

Suncreek Kids Enrollment Form

Child's Name: _____ Sex: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Child's age as of 9/1: _____

Mother's Name: _____ Preferred Phone #: _____

Place of Employment: _____

Father's Name: _____ Preferred Phone #: _____

Place of Employment: _____

Emergency Contact Person: If either parent cannot be contacted, this person can act on my behalf. **It is mandatory that Suncreek Kids has at least 1 contact other than the parents.** Please make sure all information is included.

Name	Address, City, State & Zip	Phone #
-------------	---------------------------------------	----------------

1.



Check all that apply:

1. Video/Photo Release: I give consent for photos &/or video to be taken of my child while at Suncreek.
2. Receipt of Parent Handbook: I acknowledge that I have received and read the handbook and will adhere to its guidelines). Located online at www.suncreekkids.com
3. Nutrition Waiver: I acknowledge that Suncreek Kids will make sure that every child has an opportunity to eat the lunch & snack he/she has brought from home. However, since the child's snack & lunch is parent provided, Suncreek Kids will not be held responsible for its nutritional value.
4. In the event of an emergency, I authorize Suncreek Kids to provide any first aid care deemed necessary.
5. I give permission for my contact information to be included in the school wide directory.

I give permission for the following people to pick up my child:

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Suncreek UMC Member: YES NO Church home, if applicable: _____

Signature of Parent: _____ **Date:** _____

Office Use Only:

Start Date: _____ Withdrawal Date: _____

Days Enrolled: _____ Room: _____

Hours: 9-2pm



Family Information Sheet

Name of Child: _____ DOB: _____

Previous preschool/MDO attendance: YES NO If yes, where:

What is the primary language spoken at home? _____

Are parents: () Married () Single () Separated () Divorced () Widowed

If separated or divorced, who has custody of the child? _____

Names & ages of siblings: _____

Pets & their names: _____

Describe your child's personality: _____

What are your child's favorite activities?

Child's fears: _____

Does your child have a lovey or special comfort item?

Is your child potty trained? _____

Please list any special words used to go to bathroom: _____

What is your goal for your child's experience at school?

Anything else you'd like to share about your family or child: _____



Suncreek Kids Health Admission Form

Health Statement: (Check only ONE)

Physician's statement: I have examined the above child within the past year and find that he/she is physically able to take part in a preschool program.

Physician's Signature _____ Date _____

OR

A signed and dated copy of a health care professional's statement is attached.

Immunization Requirements: (Check only ONE)

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form (must be original) developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

OR

I have attached a copy of my child's current physician Immunization Record

Hearing & Vision

4 & 5 year old's only: (State of TX Requirement/CK only one)

I have attached a copy of my child's hearing and vision results

OR

I will use the company provided by SunCreek Kids at an approximate cost of \$20.

OR

Hearing & Vision requirements are not applicable because my child is under 4 years of age.

Signature of Parent _____ Date _____

Child's Name: _____ DOB _____



Medical Treatment Authorization

I, _____ give SunCreek Kids employees permission to obtain emergency medical treatment for my child. If the physician listed below cannot be reached, permission is granted for another licensed physician to be called.

Child's Physician _____ Phone _____

Address _____

Hospital Preference _____

Medical Plan _____ Group Name _____

Policy Number _____

Food Allergies:

YES or NO if yes, please list _____

*If there is a **diagnosed food allergy**, our SunCreek food allergy packet **MUST** be filled out & signed by physician, for child to be enrolled.

Non-food allergies: **YES or NO** if yes, please list _____

List any special medical needs:

Name of Child: _____ DOB: _____

Signature of Parent: _____ Date: _____



Suncreek Kid's Discipline & Guidance Policy

Discipline must be:

- 1) Individualized and consistent for each child; 2) Appropriate to the child's level of understanding
- 3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

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

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment; 2) Punishment associated with food, naps, or toilet training. 3) Pinching, shaking, or biting a child; 4) Hitting a child with a hand or instrument.
- 5) Putting anything in or on a child's mouth; 6) Humiliating, ridiculing, rejecting, or yelling at a child.
- 7) Subjecting a child to harsh, abusive, or profane language; 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

This form provides the required info per Texas minimum standards §744.501(7), §746.501(a)(7), and §747.501(5)

Suncreek Kid's Payment Policy

Enrollment Fees & Tuition: Enrollment Fees are NON-refundable & do not apply toward any month's tuition

Based on the annual budget, tuition fees are determined by the number of days scheduled for your child's class for the school year and spread over nine equal payments (September-May). Tuition is due on the first school day of each month. Late fees of \$20 are assessed at close of day on the 5th of each month. If tuition is not paid by the last calendar day of the month, your child's place may be filled from our wait list.

