



Enrollment File

Name: _____

Start Date: _____ **Birth Date:** _____

Classroom: _____ **Age:** _____

All Children:

_____ Admission Information forms filled out and signed

_____ Physician's Statement of Health signed

_____ Immunizations are on file and current

_____ Liberty Enrollment Form complete

_____ Discipline and Guidance form signed

_____ Parent's Guide to Daycare Acknowledgement signed

_____ Liberty Parent Handbook Acknowledgement signed

_____ Tuition Agreement filled out and signed

_____ Food Program Enrollment Form

_____ Food Program Eligibility Form

_____ Driver's License (both parents)

_____ Parent Cell Phone Carrier _____

Infants:

_____ Safe Sleep Policy form signed

_____ Food Program Infant Feeding Preference Form



Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name Liberty Preschool Daycare		Director's Name Karen Holt	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form	Address of Parent or Guardian (if different from the child's)		
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="radio"/> Yes <input type="radio"/> 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		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information

Check All That Apply:			
1. 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
2. Field Trips			
<input type="radio"/> I give consent for my child to participate in field trips.			
<input type="radio"/> I do not give consent for my child to participate in field trips.			
Comments			

3. Water Activities

I give consent for my child to participate in the following water activities:

- ☐ water table play ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

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

- | | |
|--|---|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <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 (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals

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

- ☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care

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

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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

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? ☐ Yes ☐ No 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

School Age Children

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

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

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.

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.

Signature — Health Care Professional

Date Signed

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

Address of Health Care Professional

Signature — Parent or Legal Guardian

Date Signed

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 the 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 an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ Fail

Signature

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Physician or Public Health Personnel Verification

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

Signature

Date Signed

Varicella (Chickenpox)

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.

Signature

Date Signed

Additional Information Regarding Immunizations

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

TB Test (If Required)

☐ Positive ☐ Negative Date: _____

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 more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed



LIBERTY
Preschool Daycare

Liberty Preschool Daycare
2525 W Dumble St.
Alvin, TX 77511
Ph. 281-331-6635

Enrollment Form

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

Childs Full Name _____		Date of Birth _____	
Childs Home Address _____		City, State, Zip _____	
Childs Home Phone Number _____		Date of Admission _____	
Mothers Full Name _____		Fathers Full Name _____	
Mothers Home Phone Number _____		Fathers Home Phone Number _____	
Mothers Work Phone Number _____		Fathers Work Phone Number _____	
Mothers Cell Phone Number _____		Fathers Cell Phone Number _____	
Mothers Address _____		Fathers Address _____	
Mothers City, State, Zip _____		Fathers City, State, Zip _____	
Mothers Email Address _____		Fathers Email Address _____	
Place of Employment _____		Place of Employment _____	
Is there a custody order on file with The State of Texas? (circle) YES NO PENDING			
<i>*If circled YES, a current copy of your court order MUST be attached</i>			

Emergency Contact and Authorization to pick up <i>Please list 3 local individuals to contact in the event of an emergency</i>			
Name _____	Address _____	Phone _____	
Name _____	Address _____	Phone _____	
Name _____	Address _____	Phone _____	

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.	
Parent Signature _____	Date _____

Outside Employment	
I understand that the staff at this facility are prohibited in participating in outside employment with parents.	
Parent Signature _____	Date _____

Social Networking	
I understand that the staff at this facility are prohibited in participating in social networking activities with parents and children enrolled at the facility. (Such as Facebook, MySpace, and Twitter)	
Parent Signature _____	Date _____

Parent or Legal Guardian Signature

Date



Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

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 or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date.....

Signed by: _____

Role:

☐ Parent ☐ Caregiver/Employee ☐ Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)



TEXAS

Health and Human Services

A Parent's Guide to Child Care

More Information

- [Local Child Care Licensing Offices](#)
- Child Care Information Line: 1-800-862-5252



On This Page

- [Who is Child Care Licensing \(CCL\) and what do they do?](#)
- [What should you know when searching for a child care program?](#)
- [What responsibilities do you have as a parent?](#)
- [What should you do when you have concerns?](#)

Dear Parent

A child care program can have a tremendous influence on your child. A good program may improve language skills, social skills, and build self-esteem. While no child care operation can replace a parent's love and attention, well-chosen child care can complement your efforts and enhance your child's development.

