

# Heaven Sent All Girl Preschool

Operation Name <b>Heaven Sent Preschool</b>		Director's Name <b>Yolanda Cree</b>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
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 <b>ONLY</b> 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.			

<b>CHECK ALL THAT APPLY:</b> I hereby give do not give – consent for my child to be transported and supervised by the operation's employees:			
<b>1. TRANSPORTATION:</b>			
<b>Walk home</b>	for emergency care	on field trips	to and from home to and from school
<b>2. FIELD TRIPS:</b> I hereby give do not give – my consent for my child to participate in Field Trips:			
<b>Parent's Comments:</b>			
<b>3. WATER ACTIVITIES:</b> I hereby give do not give – my consent for my child to participate in Water Activities:			
sprinkler play    splashing/wading pools    swimming pools    water table play			
<b>4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
<b>5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b>			
None	Breakfast	AM Snack	Lunch    PM Snack    Supper    Evening Snack
<b>6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>			
Mondays	from:	to:	
Tuesdays	from:	to:	
Wednesdays	from:	to:	
Thursdays	from:	to:	
Fridays	from:	to:	
Saturdays	from:	to:	
Sundays	from:	to:	

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event I cannot be reached to make arrangements 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 Facility:	Address:	Ph.#:

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

\_\_\_\_\_  
Signature - Parent or Legal Guardian

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 caregiver's should be aware of:

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\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

**SCHOOL AGE CHILDREN:**

My child attends the following school:

\_\_\_\_\_

Name of School and Address School Ph.#

**CHECK ALL THAT APPLY:**

His / her 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.

My child has permission to: walk to or from school or home,  
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s):

**IMMUNIZATION RECORD:**

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 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 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.
4. 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 will submit it to the child-care operation.

Name and address of health care professional:

\_\_\_\_\_

Signature - Parent or Legal Guardian Date

<b>VISION</b>	R 20/ _____	L 20/ _____	PASS	FAIL
SIGNATURE _____		DATE _____		
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>	PASS
<b>R</b>				
<b>L</b>				
SIGNATURE _____		DATE _____		

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Signature – Parent or Legal Guardian

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Date

**HEALTH REQUIREMENTS**

<b>Name of Child:</b>	<b>Date of Birth:</b>
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Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	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											

<b>TB TEST</b> (if required)	Positive	Negative	Date: _____
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Signature or stamp of a physician or public health personnel verifying immunization information above. \_\_\_\_\_  
Signature Date

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 \_\_\_\_\_ and does not need varicella vaccine. (date)

\_\_\_\_\_  
 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.

For additional information regarding immunizations contact the Department of State Health Services at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

Child Development Associates of Central Texas, Inc.  
P. O. Box 997 Pflugerville, Texas 78691

Day Home Provider's Name: **Yolanda Cree**

**CHILD'S INFORMATION**

Child's First Name:		Child's Last Name:	
Child's Date of Birth: ____/____/____		Child's age at the time of Enrollment:	Date of Withdrawal: ____/____/____
Address:		Street Address: _____	
		City: _____, Texas Zip: _____	
Does This Child Reside In the Day Home? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Child's Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Child's Ethnicity: White African-American Asian Hispanic Native American N/A		Date of Enrollment: ____/____/____	

**PARENT'S INFORMATION**

Parent's First Name:		Parent's Last Name:	
Parent's Telephone Numbers: Home: ( ) _____ Work: ( ) _____ Emergency: ( ) _____ E-Mail: _____			
<ul style="list-style-type: none"> <li>• If there is no home phone number, a work or emergency phone number is required.</li> <li>• There must be at least two numbers listed.</li> </ul>			
What time will the child usually arrive in care? ____ am ____ pm		What time will the child usually leave care? ____ am ____ pm	
What days of the week will the child usually be in care? Please check appropriate boxes. Monday Tuesday Wednesday Thursday Friday Saturday Sunday		What meals will your child normally be served?: Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack	

This is notification that this home participates in the United States Department of Agriculture's Child and Adult Food Program and is required to serve nutritious, well-balanced meals to all children in care. Unless specified otherwise, all children in this home are enrolled in the Child and Adult Care Food Program and are beneficiaries of the program. The day care provider is not permitted to charge a separate fee for meals, nor is the provider allowed to claim, for reimbursement any food items provided by the parent. In the operation of child nutrition programs, children are not discriminated against because of race, color, national origin, sex, age, religion, political beliefs or disability. If you feel you have been discriminated against, write immediately to any of the following.

