TEXAS Health and Human Services

Form 2935
December 2025

Admission Information

Use this form to collect all required information about a child enrolling in day care. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form 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.

Section 1 – General Information

Operation's Name	Director's Name
Child's Full Name	Child's Date of Birth
Child Lives With: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian	
Child's Home Street Address, City, State and ZIP Code	
Date of Admission	Date of Withdrawal
Name of Parent or Guardian 1	
Address of Parent or Guardian 1, if different from the child's	
Name of Parent or Guardian 2	
Address of Parent or Guardian 2, if different from the child's	

List phone numbers below where parents or guardian may be reached while child is in care.

Parent 1 Area Code and Phone No.	Parent 2 Area Code and Phone No.	Guardian's Area Code and Phone No.
Custody documents on file? ◯ Yes ◯ No		

In case of an emergency, when the parent or guardian cannot be reached, call:

Name of Emergency Contact	Relationship	Area Code and Phone No.
Street Address, City, State and ZIP Code		

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 phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name	Area Code and Phone No.
Name	Area Code and Phone No.
Name	Area Code and Phone No.

Section 2 – Consent Information

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ 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. Check all that apply.

☐ Water table play ☐ Sprinkler play ☐ Wading pools ☐ Swimming pools ☐ Aquatic playgrounds

1. Is your child a competent swimmer? ◯ Yes ◯ No If no, your child is required to wear a life jacket while in or near a swimming pool.

2. Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ◯ Yes ◯ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Note: A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Procedures for parents to participate in activities
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website

5. Meals

I understand the following meals will be served to my child while in care. Check all that apply.

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

7. Receipt of Parent's Rights

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Parent or Legal Guardian Signature **Date Signed**

8. Child's Special Care Needs

Check all that apply.

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment, include instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above.

Does your child have diagnosed food allergies? ◯ Yes ◯ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. 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).

Parent or Legal Guardian Signature **Date Signed**

9. School-Age Children

My child attends the following school	School Area Code and Phone No.

My child has permission to: ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

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

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

Section 3 – Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Area Code and Phone No.

Street Address, City, State and ZIP Code

Name of Emergency Care Facility	Area Code and Phone No.

Street Address, City, State and ZIP Code

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

Parent or Legal Guardian Signature **Date Signed**

Section 4 – Requirements for Exclusion from Compliance

◯ 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 Health and Safety Code Section 161.0041 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.

Section 5 – Vision Exam Results

Right Eye 20/ Left Eye 20/ ◯ Pass ◯ Fail

Signature **Date Signed**

Section 6 – Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right:				◯ Pass ◯ Fail
Left:				◯ Pass ◯ Fail

Signature **Date Signed**

Section 7 – 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.

- ◯ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ◯ A signed and dated copy of a health care professional's statement is attached.
- ◯ 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.
- ◯ 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.

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

Health Care Professional Signature **Date Signed**

Parent or Legal Guardian Signature **Date Signed**

Section 8 – Vaccine Information

The following vaccines require multiple doses over time. 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)	
	12 – 15 months (fourth dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
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 six to 18 months after the first dose.	

Section 9 – Physician or Public Health Personnel Verification

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

Signature **Date Signed**

Section 10 – Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature **Date Signed**

Section 11 – Additional Information About Immunizations

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

Section 12 – 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.

Section 13 – Privacy Statement

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

Section 14 – Signatures

Child's Parent or Legal Guardian Signature **Date Signed**

Center Designee Signature **Date Signed**

Kiddos of Katy Learning Center

Parent Handbook and Operation Policies **January 01, 2026.**

OUR PHILOSOPHY

We are committed to providing safe, affordable, high-quality educational service for children living in the Katy community that is based on hands-on experiential learning. Kiddos of Katy is designed to foster self-esteem, self-confidence, independence, language and reasoning abilities necessary for effective social interaction. We emphasize the process of learning and discovery rather than the product. We encourage children to feel good about themselves as a result of their own achievements. No children at Kiddos of Katy will be excluded or disadvantaged because of ethnicity, culture or religion, home language, family background or gender. Kiddos of Katy is proud to participate in the **Texas Rising Star** program quality rating and improvement system for Texas early childhood programs. This reflects our commitment to providing high – quality care exceeding state standards, and supporting the growth and development of every child in our care.

