



Kingdom Kids Child Development Center

Located inside the TC Student Center

300 NW 3rd Street | 432-758-4044

Monday-Friday | 7:30am-5:30pm

We look forward to serving you!

SCHOOL AGE

GENERAL INFORMATION

Operation's Name: KINGDOM KIDS

Director's Name: DEBI RODRIGUEZ

Child's Full Name:

Child's Date of Birth:

Child lives with: both parents mom dad 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 child's):

List telephone numbers where parents/guardians may be reached while child is in care:

PARENT 1 PHONE:

PARENT 2 PHONE:

GUARDIAN PHONE:

Custody Documents on file: yes no n/a

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 the name and phone 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:

1.

2.

3.

4.

CONSENT INFORMATION

CHECK ALL THAT APPLY:

1. **TRANSPORTATION** — I give consent for my child to be transported and supervised by the operation's employees: for emergency care on field trips to and from home to and from school

2. **FIELD TRIPS** — I give consent for my child to participate in field trips I **do not** give consent for my child to participate in field trips.

Comments:

3. **WATER ACTIVITIES** — I give my consent for my child to participate in the following: water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES** — I acknowledge receipt of the facility's operational policies, including those for (check all that apply): Discipline and Guidance Suspension and Expulsion Emergency Plans Procedures for conducting health checks Procedures for parents to participate in operation activities Procedures for release of children Illness and exclusion criteria Procedures for dispensing medications Immunization requirements for students Meals and food service practices Procedures to visit the center without securing prior approval Procedures for parents to contact Child Care Licensing DFPS, Child Abuse Hotline, and DFPS website

5. **MEALS** — I understand that the following meals will be served to my child while in care: morning snack lunch (provided by the parent/guardian) afternoon snack

6. **DAYS AND TIMES IN CARE** — My child is normally in care on the following days and times:

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:

Name of Emergency Care Facility:

Address:

Phone:

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

Signature (Parent or Legal Guardian):

STUDENT'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:

SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:

School Phone:

My student has permission to (check all that apply): walk to or from school or home 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:

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:

1. HEALTH CARE PROFESSIONAL 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: _____

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: _____

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

R 20/

L 20/

Pass Fail

Signature: _____

Date: _____

HEARING EXAM RESULTS

Ear (right): 1000 Hz

2000 Hz

4000 Hz

Pass Fail

Ear (left): 1000 Hz

2000 Hz

4000 Hz

Pass Fail

Signature: _____

Date: _____

VACCINE INFORMATION

If your student attends a pre-k or public school system, you do not have to provide a copy of their immunization record. Please include the Schools Information on the appropriate form.

VACCINE	VACCINE SCHEDULE	DATE CHILD RECEIVED VACCINE
Hepatitis B	Birth (first dose)	<input type="checkbox"/>
	1-2 months (second dose)	<input type="checkbox"/>
	6-18 months (third dose)	<input type="checkbox"/>
Rotavirus	2 months (first dose)	<input type="checkbox"/>
	4 months (second dose)	<input type="checkbox"/>
	6 months (third dose)	<input type="checkbox"/>
Diphtheria, Tetanus, Pertussis	2 months (first dose)	<input type="checkbox"/>
	4 months (second dose)	<input type="checkbox"/>
	6 months (third dose)	<input type="checkbox"/>
	15-18 months (fourth dose)	<input type="checkbox"/>
	4-6 years (fifth dose)	<input type="checkbox"/>
Haemophilus Influenza Type B	2 months (first dose)	<input type="checkbox"/>
	4 months (second dose)	<input type="checkbox"/>
	6 months (third dose)	<input type="checkbox"/>
	12-15 months (fourth dose)	<input type="checkbox"/>
TB Test (if required):	<input type="checkbox"/> Positive <input type="checkbox"/> 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

DFPS and KINGDOM KIDS values your privacy. For more information, read the Privacy and Security Policy online at <https://www.dfps.state.tx.us/policies/Website/>

