



ADMISSION INFORMATION
ADDENDUM FOR THE STATE OF TEXAS

Child's Full Legal Name: _____

Date of Birth (mm/dd/yyyy): _____

Parents/ Graduation Name(s): _____

This addendum provides additional Information regarding services offered and existing procedures. Upon completion, it will be viewed in conjunction with the Enrolment Registration Information packet and the two will be treated as one complete document within each child's personal profile. Please initial each section below.

_____ ANIMALS: I understand that from time to time there will be small pet animals at RMS facility. Children will get opportunity to pet, feed and care for these animals.

_____ WATERPLAY: I understand that children will go out to play water at temperature conditions. The teacher would apply sunscreen and bug spray provided by parents.

_____ OUTSIDE PLAY: I understand that children will go out to play at temperature conditions. The teacher would apply sunscreen and bug spray provided by parents.

_____ ONLINE DAILY REPORT AND PICTURES: I understand that ALTAD will be sending daily reports for Infant/Toddler and real time pictures for all age groups whenever possible.

_____ HEARING AND VISION: Hearing and Vision screening is required by child care licensing laws and school policy. All children four years and older are required to be screened for Hearing and Vision. I am the Parents/Legal Guardian of _____ understand that my child is required by child care licensing laws to undergo a Hearing and Vision screening.

_____ MINIMUM STANDARDS: I understand that the Texas Minimum Standards can be found either in the office of the School Director or at http://www.dfps.state.tx.us/Child_Care/documents/Standards_and

CHILD PROFILE

Child's Name: _____ Age : _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his/her individual needs.

What does your child enjoy doing the most?

What is your child's favorite toy's?

With whom does the child reside?

ADULT:	Name: _____	Relationship: _____
	Name: _____	Relationship: _____
	Name: _____	Relationship: _____

CHILD:	Name: _____	Age: _____
	Name: _____	Age: _____
	Name: _____	Age: _____

What language is spoken at Home? _____

Does your child have any medical or physical needs?

Explain: _____

What are the foods your child likes?

Most? _____
Least? _____

What are your child's mealtime routines at home? _____

How many hours of sleep does your child receive at night? _____

Does your child need to be awakened in the morning to attend the school? _____

What is your child's sleeping arrangements? Check appropriate answer.

Own room

shares room with _____

Sleeps in crib

Sleeps in bed

What is your child's bedtime?

Date: _____ Parent/Guardian Initial _____

Does your child take naps? Yes No How long _____

Does your child need a favorite item (such as a blanket) for nap? Yes No

If so, does your child have a special name for it? _____

What words are spoken in your house for toileting? _____

How does your child express anger or react to frustration? _____

Does your child have any particular fears? _____

How does your child react to change (such as being left by parents)? _____

What is your child's play interest? _____

How do you discipline your child? _____

When did your child begin to use language? _____

How would you describe your child (personality characteristics)?

What do you enjoy the most about your child? _____

Is there anything else in your child's experience you would like to tell us so we can better meet your child's need?

Has your child had previous preschool experiences? _____

Are you available to help us with field trips or other special events? _____

Do you have a special interest or hobby you would like to share with the children? _____

What family or cultural traditions are important in your home? _____

Would you be willing to share these traditions with the children? _____

Parent/Guardian Signature:

Date:

EMERGENCY CONTACT PERSON

Child's Name _____

In case of an emergency if you cannot be reached, please list the persons you would like to be contacted (in order of priority). Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purpose of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only box" For the safety of your child, we will request all authorized release persons with whom staff and not familiar to provide Government-issued photo identification at the time of pick-up.