OUR GOAL

Our goal is to support children in their active exploration and to help them become self-confident, independent and inquisitive learners. When children investigate or observe their environment, ask questions, experiment, talk about their findings, and record them through drawings, recreate them with blocks or interpret them through dramatic play, they are learning to understand their world. Daily activities are designed to encourage children to act upon their environment. We provide an environment rich in materials to explore, manipulate and talk about. Children are guided to question, experiment, think and reason. No single area of development is stressed above another. Kiddos of Katy believes in fostering the growth of the whole child- emotionally, physically, socially and intellectually. Our program is play oriented. We believe "play is a child's work" and through play, children acquire the foundations for reading, writing and logical thinking. Each age group encompasses age-appropriate levels of growth and development in:

-language
-literacy
-physical development
-cognitive
-social and emotional skills
-Mathematics

KIDDOS OF KATY, HOURS OF OPERATION ARE 6:00AM TO 6:00PM MONDAY To FRIDAY, JANUARY TO DECEMBER

The children remaining at school after 6:00 p.m. will be charged a late pick-up fee of $20.00 for the first 5 minutes. After 6:05 pm, you will be charged an additional $5.00 per minute for every minute until your child is picked up. Our staff will attempt to contact the parents first then will proceed to the listed emergency contacts to pick up the child. If we have not heard from you by 7:00 p.m. and cannot reach a designated person to be responsible for your child, we will contact the Child Protective Services to assume the responsibilities.

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Email: kiddosofkaty@gmail.com

Admission Requirements:
Registration fee, Supply fee & First week's Tuition
Signed enrollment agreement
Enrollment Application (with at least one emergency contact)
Payment agreement
Signed Discipline & Guidance Policy
Copy of child's most recent Immunization records
Physician Statement Signed by your child's Doctor
Name of child's primary care provider and preferred Hospital
Special needs statement
Allergy sheet Action plan if needed
Water Permission
Field Trip permission
School Age statement
Transportation Agreement
Photo Release
4-year-olds must have vision and hearing screening
Photo ID for both parents, guardians, emergency contacts and any individual authorized to pick up

Daily Health Checks
Every child will be required to undergo a visual health screen and temperature check before entering their classroom for the day. If a temperature, rash, red eye or colored drainage from the eyes, nose or ears are found your child will not be allowed to stay at school.

Signing children in and out of our care
Upon enrollment, parents will be assigned access codes for the front door and check-in computer. These codes are only for you, the parents, and must be kept private to protect the safety of all Kiddos of Katy children (on the occasions of extended family picks-up we will allow them in the facility manually). Once you have entered the facility parents will use their access code to sign in and out at the front desk daily; we will set up your user profile upon enrollment. We keep these records for safety and childcare licensing requirements of all children in our care.

Release of Children
Kiddos of Katy, will not release your child to any person that is not on your pre-approved pick-up list without prior written notice. Photo identification will be required for any person that employees of Kiddos of Katy does not yet recognize, before releasing your child. Relatives and/or friends who drop off or pickup intermittently will be asked to show identification and will sign in/out manually. IF an emergency arises and you need to have a person that is not on your pre-approved list, pick-up your child, you will need to speak to a member of the management team to inform them that you are emailing permission for the person to pick up. The email must include the first and last name, relationship to the child, and received by Kiddos of Katy before they arrive at the center.

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Drop of time:
Regular attendance and routines are important for the success of children's learning. Routines help to create smoother transitions between home and school and routines can increase student confidence and comfort levels. We ask that children be dropped off by 9am for them to receive the best educational experiences. We will not except children after 10:00am due to the disruption of the lunch and nap time. If you will be dropping off after 9am because of an appointment, you must notify the school before 9am, so your child can be counted for lunch.