SIGNATURES

Child's Parent or Legal Guardian:	Date: _____
Center Designee:	Date: _____



Emergency Contacts and Permission to Drop Off and Pick Up

*Addresses and phone numbers must be provided

Name:

Home Phone:

Work Phone:

Cell:

Home address:

Relationship:

Name:

Home Phone:

Work Phone:

Cell:

Home address:

Relationship:

Name:

Home Phone:

Work Phone:

Cell:

Home address:

Relationship:

Name:

Home Phone:

Work Phone:

Cell:

Home address:

Relationship:



Permission to Photograph

I, _____ (Parent or Guardian name), give my permission for Kingdom Kids CDC to photograph my student, _____ (student's name), for the following purposes:

Type of Use:	Grant Permission:	Decline Permission:
STILL PHOTOGRAPHS:		
To current clients looking at facility (if requested)	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>
Display on child care website	<input type="checkbox"/>	<input type="checkbox"/>
Post on child care social media pages	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
VIDEO:		
Give video to current parents or visitors	<input type="checkbox"/>	<input type="checkbox"/>
YouTube or child care website promo videos	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
OTHER: (please list):	<input type="checkbox"/>	<input type="checkbox"/>

Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the center website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signature (Parent or Legal Guardian): _____

Date: _____



Student Assessment Form

Child Name (last, first, middle):

DOB:

Enrollment date:

Street address:

City:

Zip:

Mailing address:

City:

Zip:

Phone (with area code):

1. HEALTH

Does your student have allergies?

Yes No

If so, what allergies does your student have?

How should we respond if he/she has an allergic reaction?

Does your student have an existing illness?

Yes No

Has your child had a previous serious illness, injury, or hospitalization during the past 12 months? Yes No

Is your student taking any medication?

Yes No

Name of medication

Are there any side effects we should be alerted to?

Yes No

2. FAMILY HISTORY

Tell us about your family (ex. child's parents, siblings, grandparents, and other extended family):

I verify that the above assessment was discussed with the parents of _____

Director Signature:

Date:

I verify that the director appropriately relayed the information concerning my child's assessment.

Parent/Guardian Signature:

Date:

Additional comments:



Discipline and Code of Conduct Policy

DISCIPLINE MUST BE:

1. Individualized and consistent for each student.
 2. Appropriate to the students level of understanding.
 3. Directed toward teaching the student acceptable behavior and self-control.
-

Teachers will only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which includes the following:

1. Using praise and encouragement of good behavior instead of focusing only upon acceptable behavior.
 2. Daily reminders to students of behavior expectations by using clear, positive statements.
 3. Redirecting behavior through positive statements.
 4. Using brief, supervised separation from the group
 5. There will be no harsh, cruel, or unusual treatment of any student. The following types of discipline and guidance will **not** be acceptable:
 1. Corporal punishment or threats of corporal punishment.
 2. Punishment associated with food, naps, outside playtime or toilet training.
 3. Hitting a child with a hand or instrument, or putting anything in or on a child's mouth.
 4. Pinching, shaking, or biting a child, or humiliating, ridiculing, rejecting, or yelling at a child.
 5. Subjecting a student to harsh, abusive, or profane language.
 6. Placing a student in a locked or dark room, bathroom, or closet with the door closed.
 7. Requiring a student to remain silent or inactive for inappropriately long periods of time
 8. We believe discipline takes place with a loving relationship exists. Teachers have a head start on positive guidance when they:
 1. Understands how a student develops and learns.
 2. Knows what age-appropriate activities should be provided.
 3. Prepares an appropriate learning environment for every student.
-

CODE OF CONDUCT

A student's behavior is expected to be consistent with the following:

- Use appropriate language at all times
- Cooperate with staff and follow directions
- Respect other students and staff, equipment, facilities and themselves
- Maintain a positive attitude. Keep hands, feet and other objects to self and stay in program areas