- Director, Child Development Associates of Central Texas, Inc., P. O. Box 997, Pflugerville, Texas 78691
- Director of Civil Rights, Texas Department of Human Services, M.C.E.-609, 701 W. 51st Street, Austin, Texas 78769
- Secretary of Agriculture, Washington, DC

Parent's Signature:	Date Signed:
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## EMERGENCY LOCKDOWN / INTRUDER ALERT PROCEDURE

**If it is determined that the safety and health of children and staff are in jeopardy:**

**Intruder Alert Procedure:** If the intruder is already inside the building, a hand signal (which has been predetermined and is known by all staff and family members) shall be made to the first staff member seen. That staff member will pass on the hand signal to others throughout the building and will call 911.

If the suspected intruder is not yet in the building, an announcement will be made to alert the staff of potential danger. ("Code Red")

If children are outside when a "Code Red" is called, or shots are heard/fired, teachers will **quickly** direct and move children back into the facility and into the nearest bedroom for lockdown.

**Upon hearing the chosen lockdown announcement the following steps must be implemented:**

1. Staff should quickly check the restroom, living room, and dining room and gather children into the same room.
2. Lock all doors, close and lock all windows, cover all windows and doors, and turn off lights
3. Keep children away from windows and doors; position children in a safe place against walls or on the floor; turn mattress and/or table on its side to use as a buffer.
4. Staff will maintain (as best they can) a calm atmosphere in the room, keeping alert to emotional needs of the children. Teachers will keep all children in the room until an "all clear signal" has been given.
5. Director or designee will immediately call 911 and stay on the phone until help arrives. Await further instructions from emergency response personnel. You will be informed when it is safe to move about and release children from your rooms.
6. Upon arrival, the local police, in conjunction with the Director will assume controlling responsibility and may evacuate the building per police standard operating procedures
7. When "All Clear" is heard, the director will acquaint the staff of the situation and counsel with children. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by the Director.
8. Director will inform parents of all "lockdowns" whether practice or real
9. Director will report incident to licensor
10. Director will complete a written incident report at the earliest opportunity; incident reports are stored in the provider information binder.

### Consumable School Supply List

- 1 box of Crayola 24 count crayons
- 1 box of Crayola Washable Markers
- 4 pack play dough
- 2 glue sticks
- 1 Scotch Tape
- 1 ream white printer paper
- 1 small ream of construction paper
- 1 bottle of foaming hand soap
- 1 box of Kleenex/tissue

Every family is given a one-time Supply List of frequently used classroom items/materials. The list of supplies helps our classroom function more efficiently on a daily basis. These materials also help new students transition into our classroom comfortably. All materials will be shared as community supplies. Please do not write your child's name on them. Thank you for your time, effort and contribution. If you have any questions about the supply list please contact me.

Respectfully,  
Miss Yolanda 😊



**Child Information Worksheet**

**Child's name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Hours needed for care** \_\_\_\_\_

**What is your child's favorite activity** \_\_\_\_\_ **toys/games/**  
**books/songs** \_\_\_\_\_

**Does your child have any special fears** \_\_\_\_\_

**Explain:** \_\_\_\_\_

**How does your child express anger or frustration** \_\_\_\_\_

**When your child is upset, what comforts him/her** \_\_\_\_\_

**How do you discipline your child** \_\_\_\_\_

**Does your child take afternoon naps** \_\_\_\_\_ **If not, why?**  
\_\_\_\_\_

**Anticipated adjustments problems** \_\_\_\_\_

**Any diagnosed or suspected developmental delays** \_\_\_\_\_

**Previous daycares your child has attended** \_\_\_\_\_ **Any problems at previous daycares** \_\_\_\_\_

**What is your child's favorite/dislike foods**  
\_\_\_\_\_

**Allergic to any foods**  
\_\_\_\_\_

**Potty trained** \_\_\_\_\_ **If so, at what age were they fully potty trained** \_\_\_\_\_

**What does your child do/say when he/she needs to "GO" Potty**  
\_\_\_\_\_

**Is there ANYTHING else you may be able to tell me about your child that might be helpful in getting to know them**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When will you drop-off and pick-up**\_\_\_\_\_

Additional People who can pick up my child

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_