Children Dress Code
Children should come dressed in comfortable, season-appropriate clothing that can get dirty, since some activities we do on a daily basis are messy. A spare change of clothes is required for all children in case of soiling of clothes. Children under the age of 3, and those who are potty-training require at least two changes of clothing (including socks). Closed Toe shoes are required to be warn at all times while at school, including naptime.

PARKING LOT SAFETY
Please drive slowly and cautiously in our parking lot for the safety of our children and their parents. It is recommended that you hold your child's hand or carry them as you walk to your car. Please do not park in or block the Fire Lane, and be mindful of parking only in one marked space.

Kiddos of Katy will be closed the following holidays:
Memorial Day –Good Friday- 4th of July – Labor Day – Thanksgivings and the Friday after – Christmas Eve and Christmas Day – New Year's Day – (we will be closed early on 12/31). We will be closed on Dec 26th if Christmas falls on Thursday. Any other holiday falling on Saturday will result on Friday closure. Holidays on Sunday will result in Monday closure. Kiddos reserves the right to modify our holiday schedule.

School Closure
There will be **no credit given** for days when center is closed due to holidays, weather, emergencies, etc.

Absences
Tuition is based upon enrollment. Make-up days and/or credit will not be given for absences (sick, holiday, emergency closings, etc.) ***Every time your child is absent for the whole week, your tuition is 50%. You are paying for the spot, not for the attendance.***

Vacation Credit
Once your child has been enrolled at Kiddos of Katy for one year, you will be entitled to one week annually at no charge plus two weeks at 50 % off tuition. Vacation must be taken in full weeks' increments. No partial week credit will be given. A minimum of two weeks written notice must be given to qualify.

Termination of enrollment
Without exception, a two weeks' notice must be given in writing of your child's withdrawal from Kiddos of Katy. Parents will be responsible for 2 weeks of tuition at 50%, if Kiddos of Katy has not been notified two

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weeks prior to your child's last day of attendance.

Meals

Kiddos of Katy will provide breakfast to any child arriving before 8:30am, Lunch and an afternoon snack. The menu will be posted in the lobby for your review and a copy will be given at the parent's request. Kiddos of Katy Is a NUT FREE school. If you chose to provide lunch or snacks for your child It must be nut free. Any kind of nuts, nut butters or if we are unsure if it contains nuts will not be giving to your child.

Payment Agreement

Tuition / fees

Tuition for the first week is due on or before your child first day. All tuition payments are due on Monday mornings, a $20 late fee will be charged for payments received after Tuesday and $5 per day thereafter. Payments may be made by check, money order, cash, debit or credit cards. ***Credit card payments will have a fee***. (Weekly late fees will continue to accumulate until account is brought current). Kiddos of Katy will not accept a child after Tuesday if his/her tuition has not been paid. A $25.00 service charge will be applied to all returned checks. After the first returned check, we will not accept more checks for your child's tuition. Kiddos of Katy reserves the right to change tuition fees and policies at any time, with a minimum two weeks' notice.

Family Discount

A 10% sibling discount will be applied to the oldest child enrolled in fulltime care with Kiddos of Katy when two children are enrolled. If a family with three children are enrolled in our full-time program the oldest will receive the 10% discount and the second oldest will receive a 5% discount. All other children are charged at the regular rate. There will be no discount for infants or school age children.

Infant (6 weeks – 17 months) $320.00/Week
Toddler-(18 months to 23 months) $ 295.00/Week
Early Preschool- (24 to 35 months) $270.00/Week
Pre-K Readiness (3 TO 3 years old) $255/Week

Registration

Registration fee..... $120

Registration fees are paid yearly at the beginning of the school year and it covers supply fees as well.