When you choose regulated child care you and your family join in new experiences and relationships. You, the child care director and/or primary caregivers have a responsibility to protect the health, safety and well-being of your child. The Texas Child Care Licensing Division, is part of this partnership, too.

Who is Child Care Licensing (CCL) and what do they do?

The Child Care Licensing Division (CCL) protects children in child care settings through regulation and education. With the assistance of child care providers and experts in areas such as child development, early childhood education, fire safety, health and sanitation, Child Care Licensing develops minimum standards.

CCL inspects licensed child care centers, such as before and after-school programs, school-age programs, and licensed and registered child care homes to make sure these operations meet the minimum standards for their child care program. All regulated child care operations must meet basic health and safety requirements.

CCL also investigates all reports of abuse or neglect and violations of the minimum standards and licensing laws. One example would be a report of an individual providing child care to an unrelated child without a permit. These operations are unregulated and considered illegal operations.

What should you know when searching for a child care program?

While each child care operation is responsible for meeting minimum standards, many child care operations exceed these requirements. Each operation has its own special personality and approach to educating and caring for children. Your child will benefit from the time you spend researching and choosing a child care operation that meets the needs of your child and your family. Child care is a choice. Make it an informed one by following these steps:

1. Research your options. If possible, begin gathering basic information several months before you think you will need child care. Many operations have waiting lists.
 - Check out our website - www.TxChildCareSearch.org to find regulated child care operations. You can also view details about services offered by the child care operation, inspection dates, and any minimum standard violations.
 - Check out our website - www.dfps.state.tx.us to view the minimum standards for the type of child care program you are interested in
 - Talk to friends, family, and other parents about their recommendations of regulated child care.
2. Narrow your list to a few child care centers or homes that interest you.
 - Arrange to visit the child care operations to compare their programs. If you did not review the inspection reports on our website, you will want to ask each operation about their history with Licensing.
 - Visit the operation when children are in care so you can see the type of activities the children are engaged in and you can see how the caregiver interacts with children. Keep in mind the individual needs of your child. Imagine what it would be like to spend 10 hours every day in that environment. You may want to ask if you could bring your child to the operation and spend a couple of hours so your child can explore the operation and interact with the caregiver.
 - Meet with the caregiver or Director. Discuss any of your concerns and make sure your questions are answered to your satisfaction. Use the [Top 10 Questions to Discuss when Choosing Child Care](#) when talking with the caregiver and Director. If you have any reservations about the caregiver or the operation, trust your instincts and keep looking. You may want to come back to the operation unannounced.
3. Make a pros and cons list and choose the most appropriate child care program for your child and your family. If you have any specific questions about an operation's compliance with minimum standards before you make your choice feel free to contact your [local Licensing office](#).

What responsibilities do you have as a parent?

It is important that you establish a good relationship with your child care operation. Parent involvement and active communication can ensure a positive child care experience for both you and your child. Here are some other responsibilities you have as a parent:

- Provide the necessary information. The child care operation must obtain certain information from the parent about their child upon enrollment. It is important you provide this information so the child care operation can ensure the health and safety of your child. Some examples are:
 - Complete list of emergency contacts and persons your child may be released to.
 - Emergency care authorization and physician information.
 - Current list of immunizations.
 - Preschool health statement.

- Indication of any special needs or allergies.
- Medication authorizations.
- Read all the material the child care operation provides to you. A licensed or registered child care provider is required to provide you with a copy of their operational policies. It is important that you read, understand, and ask any questions.
- Keep talking with your child's caregiver. Good communication with your child and child's caregiver is vital from the very beginning and will help ensure good care for your child. Be mindful that a caregiver's main responsibility is the supervision and care of children. If having a discussion with your caregiver becomes a distraction, it may be a good idea to set up a conference time.
- Be your child's advocate. Ask your child about their day, what they did, who they saw or anything special that day. Share their excitement about new friends, new skills, listen to their concerns and give them a chance to boast about their achievements.

What should you do when you have concerns?

You may find yourself displeased about something that has happened at your child's child care operation. It is important you communicate your concerns with the director or caregiver. There may be a misunderstanding that can easily be resolved.

