



# Kingdom Kids Child Development Center

300 NW 3rd Street | 432-758-4044

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

We look forward to serving you!

**PREK**

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## GENERAL INFORMATION

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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.

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## CONSENT INFORMATION

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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

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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:

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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

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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  Safe sleep  Procedures for parents to participate in operation activities  Procedures for release of children  Illness and exclusion criteria  procedures for dispensing medications  Immunization requirements for children  Means 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  Conduct Policy

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5. **MEALS** — I understand that the following meals will be served to my child while in care:  morning snack  lunch  afternoon snack

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

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Monday:

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Tuesday:

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Wednesday:

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Thursday:

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Friday:

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## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

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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):

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## CHILD'S ADDITIONAL INFORMATION SECTION

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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:

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## ADMISSION REQUIREMENT

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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:

- 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.

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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.

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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.

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Name and address of Health Care Professional:

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Signature (Parent or Legal Guardian):

Date:

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### REQUIREMENTS FOR EXCLUSION

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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.

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I have a 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.

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### VISION EXAM RESULTS

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R 20/

L 20/

Pass  Fail

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Signature:

Date:

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### HEARING EXAM RESULTS

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Ear (right):  1000 Hz

2000 Hz

4000 Hz

Pass  Fail

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Ear (left):  1000 Hz

2000 Hz

4000 Hz

Pass  Fail

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Signature:

Date:

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### VACCINE INFORMATION

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

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"/>

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Rotavirus	2 months (first dose)	<input type="checkbox"/>
	4 months (second dose)	<input type="checkbox"/>
	6 months (third dose)	<input type="checkbox"/>
<hr/>		
Diphtheria,	2 months (first dose)	<input type="checkbox"/>
Tetanus,	4 months (second dose)	<input type="checkbox"/>
Pertussis	6 months (third dose)	<input type="checkbox"/>
	15-18 months (fourth dose)	<input type="checkbox"/>
	4-6 years (fifth dose)	<input type="checkbox"/>
<hr/>		
Haemophilus	2 months (first dose)	<input type="checkbox"/>
Influenza Type B	4 months (second dose)	<input type="checkbox"/>
	6 months (third dose)	<input type="checkbox"/>
	12-15 months (fourth dose)	<input type="checkbox"/>
<hr/>		
TB Test (if required):	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Date: _____

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### GANG FREE ZONE

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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.

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### PRIVACY STATEMENT

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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/>

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### SIGNATURES

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Child's Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Center Designee: \_\_\_\_\_ Date: \_\_\_\_\_

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## Emergency Contacts and Permission to Drop Off and Pick Up

**\*Addresses and phone numbers must be provided**

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Name:

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Home Phone:

Work Phone:

Cell:

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Email:

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Home address:

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Relationship:

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Name:

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Home Phone:

Work Phone:

Cell:

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Email:

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Home address:

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Relationship:

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Name:

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Home Phone:

Work Phone:

Cell:

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Email:

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Home address:

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Relationship:

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Name:

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Home Phone:

Work Phone:

Cell:

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Email:

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Home address:

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Relationship:

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## Permission to Photograph

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

Type of Use:	Grant Permission:	Decline Permission:
<b>STILL PHOTOGRAPHS:</b>		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
To current clients looking at facility	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook/bulletin board	<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"/>
<b>VIDEO:</b>		
Give video to current parents	<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"/>
<b>OTHER: (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<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 facility 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: \_\_\_\_\_



# Child Assessment Form

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Child Name (last, first, middle):

DOB:

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Enrollment date:

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Street address:

City:

Zip:

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Mailing address:

City:

Zip:

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Phone (with area code):

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## 1. HEALTH

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Does your child have allergies?

Yes  No

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If so, what allergies does your child have?

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

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Does your child have an existing illness?

Yes  No

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

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Is your child taking any medication?

Yes  No

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If so, how is the medication administered, and will it need to be administered while he/she is in care?

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Is the medication prescribed for continuous use?

Yes  No

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Are there any side effects we should be alerted to?

Yes  No

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## 2. BEHAVIOR

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Does your child have any special fears?

Yes  No

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Does your child communicate his/her needs?

Yes  No

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Are there any special words that your child uses that might not be readily recognized by our staff?



**3. FAMILY HISTORY**

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

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I verify that the above assessment was discussed with the parents of \_\_\_\_\_

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Director Signature:

Date:

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

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Parent/Guardian Signature:

Date:

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Additional comments:



## Discipline and Guidance Policy

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### DISCIPLINE MUST BE:

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

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1. Using praise and encouragement of good behavior instead of focusing only upon acceptable behavior.
  2. Daily reminders to children of behavior expectations by using clear, positive statements.
  3. Redirecting behavior through positive statements.
  4. Using brief, supervised separation, or time-out from the group, when appropriate for the child's age and development, which shall be limited to no more than one minute per year of the child's age.
- 

There will be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance will **not** be acceptable:

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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 child to harsh, abusive, or profane language.
  6. Placing a child in a locked or dark room, bathroom, or closet with the door closed.
  7. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.
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We believe discipline takes place with a loving relationship exists. Teachers have a head start on positive guidance when they:

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1. Understands how a child develops and learns.
  2. Knows what age-appropriate activities should be provided.
  3. Prepares an appropriate learning environment for every child.
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In providing positive guidelines, our primary goal is to create a loving and positive environment for the children in our care, parents, and our staff.

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DISCIPLINE AND GUIDANCE POLICY

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

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Parent/Guardian Signature:

Date:

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Transformation Church Inc. dba  
**KINGDOM KIDS CHILD DEVELOPMENT CENTER**  
**EXPLANATION OF ACH TRANSACTIONS**

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

**OPTION 1:**

**WEEKLY TUITION PAYMENT** — Every Monday, your account will be DRAFTED for childcare services. Failed payments will be billed a \$25 late fee on Tuesdays after lunch.

**OPTION 2:**

**BI-WEEKLY TUITION PAYMENT** — Every OTHER Monday, your account will be DRAFTED for childcare services. Failed payments will be billed a \$25 late fee on Tuesdays after lunch.

**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**  
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432-758-2222