Schooler Fee Policies

Before and after..... $ 130/ Week
After Only.....$ 115/Week
Before Only..... $ 105/Week
Early dismissal adds ..... $ 10.00
Full day of care adds..... $ 20.00
Camp (During winter or summer breaks) $255/Week

Absences for Before & After School

Parents are required to notify Kiddos of Katy by 2:00pm in the event that your child will not need to be picked up at their elementary school. This will avoid any delay caused by confusion regarding attendance. When we have to wait at school checking on a child it makes us late to the next school. If you fail to contact Kiddos of Katy you will be charged $5.

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- If your child needs to be transported to school in the mornings, please arrive before or at 7:20 a.m.
- It is the parents' responsibility to notify their child's elementary school that the child will be delivered and/or picked up by Kiddos of Katy.

_____ _____

Parent/Guardian signature Date

Vision and Hearing: All students age 4 years and older, enrolled in our facility, must have vision and hearing test results on file.

Statement of Good Health

All students are required to have a written statement, from a health-care professional who has examined the child within the past year, indicating the child is able to take part in the child-care program.

Health and Well Being

If your child is ill, we ask that you make alternate arrangements for his/her care. Our primary concern is always the health and wellbeing of all children enrolled with Kiddos of Katy. We are unable to care for children who are sick. We ask that if your child exhibits any of the following symptoms, please keep them home until they are symptom-free for a minimum of 24 hours. If at any time throughout the day your child begins to display any of these symptoms, we will require them to be pick-up early from school. Each child attending Kiddos of Katy will be required to have their temperature checked upon arrival and periodically throughout the day as a condition of attendance.

Possible reasons of exclusion from school:

a. If an illness prevents the child from participating comfortable in child-care center activities including outdoor play
b. If an illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care.
c. Forehead or armpit temperature of 100 degrees or greater.
d. behavior changes or any signs of symptoms or illness until medical evaluation determines that the child can be included in the center activities.
e. Symptoms and signs of possible severe illness such us lethargy, uncontrolled breathing, uncontrolled diarrhea, vomiting, unexplained rash, mouth sores, wheezing, behavior change, or other unusual signs until medical evaluation determines that the child can be included in the center's activities.
f. The child has been diagnosed with a communicable disease until medical evaluation determines when the child is no longer communicable and is able to participate in the center's activities.

If any of the above-mentioned symptoms should arise while your child is in our care, your child will be separated from the other children and a parent or guardian will be contacted and required to pick up the ill child. If you are not able to pick up your child within one hour, you will be required to make arrangements for someone else to pick up within the hour. Any child removed from the center due to illness must remain home from the center the following day and is free of all symptoms of illness for 24 hours or you have obtained a health care professionals statement that the child no longer has an excludable disease or condition. Children beginning an antibiotic regimen must not attend the center for the first 24 hours.

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Administration of Medicine

Medications will be administered to the child with written parental permission and as amended by a physician (No over the counter medicines will be given, that does not have age-appropriate dosage for your child's age unless they come with a doctor's note). The medication log for the parents to sign-in is located at the front desk. Medications will be given twice daily, or according to the physician's request. Please give medications to the Director who will ensure proper storage. Please do not send medication in your child's bag or coat pocket or leave medication in your child's storage space. Do not take medication to the classroom. All medication must be in the original container labeled with the child's full name and the date brought to the operation. You are responsible for providing the proper dosage measuring device. We will not administer any medication that has expired.

Sunscreen and Insect Repellant

Kiddos of Katy will not apply sunscreen or insect repellent at the school. Parents are welcome to apply the products before dropping off or stopping by during the day to apply.

What to Bring

- Baby food and breast milk or formula
- baby bottles
- A complete set of extra clothes
- Diapers and wipes (as needed)
- diaper cream or ointment
- water bottle/sippy cup (labeled with child's first and last name)

Personal item such as toy's, jewelry, purses ECT.

We understand that children want to bring their favorite toy, purses or wear their new necklace to school, however these items can cause serious disruptions in the class. For safety reasons children are not permitted to wear any type of necklace, lanyard or string around their neck. All necklaces and necklace type items will be removed at drop off. Please do not send your child with toys, large blankets, pillows ECT. Any item brought from home such as lunch boxes, backpacks & diaper bags should be clearly labeled with your child's first and last name. Please understand we are not responsible for lost or broken toys and unlabeled items.

