

The I School



A preschool where every child matters.

Preschool Enrollment Packet

ADMISSION INFORMATION

General Information

Operation's Name: The I School		Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:		Address of Parent or Guardian (if different from the child's):	
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Name of Parent or Guardian #2:	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:			Relationship:
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 telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	

Consent Information

CHECK ALL THAT APPLY:		
TRANSPORTATION - I give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school		
FIELD TRIPS <input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> I do not give consent for my child to participate in field trips.	Comments:	
WATER ACTIVITIES - I give consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds		
DAYS AND TIMES IN CARE - My child is normally in care on the following days and times:		
Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

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:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature - Parent or Legal Guardian:		Date Signed:

Consent Information

CHECK ALL THAT APPLY:

RECEIPT OF PARENT HANDBOOK WITH WRITTEN OPERATIONAL POLICIES -

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|--|--|
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website |
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |

MEALS - I understand that the following meals will be served to my child while in care:

- None
 Breakfast
 Morning Snack
 Lunch
 Afternoon Snack

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, 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:

Does your child have diagnosed food allergies? No Yes Plan submitted on: _____

Child day care 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).

Signature - Parent or Legal Guardian:	Date Signed:
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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.

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 or she is able to take part in the day care program.

Health Care Professional's Signature:	Date Signed:
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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 submit it to the child care operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:	Date Signed:
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Vaccine Information

**Up to date shot records must be kept on file for each child. Please provide a current copy for your child's shot records
All children age 4 years and older must provide a copy of hearing and vision screening.**

- I have attached up-to-date shot records.
- I have attached a copy of Vision and Hearing Screening - Children 4 years of age and older.

Requirements for Exclusion

- 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 90th day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am adherent or member of.

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm.

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

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

Signatures

Child's Parent or Legal Guardian:

X

Date Signed:

Center Designee:

X

Date Signed:

Health History & Emergency Care Plan

Attention Parents: Per the Texas Department of Family and Protective Services, Childcare Licensing Department: if your child requires specialized medical assistance, you must fill out the this form.

1. Check any special medical condition that your child may have:

- No specific medical condition (please skip to bottom of page to sign and date)
- Asthma Diabetes
- Gastrointestinal or feeding concerns including special diet and supplements
- Cerebral palsy / motor disorder Epilepsy / seizure disorder
- Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
- Milk sensitivity. If your child has a milk sensitivity please provide an acceptable alternative.
- Food allergies (**Emergency Care Plan REQUIRED** *Please read below for more information) – Specify food(s):

- Food sensitivity – Specify: _____
- Other condition(s) requiring special care – Specify: _____

2. Triggers that may cause problems - Specify: _____

3. Signs or symptoms to watch for – Specify: _____

4. Does this condition require medical assistance (any assistance other than medication that a child needs (examples: apnea monitor, protective helmet, leg brace, etc)?)

- No (skip to sign and date)
- Yes (see below and continue with form)

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms:

Administrative Personal: _____ Teaching Staff: _____

6. When to call parents regarding symptoms or failure to respond to treatment: _____

7. When to consider that the condition requires emergency medical care or reassessment:

8. Additional information that may be helpful to the child care provider: _____

***If your child has a food allergy; the Texas childcare Licensing Department requires us to have you fill out the form below and attach a signed/ dated copy of your child's Emergency Care Plan from your child's physician. We must have a food allergy emergency plan for each child with a known food allergy that has been diagnosed by a health-care professional. The child's health care professional and parent must sign and date the plan. You must keep a copy of the plan in the child's file. The Emergency Care Plan for food allergies MUST have the following information per Texas Childcare Licensing Department. A food allergy emergency plan is an individualized plan prepared by the child's health care professional that includes:(1) a list of each food the child is allergic to; (2) possible symptoms if exposed to a food on the list; and (3) the steps to take if the child has an allergic reaction.**

Parent or Guardian's Signature

Date

Administrative Signature

Date

The I School Information & Consent

Student Information Consent & Waiver

The purpose of this form is to give The I School Administration permission to give other parents/legal guardians, etc. contact information (ie. communicate about happenings, events, etc. and also with other parents in the event of birthday parties, etc.

Child's Name:	Parent/ Guardian Name(s):
E-mail Address:	Telephone Number:
Please sign below to indicate that you agree to the above information being made available to other individuals affiliated with The I School.	
Signature - Parent or Legal Guardian:	Date Signed:

Photograph & Videotape Acknowledgment

In a parent-participation preschool, many photos and videos are taken of the children singly and in groups by The I-School staff and parents. These photos/videos are often posted at school; used in projects; and shared amongst families in the program via emails and postings to our Facebook page. They may also be used for marketing purposes such as on a brochure or newspaper publication; on public pages such as our Facebook page, YouTube Channel, and other social media outlets associated with our program. Names will never be used on public pages. Please note that the usage of such photos and videos will be at the discretion of the I-School Director and/or staff and permission will not be sought for specific publication purposes.

