	
District			
Printed Name:	Signature:		
Relationship:			
relationship.	D	Pate:	
Printed Name:	Signature:		
Relationship:	D	ate:	
Child's Name:		Enrollment Date:	
Child's Name:		Enrollment Date:	
Child's Name:		Enrollment Date:	
		Littomient Date.	
Child's Name:		F	
		Enrollment Date:	

CCS-1500

CACFP NEW STUDENT ENROLLMENT FORM

Child Care Center Name:	Little Sheep Learning Center	Site Code:	1311
INSTRUCTIONS	: Complete ALL Fields. Sign and Date form. Submit back t		
Parent's First Name:			51.
Parent's Last Name:			
Parent's Phone Number:			
Child's First Name:			
Child's Last Name:			
Child's Birthdate:			
Special Needs:	YES NO (Provide Professional Documentation)		
Foster Child:	YES NO (Provide DFPS Form 2085FC)		
Head Start / Early Head Start / Even Start:	YES NO (Provide HSP/ESP/EHSP Documentation)		
Ethnic Identity: (mark only 1)	Hispanic or Latino Not Hispanic or Latino		
Racial Identity: (mark 1 or more)	☐ White ☐ Black/African American ☐ Am. Indian/Alaskan N☐ Asian ☐ Native Hawaiian/Other Pacific Islander	lative	
Gender:	Male Female		
Child Care Center Enroll Date:			
Child's Normal Days in Care: Center's Days of Operation M-F	Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat	Sun	
Child's Normal Hours in Care: Center's Hours of Operation 06:30 AM-06:30 PM	а.m. то : : : : : : : : : : : : : : : : : :] a.m.] p.m.	
Meals/Snackes Child Receives: Meals/Snacks Served at Center PMS LUN BRK	BRK AMS LUN PMS SUP EV	s	
Times Child Attends Public School (school age children only)	а.то	a.m. p.m.	
PARENT CERTIFICATION			
 My child may be in care on different days & hours than listed above. I certify the information on this form is true and correct to the best of my knowledge. I certify that I have received access to WIC and CACFP literature within the last 12 months. 			
Signature of Parent/Guardian Date of Parent/Guardian Signature			
orientation, disability, age, marital status, famil program or activity conducted or funded by USI require alternative means of communication for TARGET Center at (202) 720-2600 (voice and all languages other than English. To file a program Discrimination Complaint and at any LSDA office.	U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Ager is are prohibited from discriminating based on race, color, national origin, religion, sex, gende ylparental status, income derived from a public assistance program, political beliefs, or reprise JA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) sho TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, pront of discrimination complaint, complete the USDA Program Discrimination Complaint Form, ADco or write a letter addressed to USDA and provide in the letter all of the information requested	er identity (including gender of all or retaliation for prior civil rigram or incident. Persons with could contact the responsible of gram information may be mad 3027, found online at How to	expression), sexual ights activity, in any in disabilities who Agency or USDA's de available in or File a Program
form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.			

2/18/2019 7:04 PM