Electronics and other electronic games

Children are not permitted to have iPad, electronic games, headphones, musical devices or fidget spinners etc.... at our school. These items are expensive and accidents do happen. Also, it causes behavioral issues in the classroom. Kiddos of Katy is not liable for any damage to items your child may bring to the school.

Daily Arrival and Departure

Your child must be accompanied by an adult to and from the reception area. The same escort needs to sign the child in/out of the computer. You are requested to designate any adults to pick up your child. Authorization forms are available. These completed forms will be kept in your child's file at the center. Please keep us informed of any changes to your authorized list. If you should request another adult to pick up your child, you must notify the center of the person's name, driver license number and relationship to the child. We will not release your child to anyone without identification.

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Curriculum

Kiddos of Katy uses a theme based, age-appropriate curriculum designed to address the specific needs of each age and stage in a child's development. Our curriculum addresses goals in all areas of development (social-emotional, cognitive, language, literacy, mathematics and physical development). Daily schedules for each age group can be reviewed from the parent information board or you may request a copy from a member of the management team.

Daily physical activity

Outdoor play provides for greater freedom and flexibility, fuller expression through loud talk, and a greater range of active movement. Outdoor play also extends opportunities for large muscle development, social-emotional development, and small muscle development by offering variety, challenge, and complexity in ways that are not attainable in a confined indoor space. Kiddos of Katy will ensure that each child receive a minimum of 60 minutes per day for outdoor play opportunities. If outdoor play becomes prohibited because of extreme weather-related conditions, each class will go to our indoor gross motor room to interact with the available materials such as, jump ropes, Hola hoops, balls and the virtual beam projector. Indoor gross motor and teacher lead activities to increase children's activity during the day will also be utilized.

Immunization Requirements for Children

Each child enrolled or admitted to child-care centers must meet and continue to meet applicable immunization requirements specified by the Texas Department of State Health Services. This requirement applies to all children in care from birth to 14 years of age.
According to the American Academy of Pediatrics, children require frequent boosters and immunizations in early childhood. Although children may be current with required immunizations when they enroll, they can miss future required immunizations. Since the risk of vaccine preventable disease has increased in group settings, ensuring appropriate immunizations are given is an essential responsibility in child care. The current immunization requirements can be found at http://www.immunizetexas.com .

All children enrolling with Kiddos of Katy must have an up-to-date immunization record turned into management before the child's start date. If immunizations are behind, a note explaining why and when the next appointment is scheduled and signed by a physician is required before the start date. If new shots are required after enrollment and have not been gotten in a timely manner Kiddos of Katy will suspend services until the record is updated.

To claim an immunization exemption, an official notarized affidavit form developed and issued by the Department of State Health Services must be provided to Kiddos of Katy on or before your child's first day of attendance.

A child may be exempt from immunization requirements for a medical reason or reason of conscience, including a religious belief. To claim an exemption, the person applying for the child's admission must meet criteria specified by the Department of State Health Services.

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For some diseases, a child who previously had a disease and is accordingly naturally immune from it may qualify for an exception to the immunization requirements for the disease. To claim this exception, the person applying for the child's admission must meet the criteria specified by the Department of State Health Services.

Children Immunizations: All enrolled children are expected to provide an updated copy of their shot records each time a new vaccine is received. Parents should request a copy from the doctor's office at the time of the visit to provide to our facility. In instances of parents choosing not to vaccinate, a state certificate must be provided to our office to satisfy the matter. Immunizations or the State Certificate of exemption must be received prior to your child's first day in care.

Behavioral Management

Our teachers will only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-direction, which include at least of the following:

a. -Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior.
b. -Reminding a child of behavior expectations daily by using clear, positive statements.
c. -Redirecting behavior using positive statements; and
d. -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.

