**St. Paul Lutheran YKT Child Care Center/The Learning Garden**
234 N. Gohmert St. Suite B Yorktown, TX 78164
Office: 361-564-9444 Fax: 361-333-1541
www.learninggardenykt.com thelearninggardenyorktown@gmail.com
**Center Director: Tracie Fielding** **Center Assistant Director: Shawn Williams**

# Enrollment Form

*Please complete entire form, do not leave blanks. PRINT CLEARLY!*

*For Office Use Only:* Date of Admission _____ Date of Withdrawal _____

Child's Full Name _____ Date of Birth _____

Child's Physical Address _____ City, State, Zip _____

Child's Mailing Address _____ City, State, Zip _____

Child's Home Phone Number _____

Child Lives with ○ Both Parents ○ Mom ○ Dad ○ Guardian

**Mothers/Guardians Information**

Full Name _____ Date of Birth _____

Home Phone Number _____ Cell Phone Number _____

Physical Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Email Address _____

Place of Employment _____ Work Phone Number _____

**Fathers/Guardians Information**

Full Name _____ Date of Birth _____

Home Phone Number _____ Cell Phone Number _____

Physical Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Email Address _____

Place of Employment _____ Work Phone Number _____

Is there a **custody order** on file with The State of Texas? ○ Yes ○ No
*If YES, a current copy of your court order MUST be attached.

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**In Case of Emergency, call:**
Emergency Contact: Someone other than Parent/Guardian

Name _____ Relationship to Child _____

Address _____ City, State, Zip _____

Home Phone Number _____ Cell Phone Number _____

I authorize the child care operation **to release** my child to leave the child care operation **only** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name _____ Relationship to Child _____

Address _____ City, State, Zip _____

Home Phone Number _____ Cell Phone Number _____

Name _____ Relationship to Child _____

Address _____ City, State, Zip _____

Home Phone Number _____ Cell Phone Number _____

Name _____ Relationship to Child _____

Address _____ City, State, Zip _____

Home Phone Number _____ Cell Phone Number _____

Name _____ Relationship to Child _____

Address _____ City, State, Zip _____

Home Phone Number _____ Cell Phone Number _____

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**Consent Information**

Initial the following if you give consent.

**Transportation**

_____ I give consent for my child to be transported and supervised by the operation's employees for emergency care.

**Field Trips**

_____ I give consent for my child to participate in field trips. Field trips for all children include nature walks on our grounds, the prayer garden and garden, and to the church. At times Preschool may go to the bank or close places.

**Water Activities**

_____ I give consent for my child to participate in the following water activities. Check all that apply.
☐ water table play ☐ sprinkler play ☐ splashing or wading pools *No swimming pools or aquatic playgrounds.*

Is your child a competent swimmer? ○ Yes ○ No If no, your child would be required to wear a life jacket while in or near a swimming pool. TLG does not use swimming pools or go to aquatic playgrounds.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ○ Yes ○ No

Do you want your child to wear a life jacket while in or near a swimming pool? ○ Yes ○ No
*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards.

**Receipt of Written Operational Policies:**

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.
☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for parents to participate in operational activities
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website.

Parent/Guardian Signature _____ Date _____

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**Meals**

_____ I understand that the following meals will be served to my child while in care.
Breakfast: 8 am- 9 am Lunch: 11 am- 12 pm Snack: 3 pm- 4:30 pm

**Days and Times in Care:**

My child is normally in care on the following days and times:

- ☐ Part Time: 3 days a week 7:00 am- 6:00 pm Days _____
- ☐ Part Time: 3 or 5 half days a week 7:00 am- 12:00 pm Days _____
- ☐ Full Time: Monday-Friday 7:00 am- 6:00 pm

**Receipt of Parent's Rights:**

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

Parent/Guardian Signature _____ Date _____

**Child's Special Needs, check all that apply**

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodation or modifications
- ☐ Adaptive equipment, including instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use
- ☐ Other: _____

Explain any needs selected above:

Does your child have diagnosed food allergies? ○ Yes ○ No

Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA). Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. 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/Guardian Signature _____ Date _____

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**School Age Children**

My child attends the following school:

_____ School Phone Number _____

My child has permission to: Check all that apply

☐ ride a bus ☐ be released to the care of their sibling younger than 19 years old

Authorized drop off location other than the child's address: 234 N. Gohmert St. Yorktown, TX 78164

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

**Authorization For Emergency Medical Attention**

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 _____ Phone Number _____

Address _____

Name of Hospital _____ Phone Number _____

Address _____

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

Parent/Guardian Signature _____ Date _____

**Requirements for Exclusion from Compliance**

- ○ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ○ I have attached a signed and dated affidavit starting that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

**Vision Exam and Hearing Exams**

I understand that when my child turns four years old it is my responsibility to have their vision and hearing checked and to turn in the results to the center to be placed in my child's file.

Parent/Guardian Signature _____ Date _____

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**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. Select **only one** option.

- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ 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 this for my child's file.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Parent/Guardian Signature _____ Date _____

**Immunizations**

I understand that it is my responsibility to provide the center with an updated shot record upon enrollment and every time my child receives immunizations. For additional information about immunizations, visit the Texas Department of State Health Services website www.dshs.texas.gov/immunizations/public.

Parent/Guardian Signature _____ Date _____

**Center Information** (please initial)

_____ Photo Release: From time to time our facility may take photographs for educational use. I give consent for the facility to take photographs of my child. This includes our website, photo circle, and our Facebook page.

_____ Volunteer/Conferences: Throughout the year we plan different events or activities that we may need help with. You will be contacted by email, ProCare, or by the teacher in the classroom.

_____ Medication Policy: A signed and dated non-prescription medication form is completed and on file at the center. This policy gives the center authorization to use non-prescription medications that you provide for your child. You will not hold the St. Paul Lutheran YKT Child Care Center/The Learning Garden liable for any allergic reactions or other symptoms when the products are used in accordance with the terms on the form.

**Gang Free Zone**

Under the Texas Penal Code, any area within 1,000 feet of a child care 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 information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

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**Signatures**

Parent/Guardian Signature _____ Date _____

Center Designee _____ Date _____

**For Office Use Only: Form Updates**

Date _____ Parent/Guardian Signature _____ Staff Initials _____

Date _____ Parent/Guardian Signature _____ Staff Initials _____

Date _____ Parent/Guardian Signature _____ Staff Initials _____

Date _____ Parent/Guardian Signature _____ Staff Initials _____

Date _____ Parent/Guardian Signature _____ Staff Initials _____

Date _____ Parent/Guardian Signature _____ Staff Initials _____

Date _____ Parent/Guardian Signature _____ Staff Initials _____