



## ENROLLMENT CHECKLIST

The following forms must be completed & turned into RLC prior to your child's start date.

Admission Packet:

- Completed admission form
- Health statement from a health-care professional
- Copy of updated immunization records
- Discipline & guidance policy
- Allergy alert
- Student profile
- Tuition rate sheet
- 2 photographs - See admission form for designated areas to attach your child's photo.
- Hearing & Vision screening results

(Children turning 4 years of age or older as of September 1<sup>st</sup> of the current year excludes school age children)

ITEMS TO BRING ON THE FIRST DAY:

<b>Infants &amp; Toddlers (6 weeks to 24 months)</b>	<b>Toddler 2's (2 Years Old)</b>	<b>Pre-School &amp; Pre-K (3 -5 Years Old)</b>
<ul style="list-style-type: none"> <li>• 2 sets of complete change of clothes including socks and shoes - labeled and in Ziploc bag               <ul style="list-style-type: none"> <li>• Diapers</li> <li>• Wipes</li> <li>• Small Blanket</li> </ul> </li> <li>• Travel Size Pillow* (optional Toddlers only)</li> <li>• Complete list of supplies available for Infants (6 weeks -18 months)</li> </ul>	2 sets of complete change of clothes including socks and shoes - labeled and in Ziploc bag Pull-ups Wipes Small Blanket Travel Size Pillow* (optional) Crib sheet (optional to cover mat)	2 sets of complete change of clothes including socks and shoes - labeled and in Ziploc bag Small Blanket Travel Size Pillow* (optional) Crib sheet (optional)  <b>*No Pillow Pets please</b>

**HOW TO SIGN UP FOR WATCHME GROW CAMERA ACCESS**

1. Go to [www.watchmegrow.com](http://www.watchmegrow.com)
2. Click on "For Parents". Click on "Sign Up" and fill out the form.
3. Your account will be activated as soon as WatchMeGrow verifies your information with your childcare center. You may contact WatchMeGrow for further assistance at 1-800-483-5597.

Your Child's Classroom: \_\_\_\_\_



## ADMISSION FORM

Operation Name <p style="text-align: center;">Redeemer's Learning Center</p>	Director's Name <p style="text-align: center;">Sade Badru</p>
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### Contact Information

Child's Name (First Middle Last)		Child's Date of Birth (Month Day Year)		
Child's Home Address		City	State	Zip Code
Home Phone Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nickname		
Date of Admission	Date of withdrawal	Reason for Withdrawal (to be completed by RLC Staff)		

Mother's Name (First & Last)		Mother's Email Address		
Mother's Home Address (if different from child's address)		City	State	Zip Code
Place of Employment	Work Phone Number	Cell Phone Number		
Driver's License Number	State	Does the child live with the mother? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Father's Name (First & Last)		Father's Email Address		
Father's Home Address (if different from child's address)		City	State	Zip Code
Place of Employment	Work Phone Number	Cell Phone Number		
Driver's License Number	State	Does the child live with the father? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Guardian's Name (First & Last) other than Mother or Father) if applicable		Guardian's Email Address		
Guardian's Home Address (if different from child's Address)		City	State	Zip Code
Place of Employment	Work Phone Number	Cell Phone Number		
Driver's License Number	State	Does the child live with the Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Emergency Contact Information

Provide information of person(s) to call in case of an emergency if parents/guardians cannot be reached.

Emergency Contact Name 1	Phone Number	Relationship	
Emergency Contact's Home Address	City	State	Zip Code
Emergency Contact Name 2	Phone Number	Relationship to Child	
Emergency Contact's Home Address	City	State	Zip Code

### Drop Off / Pick Up Authorization

I hereby authorize the Redeemer's Learning Center to allow my child to leave the childcare operation ONLY with the following persons. Please list name, telephone number and relationship for each person. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name 1	Phone Number	Relationship to Child
Name 2	Phone Number	Relationship to Child
Name 3	Phone Number	Relationship to Child

### Arrival / Departure Schedule

My child will normally attend RLC on the following days & times:

Mark each day your child will attend RSA:	Estimated Arrival Time:	Estimated Departure Time:
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		

### Before / After School Care (School Age Children ONLY)

Please complete the following information for children attending RLC before and after school program.