Suspension and Expulsion: We will make every effort and attempt to bridge, redirect and correct children's behavior to an acceptable level while in our care; however, in the event that we are unsuccessful in this attempt we will meet with the parents of the child and try to bridge the gap from home to school, working together to meet the needs of your child. IF all efforts fail and a child is hurting other students, staff or oneself KKLC will call parents to pick up child and restrict a child's attendance from KKLC for a predetermined length of time. If all attempts fail with any child, KKLC does reserve the right to request your child's immediate withdraw from Kiddos of Katy learning Center.

Termination of Enrollment by Kiddos of Katy

We reserve the right to terminate enrollment at any time as a result of, but not limited to the following circumstances:

a. -Non-payment of tuition
b. -Abuse of children, staff, or property (student or parent)
c. -Continued violations of Kiddos of Katy policies
d. -Disruptive or dangerous behavior
e. -Our inability to meet your child's needs

A decision to terminate enrollment will be based on whether it is in the best interest of the child, the other children, and/or the overall operation of the center. Every effort will be made to correct the problematic situation before a final decision is made.

Medical Emergencies

Our priority is to keep your child safe while in our care. In the unlikely event of a medical emergency, the immediate needs of the child will be met by a staff member while another staff member initiates the Emergency Medical System (EMS). We will call 911, then notify you once medical treatment is in route. A staff

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member will accompany your child if you are not readily available.

Emergency Consent
In the event of an emergency, you are giving Kiddos of Katy permission to transport your child by ambulance and consent to any necessary examinations, anesthetics, and the advice of any physician or surgeon licensed to practice medicine in the State of Texas.

Notifications
All parent information will be posted at the front desk area. Any changes at the center, field trips or other events will be posted at the front or emailed. Also check your child's personal storage for notes or artwork. Parents may set up an appointment with the Center Director to discuss any concern. Kiddos of Katy has an open-door policy. Parents are welcome to join their child or observe them in any activity.

Questions to our Director?
If you need to review and discuss any question or concerns about the policies or procedures of our center, feel free to call us and schedule a conference with our director.

Reporting Suspected Child Abuse and Neglect
By law it is our responsibility to report any suspected cases of child abuse. Our staff are required to have annual child abuse and neglect training to recognize the signs and symptoms of abuse and neglect and Flyers and information will be available and distributed to parents. We will be in contact with Child Care Licensing to assist us and receive technical assistance to prevent and respond to any case or warning sign of abuse or neglect. You can also report suspected abuse to the Abuse Hotline 1-800-252-5400 or contact the local licensing office at 713-940-3009 or at https://www.txabusehotline.org/
If anyone needs more information on child abuse and neglect, please ask to see the director and information will be provided.

Unscheduled Closings
In case of severe weather or other dangerous conditions, the center may have to close.
The closings will be in accordance with the decision announced on television or radio stations by the local school districts (Katy ISD). If the center is opened and is required to close early due to dangerous conditions, parents will be notified as to where and when to pick up their children. Please keep the center updated and informed with the correct contact numbers.

Fire and Emergency Drills
A fire drill will be performed at least once a month. Severe weather drills will be performed at least once every three months. If you are at the center at the time of a drill or an emergency, you are requested to follow our procedures and evacuate the building immediately along with the children.

Animals
Kiddos of Katy does not allow animals of any kind on the premises during and after operating hours. Consequently, no animals are to be brought through the center doors or allowed outside of your personal vehicle.

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Water Activities

Only water table play for sensory activities will be provided at Kiddos of Katy Learning Center.

Breastfeeding: Our facility supports that human milk is the best source of nutrition for infants, providing them with optimal health and development. We provide a comfortable place with a seat in our center that enables mothers to breastfeed their babies or parents are welcome to provide breast milk for their child while in care.

Gang free Zone: We want to inform you that under the Texas Penal Code, any area within 1000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalty.

Fire Arms and Weapons Guns and knives are not allowed on the premises by anyone other than Law enforcement officials. Concealed carry permit holders must not bring their firearms of any kind concealed or openly carry. This is pursuant to the section in Texas minimum standards section 746.3707 Toys that explode or shoot are not allowed on the premises Such as: caps, BB guns, darts or fireworks. If these items are found on the bus, inside the classroom or in your child's belongings they will be taken away and a meeting will be held with the parents as to what will happen.