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____

Employer: _____ Employer's
address: _____
Work Phone/Extension: _____ Work Hours: _____
☐ Emergency Contact & Release ☐ Release Only

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____

Employer: _____ Employer's
address: _____
Work Phone/Extension: _____ Work Hours: _____
☐ Emergency Contact & Release ☐ Release Only

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____

Employer: _____ Employer's
address: _____
Work Phone/Extension: _____ Work Hours: _____
☐ Emergency Contact & Release ☐ Release Only

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____

Employer: _____ Employer's address: _____

Work Phone/Extension: _____ Work Hours: _____
☐ Emergency Contact & Release ☐ Release Only

Alvin Learning Tree Academy and Daycare maintains a strict policy regarding the individuals to whom a child will be released. The enrollment forms require a parent to specify at least two individuals to whom the child may be released either on a regular or an emergency basis. Advance written notice is required for an individual to be authorized to pick up a Child. In an emergency, the Director may be notified by phone of the name of the person who will pick up the child. The director will call the parent to verify this authorization. Once the individual arrives at the school, they will need to verify their identity to a Director/Office Staff member with Driver's License before the child will be released. They will have to Sign In/Out on the login sheet.

Parent/Guardian Signature: _____

Date: _____



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		Director's Name	
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:

☐ 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 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: _____

Procedures for Parents to participate in Operation Activities

Parent Observing/Volunteering/Involvement

You are welcome to come volunteer/visit the school during any parties in your child's classroom or any special events we will hold at the school (Please check with your respective classroom teacher for details).

Parent/Guardian Signature:

Date:

Meals and Food Service Practices

ALTAD provides all meals for all families. It is important that the children eat a nutritious breakfast and lunch to ensure that they will have the most enjoyable day possible. We want the children to be able to focus on their work and to reach their fullest potential. Your cooperation with this is most appreciated. Menus are available and parents will get the menu at the time of registration for breakfast, lunch and 3 snacks. Breakfast will be served between 6 am-7:30 am if drop off will be after these hours we ask parents please provide breakfast for their child and we also ask the parents sits with the child in the café area.

Parent/Guardian Signature:

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

MEDICAL INFORMATION

Child's Name: _____
Date of Birth: _____
Emergency Contact (name and phone number) _____

AUTHORIZATION FOR Emergency MEDICAL TREATMENT OF A MINOR

Child's Name: _____
Address: _____
Mother's Name: _____
Mobile: _____
Email: _____

Father's Name: _____
Mobile: _____
Email: _____
Pediatrician: _____
Family Physician: _____

Birthday: _____
City: _____ Zip: _____
Home Phone: _____
Work: _____

Home Phone: _____
Work: _____
Phone: _____
Phone: _____

Child's Medical History: _____

Known allergies of child (medicine, food, insects sting)

1: _____

2: _____

Describe any pertinent illness or hospitalization that may be relevant to medical personnel:

Medications taken by child at this time: _____

Describe all physical conditions or illnesses which could affect the child's participation in the programs or medically diagnosed conditions which prohibit participation in normal day care activities (diabetes, epilepsy, insufficient blood coagulation, etc.): If this relates to you: Please write on the back of this sheet and attach any pertinent information.

Persons authorized to pick up and make emergency medical decisions (Atleast two)

Full Name: _____
Relationship: _____
Full Name: _____
Relationship: _____

Address: _____
Phone: _____
Address: _____
Phone: _____

1

Date: _____ Parent/Guardian Initial _____

Emergency Medical Treatment Consent

I hereby give Alvin Learning Tree Academy and Daycare permission to provide first aid care as deemed necessary for my child, In the event we cannot be reached, I hereby authorize Alvin Learning Tree Academy and

Daycare to authorize transport _____ to the emergency room of local hospital or hospital required by the local mobile emergency units. I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which the physician deems necessary (including anesthesia). I have my insurance on file with the school. I agree to accept financial responsibility for all medical expenses incurred.

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?
Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on, who resides with me (us) at _____.
(we) _____ authorize, for emergency purposes only, a school designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or Surgeon licensed to practice medicine in the State of _____.

Dentist Name: _____ Practice/Clinic Name: _____
Address: _____ Phone: _____
Health Insurance Provider and Policy Number: _____
Secondary Health Insurance Provider and Policy Number: _____
Last Tetanus/Diphtheria Booster: _____
Allergies to drugs, foods or other: _____
Please list any special medications or pertinent information: _____

As per state regulators, a written statement is required for waiver of immunization requirements

Parent/Guardian Signature: _____
Appeared before me and produced _____ as identified. Date: _____
Director Signature: _____ Print name: _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.