If you feel the situation isn't resolved and you believe the operation is not meeting the minimum standards, you should report your concerns to a local Licensing office or contact our Child Abuse Hotline at 1-800-252-5400. Licensing staff will investigate all reports of minimum standard violations.

If you suspect your child has been abused or neglected you must report the situation immediately to the Child Abuse Hotline. Parents who suspect that their child has been abused in child care sometimes remove their child from the operation, but do not report the problem. This leaves other children in danger. Be seriously concerned with your child care operation if you see that:

- Parents are not encouraged or allowed to visit the operation during the day.
- Children are left without direct adult supervision.
- Classrooms are continually out of control or there appears to be too many children in care.
- Caregivers are scolding and yelling at children.
- Caregivers are physically rough with children and allow rough play.
- The operation is unsanitary or has unsafe conditions.
- Your child is unhappy about being left at the facility and this doesn't improve over time.
- Your child comes home with unexplained bruises or injuries.
- Infants are napping in unsafe sleep conditions.



Parent's Acknowledgement

This is to acknowledge that Liberty Preschool Daycare has provide me with a "Liberty Preschool Parent Handbook" and "A Parent's Guide to Daycare" and has discussed its contents with me.

Parent's Signature

Date



Liberty Preschool Daycare
2525 W Dumble St.
Alvin, TX 77511
Ph. 281-331-6635

Tuition Agreement

Child's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Payment for my child's program is due on Monday of each current week as specified in the current rate schedule. Tuition is payable according to the tuition schedule whether or not my child attends. If tuition and/or late fees are not paid by Friday, then I understand that my child cannot return to care the following Monday until paid.

Weekly Tuition Amount \$ _____ Non-refundable Registration Fee and Supply Fee \$ _____

In the event of a NSF check or ACH return, a \$35 NSF check penalty will be added to my account. If Liberty Preschool Daycare receive 3 or more NSF checks or ACH returns in a one year period of time, your enrollment may be terminated.
(parent initials) _____

Our program is open Monday through Friday from 6:00 am to 6:30 pm. Liberty Preschool Daycare is only licensed by the Texas Department of Family and Protective Services to care for children during these specified times. If I am late picking up my child, a \$1 a minute late penalty will be charged to my account. Late penalties must be paid to Liberty Preschool Daycare before the child can return to care. Regular attendance is imperative to your child's education. If your child will be absent, you agree to notify Liberty Preschool Daycare by 8:30 am each day.
(parent initials) _____

Liberty Preschool Daycare chooses not to get involved in custody disputes. In the event a court order is on file, Liberty Preschool Daycare will not acknowledge which party is responsible for payment of tuition fees. These arrangements must be coordinated between the two parents. Late fees and withdrawal guidelines will still apply regardless of which parent is responsible for tuition fees. (parent initials) _____

In the event I choose to end my relationship with Liberty Preschool Daycare and withdraw my child, a two week notice will be given in writing. (parent initial) _____

School Age Children: Liberty Preschool Daycare has strict policies on before and after school pick up. The safety of my child and the other children being picked up is top priority. Because of this, I agree to notify Liberty Preschool Daycare by 2:00pm each day if my child will not be picked up at their elementary school. On days that the children are not in school, a \$15 per day in-service fee will be charged. Early dismissal days, a \$10 fee will be charged. (parent initials) _____

Tax Statement will only be provided if the account is paid in full. (parent initials) _____

Tuition is due whether my child attends or not. (parent initials) _____

Parent Signature Date Director Signature Date



FP Assistance

Feeding the Future

Enrollment Form

Center Name: _____ Site Code: _____

Child's Name: _____ Date of Birth: ____/____/____

Admission date: ____/____/____ Withdrawal Date: ____/____/____ Classroom: _____

1. Circle the days that your child will normally attend the center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

Parent Signature

Date of Signature

Day Time Phone Number

1) _____	_____	(____) ____-____
2) _____	_____	(____) ____-____
3) _____	_____	(____) ____-____
4) _____	_____	(____) ____-____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Updated 4-2018

F R P



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Institution or Facility Name: _____

Part 1. Name of Child(ren) Enrolled:

_____	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.

Full names of all household members	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received [SNAP], [FDPIR] or [TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, a migrant, or a runaway, call the State agency for instructions.

