

Child Record Checklist

Acknowledgement of Policies and Procedures

Admission Information Date of Admission: _____

Payment Agreement

Physician's Health Statement (Pre-school and under)

Immunization Record (Pre-school and under)

Update:_____

Children's Risk Assessment Form (pre-school and under)

Infant Feeding Instructions (0-17 mos.)

Update:_____

Discipline and Guidance Form

Vacation Plan

Child Nutrition Program Application

EPHS Enrollment Form

EPHS Information Sheet

Acknowledgement of Policies and Procedures

I, _____, have received, read and understand the policies and procedures contained in the Parent Handbook. I understand that any or all policies are subject to change. I pledge to support Grammies Daycare and Learning Center in a positive manner and help to maintain the tradition of creating a safe, healthy, and fun environment for learning.

Signature

Date

Director's Signature

Date

Payment Agreement

Last Name First Middle Home Phone

Social Security # Driver's License # Business Phone

Present Address City State Zip

Employer Address

References:

Nearest Relative Address Phone

The undersigned agrees and understands that the services rendered for child care are subject to the following conditions:

Tuition and fees are due every Monday for that particular week of care.

Tuitions not paid by Monday will result in a Late Payment Fee of \$25 and \$5 every day after until the full amount is paid.

The customer (parent/guardian) agrees to pay, in the event the account is turned over to an agency or attorney for collection, reasonable attorney fees, plus all attendant collection costs, or court costs.

Agreed and Understood:

Parent/Guardian Signature Date

Medical Statement To Be Completed By Physician

Date of Examination: _____

_____ has been examined by me and found free of infectious and contagious disease and is physically and mentally able to participate in group activities.

Any Allergies or special

recommendations: _____

Physician's Signature _____

Address _____

Phone: _____

CHILDREN'S RISK ASSESEMENT

Name of Child _____

Organization _____ Date _____

TB Questionnaire

Tuberculosis (TB) is a disease caused by TB germs and is transmitted by an adult with active TB pneumonia. It is spread to another person by coughing or sneezing TB germs into the air. The child may breathe in these germs.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills, and night sweats.

A person can have TB germs in their body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or mantoux test) is used to see if your child has been infected with TB germs. No vaccine is available to use in the United States to prevent Tuberculosis. A Skin Test is not a vaccination against TB.

We need your help to find out if your child has been exposed to TB.

	YES	NO
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know, Has your child been around any adult with these symptoms or problems? Has your child had any of these symptoms or problems? Has you child been around anyone sick with TB?		
Was your child born in or has your child traveled to Mexico or any other country in Latin America, the Caribbean, Africa or Asia for longer than 3 weeks? If so, which country/countries?		
To your knowledge, has your child spent time with anyone who is/has been an intravenous (IV) drug user, HIV infected, in jail or prison or recently came to the United States from another country?		

Has your child been recently tested for TB? Yes___ (if yes, specify date ___/___) No ___

Has your child ever had a positive TB skin test? Yes___ (if yes, specify date ___/___) No ___

Infant Care Instructions:

Dear Parent:

In order to serve your infant's needs in a more individual manner, we ask that you complete this form and return it to us or your child's teacher no later than next week.

Child's Name: _____

Birthday: _____

Type of Formula (be specific) _____ Warmed? _____

Type of Juice(s) _____

Type of Diet: Cereal: _____

Meats: _____

Vegetables: _____

Fruits: _____

Allergies: Food: _____

Skin: _____

Other: _____

Skin Care: Ointment _____ Special Soap _____

Sleeping Position: On Back _____ On Side _____

Does your baby use a pacifier? Yes _____ No _____

Other helpful information (please include schedule for feeding, sleeping, etc.)

Thank you for allowing us to care for your child. Please update this information as necessary.

Parent Signature

Date



Discipline and Guidance Policy for Grammies Daycare and 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

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

Signature

Date

Check one please:

parent employee/caregiver household member of child-care home

Vacation Plan

Start date

Child

Parent/Guardian

GDLC operates on a fiscal year starting September 1st and ending August 31st. In order for families to take vacation time without jeopardizing their reserved hours, GDLC allows 2 weeks of absence from the center per year without having to make a payment. A 2-week notice must be given prior to desired vacation, along with a payment for the week the child returns from the center. This guarantees the reservation of your hours. You may utilize vacation weeks for your child's extended sickness if needed.

Days Requested

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____