Per state regulation, a written statement is required for waiver of immunization requirements

Parent/Guardian Signature: _____

Date: _____

ALLERGY INFORMATION: ALVIN LEARNING TREE ACADEMY AND DAYCARE

Allergy Information Sheet

Name of Student: _____

Home Phone #: _____ Emergency Phone # _____

Physician's Name: _____

Physician's Phone # _____ Health Card # _____

Allergies: _____

If allergies are more extensive, please make separate list.

Indications of Onset of Allergies Reaction

Action to be Taken at Onset of Reaction

Action to be Taken of Reaction Considered Serious by Staff

Individuals to be contacted in the event of a serious allergic reaction or medical problem:

Name

Phone

STATEMENT FROM FAMILY PHYSICIAN
Required Health Statement from Family Physician

Date: _____

Child: _____

DOB: _____

To Alvin Learning Academy and Daycare:

_____ (Child's name) underwent a complete
physical Exam on _____ (Date). He/she is in good health, free of
communicable Disease, and is able to participate in all day care or school activities.

Sincerely,

Physician's Name Signature and Stamp

Please return to school with Registration Packet

Illness and Exclusion

In our school, we have very specific guidelines for parents regarding health of their child. In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken. These policies are intended to be very clear on what issues make it necessary for your child to be kept out of school. It is our hope that these policies address all concerns from parents and staff. Administered correctly and fairly, they should protect the best interest of all of our children, well and ill, as well as our staff. In order to keep the children healthy and maintain a safe environment, we ask for your help with the following guidelines.

- Please do not send an ill child to school. Small children are prone to infection because their immune systems are not fully developed. One sick child places all the other children at risk.
- A child with a fever of 100.0 degrees or higher will be sent home. It is required that the child be kept out of school until he/she has been fever free for 24 hours.
- A child showing signs of the following symptoms will be sent home:
 - Diarrhea or vomiting (three in 1 hour)
 - Deep or hacking cough, or a sore throat
 - Continuous runny nose with a yellow or green color
 - Any suspicious rash that has NOT been diagnosed by a physician
 - Undiagnosed and untreated pink, swollen, matted or runny nose
- A child may return to school when any of the following occur:
 - Temperature has been normal for 24 hours
 - Active signs of illness (diarrhea or vomiting) have been gone for 24 hours
 - The child's physician release the child to return to school
 - Diarrhea or vomiting (three in 24 hour)

(Please note: a child may return to school with secondary symptoms from colds and flu, as they may linger for several weeks without the child being contagious)

- A child that is taking prescription medications MUST have a return to school release form from the physician that says he/she is not contagious.
- Only prescription medications will be administered to children at the center without written consent from the child's physician. All over the counter medication MUST be in the

original container with the child's name on it. The physician MUST send a note stating permission to administer this medication, as well as dosage.

- All medicine MUST have a medication form filled out with the dosage amounts, times to be given, and the parent's signature.

It is imperative that we all work together to keep all of the children who attend the center as healthy and happy as possible. We thank you for your cooperation.

I have read and understand the attached policies regarding health, and I agree to abide by them for the protection of my child as well as the other children and staff members at Center.

Signature of Parent or Guardian

Date

The infection control policies and procedures have been presented and explained to Parent/Guardian

By Staff Member: _____ Date: _____

Signature of Staff Member

Operational Policies

Suspension and Expulsion

In general, the school is very open to working with parents regarding behaviors and needs of a child. We require that parents work with us in a positive manner and take time to meet with us if it is necessary/requested. We will take all reasonable steps to move a child in a positive direction. If a disciplinary action/problem cannot be resolved in a reasonable amount of time (3 weeks) then a child may be expelled from ALTAD.

Parent/Guardian Signature:

Date:

Procedure for parents to discuss concerns with the Director

If any parent/guardian has any concerns, please stop by the front office and see for the Director.