Please sign below to indicate that you have reviewed and agree to the Photograph & Videotape Policy at The I School:

Signature - Parent or Legal Guardian:	Date Signed:
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Permission for School Activities

I give my child permission to participate in all on-site school-wide activities at The I School.

Signature - Parent or Legal Guardian:	Date Signed:
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Permission for Application of Insect Repellent

I give permission for The I School to apply mosquito repellent to my child, before going outside to the playground. This mosquito repellent will be supplied by The I School and will be applied as per label directions.

Signature - Parent or Legal Guardian:	Date Signed:
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The I School Information & Consent

Discipline and Guidance Policy

Discipline must be:

1. Individualized and consistent for each child;
2. Appropriate to the child's level of understanding;
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/or
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**

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

Child's Name:

Signature - Parent or Legal Guardian:

Date Signed:

Tuition Agreement

Child's Name:

Classroom:

I/ We agree to pay:

\$ Weekly/ Automatic Draft- Students 30+ Hours a Week Monthly

- A 2.5% site fee per transaction will be accessed if paying by credit card.
- We accept payments by check. There is a locked drop-box located on the side of the front desk to submit these payments. Full time students have the option to pay weekly using automatic draft, please request form.
- A late charge of \$25.00 will be applied to your account for any payments made after the 5th of the month.
- An additional fee of \$75.00 will be applied to your account for any payments made after the 15th of each month. After the 15th of the month, \$10.00 a day will be applied to your account.
- If you have made special arrangements to pay your tuition weekly, your payment will be due on the Friday before the week. A late fee of \$25.00 will be applied to your account if payment is not received by Monday morning.

I/We understand that all outstanding financial obligations and commitments must be cleared up by the end of the current school year in order to secure a spot for next year.

Signature - Parent or Legal Guardian:

Date Signed:

Getting Acquainted

This information is confidential and is intended for your child's teacher to better understand your child.

Child's Name: _____

DOB ____/____/____

Nickname(s): _____

Parent Information

Mom's Name: _____

Dad's Name: _____

E-Mail Address: _____

E-Mail Address: _____

Daily Living

Language Spoken: _____

Sibling(s):

Name/ Age: _____

Name/ Age: _____

Name/ Age: _____

Name/ Age: _____

- **Has your child previously attended an early childhood program?**

- **How long have you lived in the area?**

- **Have there been any family experiences that might have influenced your child (ie. moves, deaths, births, divorce, etc.)? If yes, please explain.**

- **What adults live at home with your child?**

- **Any pets at home?**

- **How does your child react to change in his/ her routine?**

- **Does your child watch TV/ use an Tablet?** Yes No
- **How well does your child eat?** Little Some Slowly Feeds Himself/ Herself
- **What does your child like to eat?**

- **What does your child NOT like to eat?**

- **Does your child have any food restrictions?**

- **How does your child indicate bathroom needs? (ie. words for needing to go potty, etc)**

- **What are your child's regular bladder and bowel patters?**

- **What are your child's sleet patterns? (ie. what time do they wake up, take a nap, and go to bed).**

Social Relationships and Play

- What is your child's favorite toy(s)?

-
- Does your child play well alone?

-
- What activities does he/ she prefer to do while playing alone?

-
- Does your child prefer to play indoors/ outdoors?

-
- What age(s) are your child's most frequent playmates?

-
- Does your child need extra time/ preparation to change from one activity to another?

-
- Is your child frightened by any of the following items:

- Animals Rough Children Loud Noises New Experiences The Dark
 Storms Other(s)-Please List Below.

-
- What type of temperament does your child usually have:

- Quiet <Uddm HYUfm 6 cggm D`Unz 5 [[fYggj Y HU_Uhj Y CVgYfj Ubh
 7 i f]ci g G\ m 7 U h]ci g : f]YbXm Ci h[c]b[Ck YffgLD`YUgY @gh6 Yck

-
- 8 cYg'nci f`W]X\ Uj Y`UbridfcVYa g`k]h `a ccX'cf`V\ Uj]cf3`ZmYgzd`YUgY`XYgW]VY`

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- K \ UhiZ:fa `cZX]gV]d`]bY`Xc`nci `i gY`Uh\ ca Y?

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-
- How do you comfort your child?

-
- Does your child use special comforting items (ie blanket, stuffed animal, doll, etc.)?

Please use the space below to let us know the wonderful things about your child that they may be too shy to share. Any words of advice that will help us to know them better is encouraged.