Smoke Free facility

Smoking is not allowed in our facility, playground or parking lot by Staff, parents or any other persons that may be present with the family. This includes your car that is parked in our parking lot. If parents volunteer to help with a field trip they may not smoke on the bus or on the premises that the field trip is occurring. This applies to anyone that volunteers or works for the center.

Emergency Procedures: We will relocate our children to the far side of playground or parking lot. If an emergency situation develops (fire, explosion, toxic fumes, etc..) and it is determined that the building or premises are unsafe, your child(ren) will be transported to our nearest elementary school (Robert King Elementary School, located at 1901 Charlton House Ln, Katy. 77493).

Appropriate seat belts and child restraints will be used when transporting children under 24 months and children with disabilities and a log must be kept of children being transported to ensure all children have arrived safely at the destination.

Parents of children under 24 months and children with disabilities are responsible to provide car seat and booster seats to use in case of emergency evacuation. The above-mentioned children will be assisted by teachers and administrative staff members to ensure their safety. Non-Walking infants will be placed on our evacuation cribs to make the exiting process faster, safe, and smooth.

We will call all parents and post information on the door. We will use staff cell phones to contact 911. We will use all vans from all Kiddos of Katy locations and teacher's cars if it is necessary to transport children. Staff will be responsible to carry emergency and parents contact telephone numbers for each child in care and their daily attendance list. Once we relocate, our staff will take attendance of our kids every 10 minutes.

Infant Safe Sleep Policy: Safe sleep for infants:

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Parents can review information on safe sleep and reducing the risk of sudden infant death syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS) at: http://www.healthvchildren.org/English/ages-stages/babv/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspxSAFE SLEEP POLICY

All staff, substitute staff, and volunteers at Kiddos of Katy Learning Center, will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of sudden infant death syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):
Always put infants to sleep on their backs unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional. Place infants on a firm mattress, with a tight-fitting sheet, in a crib that meets the CPSC federal requirements for full size cribs and for non-full-size cribs. For infants who are younger than 12 months of age, cribs should be bare except for a tight-fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing. Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation. Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult. If an infant needs extra warmth inserts type of sleep clothing that will be used, such as sleepers or footed pajamas as an alternative to blankets. Place only one infant in a crib to sleep. Infants may use a pacifier during sleep. But the pacifier must *not be attached* to a stuffed animal or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk. If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide an Infant Sleep Exception form 2710 signed by the infant's healthcare professional. Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e- cigarettes and any type of vaporizers.) Actively observe sleeping infants by sight and sound. If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position. Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally. Do not swaddle an infant for sleep or rest unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional.

Transportation and Field Trips: All parents of school-age children in our childcare must authorize the transportation of their child to and from school with permission via the admission form. Students are always required to wear their seat belt and stay seated until the driver tells them to unload. Children are not allowed to take items out of their bag, eat or drink while on the bus.

Access to Review inspections and Minimum Standards Online: Kiddos of Katy posts, on the bulletin board in the office, the latest Childcare License Inspection. Inspections and minimum standards can also be seen at the following DFPS website: http://www.dfps.state.tx.us/Site_Map/websites.asp

https://www.dfps.state.tx.us/child_care/search_texas_child_care/default.asp

The local Child Care licensing office is located at 1330 E. 40th, Houston, TX 77022 and can be reached at 713-287-3238.

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The website for the Health and Human Services Commission in charge of childcare Licensing
https://www.hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing

Employees Vaccine-Preventable Diseases: Employees are encouraged but not required to have any vaccinations.

Policy Changes and Parent notifications

All notifications of illness or injury will be phone calls to the parent and incident report for parents to review and sign. Notifications of upcoming events will be emailed to all parents, printed on our monthly calendar and on our parent board in the lobby. All infants will have a report sent home at the end of every day to update parents on feeding, sleeping, diapering and activities of the day.
For any policy changes within Kiddos of Katy Learning Center, we will e-mail you with a 2 week notice and post the information in our front office area.