Part 4. Total Household Gross Income—You must tell us how much and how often (whole dollar amounts, please)

Total number in household: _____	B. Gross income and how often it was received (if \$0, please write \$0. Any field left blank will be accepted as representative of "no income")			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All other income
A. Name (List only household members with income) (Example) Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____

This section required for all forms listing income in Part 4:

Last four digits of Social Security Number: X X X - X X - _____ ☐ I do not have a Social Security Number**Part 5. Signature (Adult must sign)**

An adult household member must sign this form.

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Part 6. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Part 7. Decline to provide information I choose not to provide information about my household size and income.	
Signature of Adult Household Member _____ Date _____	

This Section is to be completed by the Child Care Institution – Determination of Eligibility	
Completion of this section is <u>required</u> for the institution to claim meals at the free or reduced rate for the child/children listed in Part 1: Name of Child(ren) Enrolled.	
Number of persons in the household: _____	
Total income \$ _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice A Month <input type="checkbox"/> Month <input type="checkbox"/> Year (Annual Income Conversion: weekly x 52, every 2 weeks x 26, twice a month x 24, monthly x 12)	
Categorical Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II	
Required: Determining Official's Signature: _____ Date: _____	
<i>Additional official signatures are recommended but not required.</i>	
Confirming Official's Signature: _____ Date: _____	
Follow-up Official's Signature: _____ Date: _____	

<p>Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FPIR), or Temporary Assistance for Needy Families (TANF) case number for the participant or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.</p>
<p>Non-discrimination Statement: "In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov. This institution is an equal opportunity provider."</p>
<p>Head Start: Children who are enrolled in the Federal Head Start Program receive meal benefits in the CACFP without further application or eligibility determination. Acceptable documentation includes a current approved Head Start application or a written, signed and dated statement or roster from a Head Start official. [USDA Memos CACFP 7-2008 and CACFP 10-2008]</p>

New Requirements Regarding Gang-Free Zones

For Child Care Centers

As a result of House Bill 2086 that passed during the 81st Legislature, Regular Session, Chapter 42 of the Human Resource Code includes section 42.064, effective September 1, 2009. This new statute requires that information about gang-free zones be distributed to parents and guardians of children in care at licensed child care centers. The following is a tip sheet to assist in complying with the new law. This information may be posted at your child care operation or copies may be provided to parents.

What is a gang-free zone?

A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. The gang-free zone is within 1000 feet of your child care center. For more information about what constitutes a gang-free zone, please consult sections 71.028 and 71.029 of the Texas Penal Code.

How do parents know where the gang-free zone ends?

The area that falls within a gang-free zone can vary depending on the type of location. The local municipal or county engineer may produce and update maps for the purposes of prosecution. Parents may contact their local municipality or court house for information about obtaining a copy of a map if they choose to do so.

What is the purpose of gang-free zones?

Similar to the motivation behind establishing drug-free zones, the purpose of gang-free zones is to deter certain types of criminal activity in areas where children gather by enforcing tougher penalties.

What does this mean for my day care center?

A child care center must inform parents or guardians of children attending the center about the new gang-free zone designation. This means parents or guardians need to be informed that certain gang-related criminal activity or engaging in organized criminal activity within 1000 feet of your center is a violation of this law and is therefore subject to increased penalty under state law.

When do I have to comply with the new requirements?

The law is already in effect, so providers should begin sharing information regarding gang-free zones immediately. Licensing staff will offer technical assistance to facilitate compliance until rules are proposed and adopted, which is estimated to occur in March 2010. In the meantime, providers should update their operational policies and procedures to include providing the information mandated by this law to the parents or guardians of the children in care.

For further information please contact your licensing representative or your local licensing office.