Parent/Guardian Signature:

Date:

Procedures to visit the center/ for release of Children

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Advance written notice is required for an individual to be authorized to pick up a Child. In an emergency, the Director may be notified by phone of the name of the person who will pick up the child. Once the individual arrives at the school, they will need to verify their identity to a Director/Office Staff member with Driver's License before the child will be released. They will have to Sign In/Out on the login sheet.

Parent/Guardian Signature:

Date:

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Parent Observing/Volunteering/Involvement

You are welcome to come volunteer/visit the school during any parties in your child's classroom or any special events we will hold at the school (Please check with your respective classroom teacher for details).

Parent/Guardian Signature:

Date:

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Parent/Guardian Signature:

Date:



OPERATIONAL DISCIPLINE AND GUIDANCE POLICY

Purpose: This form provides the required information per 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 BAP/SAP PROGRAMS THAT OPERATE UNDER 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 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:

X

Role:

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

MINIMUM STANDARDS RELATED TO DISCIPLINE

- Title 40, Chapter 746 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y)
- Title 40, Chapter 747 Subchapter L
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y)
- Title 40, Chapter 744 Subchapter G:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)



SUNSCREEN PERMISSION FORM

Name of Child: _____
(last, first)

I give permission for the staff at Alvin Learning Tree Academy and Daycare to apply a sunscreen product that is provided by the parent to their child, when he/she will be playing outside, especially during the months of March through October. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. Please have your child sunscreen applied before coming to school. I have initialed below all applicable information for the use of sunscreen for my child:

_____ I give permission to apply sunscreen.

_____ I do not give permission to apply sunscreen.

BUG SPRAY PERMISSION FORM

I give permission for the staff at Alvin Learning Tree Academy and Daycare to apply a bug spray product to my child, as specified below, when he/she will be playing outside, especially during the months of April through October. I have initialed below all applicable information for the use of bug spray for my child:

_____ I give permission to apply bug spray.

_____ I do not give permission to apply bug spray.

Parent/Guardian's Name: _____

Date: _____

Parent/Guardian's Signature: _____



ACKNOWLEDGEMENT & AUTHORIZATION PHOTO RELEASE

It is our practice when preparing work for external publications or on our website to seek parent permission before including your child's photo. Names of students or personal information will not be used.

I _____ am the Parent /Legal Guardian of _____, on behalf of the child, who is or was a student of Alvin Learning Tree Academy and Daycare,

_____ hereby **DO NOT** grant the absolute, irrevocable worldwide, right and permission, with respect to any photographs, post on social media film, video or other images of the child posted by Alvin Learning Tree Academy and Daycare,

_____ hereby **I DO** grant the absolute, irrevocable worldwide, right and permission, with respect to any photographs/films, video taken or other images with in the school, to post only with parents/families enrolled with Alvin Learning Tree Academy and Daycare,

- To use, re-use, publish, re-publish, copy, modify, display and create derivative works in the same in whole or in part, individually or in conjunction with other photographs or images, in any medium (including without limitation, in print and on the Internet) and for any purpose whatsoever, (including, without limitation in advertising, marketing, publications, electronic distribution, and the Internet); and
- To use my name in connection there with if Alvin Learning Tree Academy and Daycare so chooses. I hereby release and discharge The Alvin Learning Tree Academy and Daycare, its successors, assigns and any designee (including any agency, client, broadcaster, periodical or other publication) from any and all claims and demands arising out of or in connection with the use of such photographs, film, video or other image, including but not limited to any claims for defamation or invasion or privacy; and

The child hereby waives any and all rights the child may have in and to such photograph, film, video or other image, and assigns all such rights the child may have to Alvin Learning Tree Academy and Daycare. This consent is valid for the entire length that my child is enrolled at Alvin Learning Tree Academy and Daycare.

Parent or Legal Guardian's Name (Please Print)

Signature (Parent or Legal Guardian)

Date

Child's Name (Please Print)