Our accepted modes of payment are www.procare.com online credit card payment, cash or check. We accept Visa, Mastercard, American Express & Discover. There are no extra fees for these convenience services.

My signature verifies that I have read & received a copy of Suncreek Kid's discipline and payment policy:

Signature: _____ Date: _____

Student's Name: _____

2019 - 2020 Texas Minimum State Vaccine Requirements for Child-Care and Pre-K Facilities

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Human Resources Code, Chapter 42.

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility in Texas.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	Diphtheria/ Tetanus/ Pertussis (DTaP)	Polio	Hepatitis B (HepB) ¹	Haemophilus influenzae type b (Hib) ²	Pneumococcal conjugate vaccine (PCV) ³	Measles, Mumps, & Rubella (MMR) ^{1,4}	Varicella ^{1,4,5}	Hepatitis A (HepA) ^{1,4}
0 through 2 months								
By 3 months	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose			
By 5 months	2 Doses	2 Doses	2 Doses	2 Doses	2 Doses			
By 7 months	3 Doses	2 Doses	2 Doses	2 Doses	3 Doses			
By 16 months	3 Doses	2 Doses	2 Doses	3 Doses	4 Doses	1 Dose	1 Dose	
By 19 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	1 Dose
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	2 Doses

↓ Notes on the back page, please turn over. ↓

Rev. 03/2019

- ¹ Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable place of vaccine.
- ² A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12 - 14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 - 59 months of age is in compliance with these specified vaccine requirements. Children 60 months of age and older are not required to receive Hib vaccine.
- ³ If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required. Please reference the information below to assist with compliance:
- For children seven through 11 months of age, two doses are required.
 - For children 12 - 23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
 - Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, an additional dose is required. Children 60 months of age and older are not required to receive PCV vaccine.
- ⁴ For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday. Vaccine doses administered within 4 days before the first birthday will satisfy this requirement.
- ⁵ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of child) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively.

Exemptions

Texas law allows (a) physicians to write medical exemption statements that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child or household member, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.ImmunizeTexas.com under "School & Child-Care." The original Exemption Affidavit must be completed and submitted to the school.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Texas Department of State Health Services • Immunization Unit • MC-1946 • P. O. Box 149347 • Austin, TX 78714-9347 • (800) 252-9152

Requisitos mínimos de vacunación en el estado de Texas de 2019 a 2020 para centros de cuidado infantil y de prekínder

Esta gráfica resume los requisitos de vacunación incorporados en las secciones 97.61 a 97.72 del título 25 (Servicios de salud) del Código Administrativo de Texas (TAC). La gráfica no pretende sustituir la consulta del TAC, el cual contiene otras disposiciones y detalles. Según lo dispuesto en el capítulo 42 del Código de Recursos Humanos, se confiere al Departamento Estatal de Servicios de Salud (DSHS) la facultad de establecer los requisitos en materia de inmunización.

Los niños deberán presentar comprobantes de vacunación aceptables antes de inscribirse, asistir o ser transferidos a un centro de cuidado infantil en Texas.

Edad a la que el niño debe recibir las vacunas para cumplir con los requisitos:	Número mínimo de dosis necesarias de cada vacuna							
	Difteria/ tétanos/ tos ferina (DTaP)	Polio	Hepatitis B (HepB) ¹	<i>Haemophilus influenzae</i> tipo b (Hib) ²	Vacuna anti- neumocócica conjugada (PCV) ³	Sarampión, paperas y rubeola (MMR) ^{1,4}	Varicela ^{1,4,5}	Hepatitis A (HepA) ^{1,4}
De 0 desde 2 meses								
Antes de los 3 meses	1 dosis	1 dosis	1 dosis	1 dosis	1 dosis			
Antes de los 5 meses	2 dosis	2 dosis	2 dosis	2 dosis	2 dosis			
Antes de los 7 meses	3 dosis	2 dosis	2 dosis	2 dosis	3 dosis			
Antes de los 16 meses	3 dosis	2 dosis	2 dosis	3 dosis	4 dosis	1 dosis	1 dosis	
Antes de los 19 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	
Antes de los 25 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	1 dosis
Antes de los 43 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	2 dosis