Families and Caregivers Partnership and Role Expectations

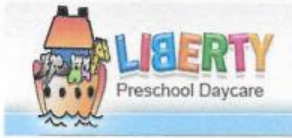
The relationship between families and Liberty Staff is vital to the success of a child's experience. A partnership must be formed the first day, with open communication and understanding that the development and the growth of the child is out top priority. Families can assist and help ensure a smooth transition by doing the following:

- ✓ Sign children in and out at the parent's station and then escort them to their designated class
- ✓ Always supervise your children while escorting them inside the school and in the parking area
- ✓ Drive safely through the parking area
- ✓ Have all forms completed. Updated forms as needed when changes occur (i.e. new phone number, address, annual shot record, etc.)
- ✓ Keep staff informed of special needs or changes that might affect your child's behavior
- ✓ Notify Liberty Preschool if your child is ill
- ✓ Your child can't return to Liberty Preschool until they are 24 hours fever free without medication
- ✓ Notify Liberty Preschool if your child will be absent
- ✓ Notify Liberty Preschool if your child will be dropped off after 8:30am to keep with lunch count
- ✓ Notify Liberty Preschool if you will be later than usual picking up your child
- ✓ Please provide two (2) changes of clothes marked with your child's name (this request is for all ages of children)
- ✓ Liberty Preschool Daycare is not responsible for lost clothing
- ✓ Please change cloths seasonally to accommodate the changes in weather and the grown of your child. Tennis shoes and socks are required to be worn every day. No sandals, crocs, slippers or heels
- ✓ Children should be dressed properly for the weather and play
- ✓ Do not allow children to bring toys. This include stuffed animals
- ✓ Label everything that the child brings to Liberty Preschool from home
- ✓ Tuition for the week is due on Monday. Late fee of \$25.00 will be added by Wednesday

Liberty Preschool is proud to have the opportunity to be part of your child's experience in learning and growing. **Thank you!**

Parent or guardian: _____

Date: _____



The First Day!!

What do I need to bring?

Infants:

Diapers

Wipes

Diapering Extras (Rash Cream, Powder, Lotion, etc)

2 Complete Changes of Clothes

Any Comfort Items (ex: pacifier without accessories)

- Enough pre-made bottles for the day (+1, just in case)
- Enough cereal, jar food, and/or snacks for the day



Toddlers and Twos:

Diapers or Pull-Ups

Wipes

Diapering Extras (Rash Cream, Powder, Lotion, etc)

1 complete change of clothes

2-3 bottoms (shorts or pants) and under garments (don't forget-potty training can be a bit messy!!)

1 special blanket (must be able to fit in their cubby)

Pre-Schoolers:

1 Complete change of clothes in a zip lock bag with their name

1 Special Blanket (must be able to fit in their cubby)



****Please leave all valuable items/toys/money/gum at home. Liberty Preschool Childcare cannot be responsible for broken or lost items.**

Please no backpacks except for school age children.

Infant's Name _____ Infant's Date of Birth _____

Breast milk and/or Formula preference

Please mark your preference (choose all that apply)	Today's Date _____ Birth through 5 months	Today's Date _____ 6 – 11 months
I will bring expressed breast milk for my infant.		
I want the child care provider to provide the infant formula it offers for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring:		

Preference regarding infant cereal and other foods

Please mark your preference	Today's Date _____ 6 – 11 months
My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant.	
My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.	
My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.	

Parent's (or guardian's) Signature _____ Date of Signature _____

1. This form must be kept on file for each infant enrolled for child care.
2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, and/or if the mother breast feeds her child on site, the meal may be claimed for reimbursement.
4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

July 2018

CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine and the American Academy of Pediatrics recommend that adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more, and the Texas Department of Agriculture (TDA) encourages child care provider's to dedicate a space for mothers to breast feed their infants on site.

Child care providers participating in the CACFP **are required** to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider. It is important to note that your child care provider will not receive reimbursement for meals that contain more than one parent provided component. Speak to your child care provider to understand what components are required for your infant's meal and the exceptions made for infants with disabilities, so that your infant receives the most nutritious meal possible.

This child care provider offers the following infant formula(s): _____

It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family. Please complete the information below to designate your preference for infant formula, infant cereal and other foods.



Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at Liberty Preschool Daycare and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

Safe Sleep Policy

All staff, substitute staff, and volunteers at Liberty Preschool Daycare will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415 and §747.2315]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415 and §747.2315].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing sleepers or footed pajamas (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415 and §747.2315].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2415 and §747.2315].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

Signatures

This policy is effective on (Date)	Child's name
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Signature — Director/Owner

Date Signed

Signature — Staff member

Date Signed

Signature — Parent

Date Signed