



El Bambino
Pre-school & Daycare

Registration paper

Date: _____

Childs name: _____ Age: _____

Dads name: _____ Age: _____

Mothers name: _____ Age: _____

Address: _____ House phone: _____

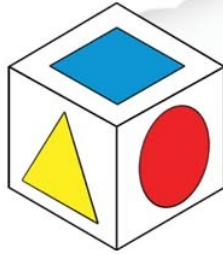
Fathers occupation: _____

Address of work: _____ Work phone: _____

Mothers occupation: _____

Address of work: _____ Work phone: _____

Name of child's Doctor: _____ Phone number: _____



El Bambino

Pre-school & Daycare

ENROLLMENT AGREEMENT

Academic Year _____ - _____

This agreement is entered into by and between El Bambino Pre-school and Day-care, LLC(school) and the parents or guardians(Parent) whose signature(s) appears in this agreement and guarantees the child a place at the school from _____ to _____.

Upon signing this Agreement the parties accept the following terms and conditions governing the child's enrollment at the school.

1. The Parent and the child agree to follow the policies, rules and regulations of the Pre-school and Day-care as currently set in the Parent's Handbook and such other rules and regulations as may be promulgated here after by the Pre-school and Day-care.
2. The Parent declares that he/she is enrolling the child for the stipulated time agrees he/she is responsible for the tuition payment, on a monthly or weekly basis as discussed below.

The Pre-school and Day-Care program start on _____
_____, _____ through _____, _____.

3. The Parent agrees to enroll his or her son/daughter, _____
(Child's Name)

Please sign the program:

Infant	(18 months-3 years)
Pre-school	(3 years- 6 years)
Day-Care	Morning 7:00a.m. – 8:00a.m. Afternoon 3:00 – 6:00 p.m.
Tutoring services	(6-9 years) From 4:00p.m. – 6:00p.m.

4. Siblings as listed in "Sibling Form" will have 10% discount on 2nd sibling and 15% on the 3rd sibling's tuition. 10% discount on Military families.
5. The parents agree to pay the tuition and all fees for the schedule in which his or her child is to be enrolled in accordance with announced rates.

Date will be subject to change.

6. The parents agrees to pay the Pre-school and Day-Care:
 - 100.00 As a registration fee, which is non-refundable, non-transferable?
 - First tuition payment for _____ (all payments are non-refundable, non-transferable).
 - Payment options schedules, Select One:

Monthly _____ Weekly _____ Day _____ Parent's Initials _____

7. Every month's payment is due within the first 5 business days of the Month. Failure to pay tuition by the due date will result in a \$10.00 late fee. There will be a \$20.00 charge fee for any return check.
8. If tuition is not paid after 10 days on monthly program or 2 days on weekly program, the Pre-School and Day-Care shall have the right to refuse admission of the child to the class. The parent also agrees that the Pre-school and Day-care has the right after 30 days your child's place at the center will be lost.
9. This enrollment agreement is not binding until executed by the Pre-school and Day-care.
10. The agreement is further conditioned upon the child's responsibility to follow the Pre-school and Day-Care discipline and guidance policies. The Pre-school and Day-care reserves the right to terminate this contract and the admission of the child to School.
11. The Pre-school and Day-Care has the right to amend this contract and provide the parent's 15 days notice of the charge in contract. If the Parent refuses to sign the amended contract the school at its sole discretion can terminate and refuse to allow the child to attend School.

Dated this _____ day of _____ 20 _____.

For El Bambino Pre-school and Day-Care.

Signature of Mother or Guardian

Signature of Father or Guardian

ADMISSION INFORMATION

Operation Name		Director's Name	
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 ONLY 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.			

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

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).

Signature - Parent or Legal Guardian

Date

ADMISSION INFORMATION

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 _____

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R	_____	_____	_____
L	_____	_____	_____
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

_____ Signature -- Parent or Legal Guardian _____ Date _____

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:	Date of Birth:
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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											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required) <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Date:
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Signature or stamp of a physician or public health personnel verifying immunization information above. _____

Signature or stamp of a physician or public health personnel verifying immunization information above.	Signature	Date
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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.

statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature	Date
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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

Signature – Parent or Legal Guardian	Date
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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: _____

Vision Screening Numeric Results for:

Left eye: _____ **Right eye:** _____

Hearing Screening Numeric Results for all three different Hz:

Left ear: _____ **Right ear:** _____

PHYSICIAN'S SIGNATURE

ADDRESS

TELEPHONE

Parent's Acknowledgment to Policy changes

I read and understood the changes _____

_____ made in the Policy in the El Bambino Pre-school & Daycare ,LLC Handbook.

Parent's Name (Print)

Parent's Name (Print)

Parent's Signature

Parent's Signature

Date

TB Questionnaire

Name of Child _____ Date of Birth _____

Organization administering questionnaire _____ Date _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

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 his or her 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 recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

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

Place a mark in the appropriate box:	Yes	No	Don't Know
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 anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries?			
To your knowledge, has your child spent time (longer than 3 weeks) 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 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 ___

_____ parent signature _____ date

Name of Child Care Center/Home _____

City _____ County _____

If positive, referral to healthcare provider Yes ___ No ___

If yes, name of provider _____

Adapted for Child Care Licensing 10/2006



Discipline and Guidance Policy for El Bambino Pre-school and Day-Care.

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
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.

My signature verifies I have read and received a copy of this discipline and guidance policy and also a copy of the Attendance Policy and Discipline Policy.

Signature

Date

Check one please:

parent

employee/ caregiver

household member of a child -care home