Name of School	School Phone Number		
School Address	City	State	Zip Code
My child will be attending RLC for the following: (check one) <input type="checkbox"/> Before school <input type="checkbox"/> After School <input type="checkbox"/> Before and After School			Parent's Initials

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name (First Middle Last)	Child's Date of Birth (Month Day Year)
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### Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize Redeemer's Learning Center and the person in charge to take my child to:

Name of Physician	Phone Number		
Physician's Address	City	State	Zip Code
Name of Emergency Medical Care Facility	Phone Number		
Emergency Medical Care Facility Address	City	State	Zip Code

By not providing the information above, you are authorizing **RLC** to take your child to the closest emergency facility. The closest emergency facility is:

Name of Emergency Medical Care Facility	Phone Number		
Emergency Medical Care Facility Address	City	State Texas	Zip Code

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

Parent Signature: \_\_\_\_\_

### Medical / Allergy Information

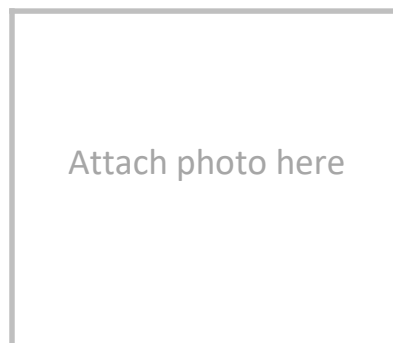
List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

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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).



Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Immunization Records**(check one)

<input type="checkbox"/> I have provided Redeemer's Learning Center with a copy of my child's most current immunization records and will continue to provide the center with the updated copy as my child receives additional immunizations.  <input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached a copy of an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.  <input type="checkbox"/> <b>School-Age Children Only</b> - My child's immunization record is on file at the school and all required immunizations and/or Tuberculosis test are current. Vision and hearing screening records are also on file at the school.	Parent's Initials
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.	Parent's Initials

**Health-Care Professional Statement** (*School-Age Children - Skip this Section*)

If your child does not attend pre-kindergarten or school away from the child-care center operation, RLC must have a health-care professional statement on file. Your physician can sign the statement below:

I have examined the above named child within the past 12 months and find that he/she is able to take part in the day care program.  <hr style="width: 80%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 0;"> <span>Health-Care Professional's Signature</span> <span>Date</span> </div>	Parent's Initials
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**Vision & Hearing Screening**(*Children under 4 years of Age & School-Age Children - Skip to page 6*)

As required by Texas State Law, all children who are 4 years old as of September 1<sup>st</sup> of the current year must be examined and results must be on file at Rising Star Academy.

(Please check one) <input type="checkbox"/> I have provided a copy of my child's vision and hearing screening results to RLC . <input type="checkbox"/> The physician has completed the screening results and signed below. <input type="checkbox"/> My child is not required to complete the vision & hearing screening at this time.	Parent's Initials																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6">Vision</td> </tr> <tr> <td style="width: 15%;">Right Eye</td> <td style="width: 15%;">20/ _____</td> <td style="width: 15%;">Left Eye</td> <td style="width: 15%;">20/ _____</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">PASS</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">FAIL</td> </tr> <tr> <td colspan="6">Hearing</td> </tr> <tr> <td></td> <td>1000 Hz</td> <td>2000 Hz</td> <td>4000 Hz</td> <td><input type="checkbox"/></td> <td>PASS</td> <td><input type="checkbox"/></td> <td>FAIL</td> </tr> <tr> <td>Right Ear</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Left Ear</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <hr style="width: 80%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 0;"> <span>Health-Care Professional's Signature</span> <span>Date</span> </div>	Vision						Right Eye	20/ _____	Left Eye	20/ _____	<input type="checkbox"/>	PASS	<input type="checkbox"/>	FAIL	Hearing							1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/>	PASS	<input type="checkbox"/>	FAIL	Right Ear								Left Ear								Parent's Initials
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	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/>	PASS	<input type="checkbox"/>	FAIL																																						
Right Ear																																													
Left Ear																																													

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please read the following information & check all that apply & initial each statement below:

<p><b>Operational Policies (Parent Handbook) Manual Receipt Verification</b> I have received a copy of the Redeemer's Learning Center Operational Manual and understand the policies and had the opportunity to ask questions about the policies.</p>	<p>Parent's Initials</p>
<p><b>Photo Permission</b> Throughout the school year, the RLC staff take photographs of the students participating in various activities such arts &amp; crafts, circle time, special events, projects, field trips, etc. These photographs are for parents enjoyment and memories and may be posted on our website, Facebook, newsletters, in the facility, etc.  I hereby <input type="checkbox"/> GRANT <input type="checkbox"/> DO NOT GRANT RLC to take pictures of my child.</p>	<p>Parent's Initials</p>
<p><b>In Home Babysitting Policy</b> I understand that Rising Star Academy does <u>NOT</u> render childcare services off its premises and it is <u>AGAINST</u> our staff policies and procedures for any of our staff to babysit or be a nanny for our parents.</p>	<p>Parent's Initials</p>
<p><b>Meals</b> Breakfast is optional and will be served from 7:30 a.m. to 8:30 a.m. in classrooms. After 8:30 a.m. I am responsible for proving my child's breakfast. I understand that I must sit with my child during breakfast if I arrived after 8:30 a.m. Before School children are served breakfast 7:00 a.m. to 7:25 a.m. to ensure timely school delivery. The following meals will be served to your child while in care: Morning Snack      Lunch      Afternoon Snack</p>	<p>Parent's Initials</p>
<p><b>Transportation (check all that apply)</b> I hereby <input type="checkbox"/> GRANT <input type="checkbox"/> DO NOT GRANT permission for my child to be transported and supervised by RSA employees:  <input type="checkbox"/> For emergency care    <input type="checkbox"/> On field trips    <input type="checkbox"/> to and from school</p>	<p>Parent's Initials</p>
<p><b>Field Trips (check one) - For ages 4 and up - permission slips required for each field trip.</b> I hereby <input type="checkbox"/> GRANT <input type="checkbox"/> DO NOT GRANT permission for my child to participate in field trips. Parent's Comments:</p>	<p>Parent's Initials</p>
<p><b>Water Activities(check one)</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> DO NOT give my consent for my child to participate in water activities. RLC participates in sprinkler play, water table activities, and swimming/splashing/wading pool activities.</p>	<p>Parent's Initials</p>

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DISCIPLINE AND GUIDANCE POLICY FOR REDEEMER'S 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 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 TDPRS-CCL 06/02/03

My Signature verifies I have received and read a copy of this discipline and guidance policy.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ALLERGY ALERT

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



Please list any allergies related to the following categories. Describe the allergic reaction/symptoms.

Type of Allergy	Allergic To:	Allergic Reaction / Symptoms to look for:
<i>Example</i>	<i>Strawberries</i>	<i>Breaks out in Hives</i>
Food		
Medicine		
Insect		
Vegetarian <small>(please circle restrictions)</small>	My child does not eat: Pork Beef Chicken Fish Dairy (including milk and cheese) Eggs	

List any medications you will leave at RLC for emergency use only. Please note: RLC keeps all medication in a medication box in our workroom. Parents **MUST CHECK** in their child's medication with the administrative staff. Medication not checked in **will not** be administered to your child.

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Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## STUDENT PROFILE

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### FAMILY INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Does the child have any siblings?  Yes  No

Provide sibling(s) names and age(s): \_\_\_\_\_

### OTHER PERSONAL INFORMATION

Is your child potty trained?  Yes  No Describe assistance needed: \_\_\_\_\_

Does your child nap?  Yes  No How long? \_\_\_\_\_

Child's bedtime: \_\_\_\_\_ Child's wake-up time: \_\_\_\_\_

Does your child have any condition(s) that would hinder their full participation in our program?

Please list any serious accidents or surgeries your child has had:

Concerns you have about your child's development:

Do you have any concerns regarding your child's vision, hearing, or speech? If so, please explain:

### HELP US GET TO KNOW YOUR CHILD

Please list any pets your child has:

What are your child's favorite activities?

What does your child enjoy doing with Mom?

What does your child enjoy doing with Dad? \_\_\_\_\_

Does your child play well alone?  Yes  No In groups?  Yes  No

Preferable behavior control method: \_\_\_\_\_

Has your child been cared for by someone other than immediate family? \_\_\_\_\_

If so, who and how often? \_\_\_\_\_

Has your child previously attended another preschool or child-care facility?  Yes  No

Please list three words that describe your child: \_\_\_\_\_

What are your expectations of our center? \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_