If a student is unable to comply with the behavior expectations, the following will take place:

- Refocusing or redirection will be used
- The Program Director has the right to contact the parent/guardian for early pick up should the student continue the misbehavior
- A conference between the Program Director and student will be held. If after the PD and student meeting, the student is still unable to comply with the behavior expectations, parents will be notified and a conference will be held
- Continuation of disregarding our center rules will result in suspension from the program
- Failure of parent/guardian to attend conference and cooperate will subject student to suspensions or dismissal

Behaviors resulting in immediate dismissal but are not limited to:

- Any action that could threaten or pose a direct threat to the physical/emotional safety of the student, other students or staff
- Fighting, Biting or bullying
- Possession of a weapon of any kind
- Vandalism or destruction of school property, after-school property, or property of others
- Sexual misconduct
- Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
- Running Away

Parents/guardians are required to inform Kingdom Kids in writing prior to a student's acceptance in the program of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including, but not limited to any serious behavioral programs or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the Program Director may require a conference with the parent/guardian to discuss issues created by these circumstances.

In providing positive guidelines, our primary goal is to create a loving and positive environment for the students in our care, parents, and our staff.

DISCIPLINE AND GUIDANCE POLICY

My signature verifies I have read and received a copy of the discipline and guidance policy and the code of conduct policy for KINGDOM KIDS CHILD DEVELOPMENT CENTER.

Parent/Guardian Signature:

Date:





Transformation Church Inc. dba

KINGDOM KIDS CHILD DEVELOPMENT CENTER

EXPLANATION OF ACH TRANSACTIONS

Kingdom Kids is able to draft TUTION PAYMENTS (weekly or bi-weekly):

TUTION OPTION 1:

WEEKLY TUTION PAYMENT — Every Monday, your account will be DRAFTED for childcare services. Failed payments will be billed a \$25 late fee.

TUTION OPTION 2:

BI-WEEKLY TUTION PAYMENT — Every OTHER Monday, your account will be DRAFTED for childcare services. Failed payments will be billed a \$25 late fee.

DROP-IN POLICY

PAYMENT IS DUE AT THE TIME OF DROP-OFF - or can be charged to active accounts. A 24-hour notice is required TO CANCEL. Otherwise, half payment will be charged for the confirmed days.





Transformation Church Inc. dba
KINGDOM KIDS CHILD DEVELOPMENT CENTER

AUTHORIZATION OF ACH TRANSACTIONS

In order to set up timely tuition payments VIA Automated Clearing House (ACH), we much have a completed and signed original of this form.

Organization: Kingdom Kids Child Development Center

Parent or Guardian: _____

New enrollment

Change of Bank Account for Tuition Payments. Effective date of change.* _____

*Please allow up to 10 banking days from the time Kingdom Kids receives this form for processing.

Checking Account

Savings Account

Pay Weekly (on Mondays)

Pay Bi-Weekly (every other Monday)

Attach **VOIDED CHECK** Here

Deposit Slips are not adequate.

*If the account you want your tuition payments withdrawn from is a SAVINGS ACCOUNT, we must have the Routing Number and Account Number on your Financial Institution's letterhead. ACH regulations are different for savings accounts. Your Financial Institution should furnish this to you, without charge, if you make your request in person.

I hereby authorize TRANSFORMATION CHURCH, INC dba KINGDOM KIDS CHILD DEVELOPMENT CENTER and it's agents, including financial institutions, to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account listed above and to collect appropriate fees and charges. I understand that this authorization shall be subject to the applicable terms and conditions [Terms of Service], as posted in the Operating Policies Manual. This authorization shall remain in effect until I have canceled it in writing and received by an authorized agent of Kingdom Kids.

Signature

Date

Transformation Church, Inc.
KINGDOM KIDS CHILD DEVELOPMENT CENTER
PO Box 1418
Seminole, TX 79360
432-758-2222