↓ Notas al reverso, por favor dé la vuelta. ↓

Rev. 03/2019

- ¹ Una prueba serológica de infección o la confirmación serológica de inmunidad al sarampión, paperas, rubeola, hepatitis B, hepatitis A o varicela son aceptables en lugar de la vacuna.
- ² Una serie completa de la vacuna Hib consta de dos dosis más una dosis de refuerzo a los 12 meses de edad o después (tres dosis en total). Si un niño recibe la primera dosis de la vacuna Hib entre los 12 y los 14 meses de edad, solo será necesaria una dosis adicional (dos dosis en total). Si un niño ha recibido una sola dosis de la vacuna Hib en o después de los 15 a 59 meses de edad, cumple con los requisitos de esta vacuna específica. Los niños mayores de 60 meses de edad no necesitan recibir la vacuna Hib.
- ³ Si la serie de vacunas PCV se empieza a administrar cuando el niño es mayor de siete meses de edad, o si el niño se atrasó en recibir alguna dosis de la serie, entonces puede que no sean necesarias las cuatro dosis. Para ayudarse a cumplir con los requisitos, refiérase a la información siguiente:
- Para los niños de siete a 11 meses de edad, se requieren dos dosis.
 - Para los niños de 12 a 23 meses de edad: si han recibido tres dosis antes de los 12 meses de edad, entonces deberán recibir una dosis adicional (para un total de cuatro dosis) a los 12 meses de edad o después. Si han recibido una o dos dosis antes de los 12 meses de edad, entonces necesitan un total de tres dosis, una de las cuales al menos deben recibirla a los 12 meses de edad o después. Si no han recibido ninguna dosis, entonces necesitan recibir dos dosis y ambas deberán recibirlas a los 12 meses de edad o después.
 - Los niños de 24 a 59 meses de edad cumplen con los requisitos si recibieron al menos tres dosis, una de las cuales la recibieron a los 12 meses de edad o después; o dos dosis, ambas recibidas a los 12 meses de edad o después; o una dosis recibida a los 24 meses de edad o después. De lo contrario, es necesaria una dosis adicional. Los niños mayores de 60 meses de edad no necesitan recibir la vacuna PCV.
- ⁴ Para la vacuna MMR y las vacunas contra la varicela y la hepatitis A, la primera dosis debe administrarse en el primer cumpleaños o después. Las dosis de vacunas administradas en los 4 días anteriores al primer cumpleaños satisfacen los requisitos.
- ⁵ Si se ha padecido anteriormente la enfermedad, esto puede documentarse con una declaración por escrito de un médico, del personal de enfermería de la escuela, o del padre o tutor del niño, y debe contener una afirmación como la siguiente: “Mediante este documento confirmo que (nombre del niño) tuvo varicela el día (fecha), o alrededor de esta fecha, y no necesita la vacuna contra la varicela”. Esta declaración por escrito será aceptable en lugar de cualquiera de las dosis requeridas de la vacuna contra la varicela.

La información sobre las exclusiones de los requisitos de inmunización, la inscripción provisional y la documentación aceptable de las inmunizaciones puede encontrarse en las secciones 97.62, 97.66 y 97.68, respectivamente, del Código Administrativo de Texas.

Exenciones

La ley en Texas permite: (a) que los médicos declaren por escrito la exención médica de una vacuna cuando esta sea médicamente dañina o perjudicial para la salud y el bienestar del niño o miembro de la familia, y (b) que los padres o tutores opten por la exención de los requisitos de inmunización por motivos de conciencia, incluida una creencia religiosa. La ley no autoriza, sin embargo, a que los padres o tutores elijan la exención simplemente para evitarse molestias (por ejemplo, que se hubiera extraviado un registro o este estuviera incompleto, y para ellos fuera demasiado difícil acudir con un médico o a una clínica para corregir el problema). Las escuelas deben mantener una lista actualizada de los estudiantes con exenciones, con el fin de que puedan ser excluidos en el caso de una emergencia o una epidemia declarada por el comisionado de salud pública.

Podrá encontrar las instrucciones para solicitar la declaración jurada de exención oficial, que debe ser firmada por los padres o tutores que opten por la exención por motivos de conciencia, incluida una creencia religiosa, en www.ImmunizeTexas.com, en el apartado “School & Child-Care”. La declaración jurada de exención debe llenarse y enviarse a la escuela en su versión original.

En el caso de los niños sujetos a exenciones médicas, es necesario presentar a la escuela una declaración por escrito del médico. A menos que en la declaración conste por escrito que existe un padecimiento médico de por vida, la declaración de exención es válida por solo un año a partir de la fecha en que la firmó el médico.



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Texas Department of State Health Services • Immunization Unit • MC-1946 • P. O. Box 149347 • Austin, TX 78714-9347 • (800) 252-9152