For any questions or to request more information please contact;

Center Director
24820 Franz Rd.
Katy, TX 77493
Phone: (346) 802-2573
Fax: (346) 802-2574
Kiddosofkaty@gmail.com

Kiddos of Katy Learning Center

Amendment to the Policy Agreement of Kiddos of Katy learning center

Effective 11/19/2024, the following amendment is made to the Kiddos of Katy Policy Agreement regarding actions related to violence, property damage, and the overall safety of children, staff, and the facility. This policy is designed to ensure a safe and supportive environment for all children in our care.

Behavioral Expectations and Consequences:

At Kiddos of Katy Learning Center, we are dedicated to providing a nurturing environment that encourages learning, respect, and positive social interaction. While we understand that children may sometimes exhibit challenging behaviors, we also have a responsibility to ensure that these behaviors do not compromise the safety or well-being of other children or staff. As such, any behavior that involves violence, aggression, or destruction of property will be addressed with immediate and appropriate action.

Consequences for Violent or Destructive Behavior:

Immediate Suspension:

Any child who engages in violent behavior (such as hitting, kicking, biting, or any other form of physical aggression) or intentionally damages property may be suspended from care for a period of time. The length of the suspension will depend on the severity and frequency of the behavior and will be determined by Kiddos of Katy in consultation with the child's parent(s)/guardian(s). The suspension is intended to ensure the safety of all children and staff, as well as provide an opportunity for the child to reflect on their actions.

Termination of Services:

If a child continues to display violent or destructive behavior after suspension, or if the behavior escalates in severity, Kiddos of Katy reserves the right to immediately terminate childcare services for that child. In such cases, childcare services will no longer be provided, and the child will not be allowed to return to the facility.

No Refund Policy:

If a child is suspended or has their services terminated due to violent actions, property damage, or failure to comply with the center's rules and expectations, no refund of tuition or fees will be provided. This includes any fees paid for the current week, month, or future services. As such, families should be aware that payment for childcare services is non-refundable in the event of suspension or termination due to behavioral concerns.

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Kiddos of Katy Learning Center

Our Commitment to Safety:

Kiddos of Katy is committed to working with parents to address any behavioral concerns in a supportive and proactive manner. We believe in the importance of open communication and will always make every effort to collaborate with parents to help children improve their behavior. However, the safety and well-being of all children and staff is our top priority, and we must take appropriate actions when necessary to ensure that our environment remains safe, respectful, and conducive to learning for all children.

We appreciate your understanding of and cooperation with this policy. If you have any questions or concerns, or would like to discuss your child's progress, please feel free to contact us directly.

Sincerely,

Kiddos of Katy Team

11/19/2024

Parent's Signature: _____

Date: ___/___/_____

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Kiddos of Katy Learning Center

Parent Handbook Update Acknowledgment Form

We are committed to providing a safe, structured, and healthy environment for all children in our care. To support this commitment, we have updated our Parent Handbook to provide further clarity and detail on policies that have always been in place. These updates do not represent new rules, but rather expanded explanations to ensure clear understanding and consistency.

Please review the following updated sections:

Drop-Off and Pick-Up Policy
To maintain a consistent and structured environment for all children, the following procedures are enforced:

Drop-Off

- All children must arrive by 9:00 AM.
- No children will be accepted after 9:00 AM unless prior notice has been given.
- If your child has a scheduled appointment, you must inform us before 9:00 AM that day.
- A doctor's note/excuse is required at drop-off for your child to be accepted late.

Pick-Up

- All children must be picked up by 6:00 PM.
- A late fee of $20 will be charged for the first 5 minutes after 6:00 PM.
- After that, an additional $5 per minute will be charged.
- Repeated late pick-ups may result in further action, including possible dismissal from the program.

Illness Policy

To protect the health and safety of all children and staff, the following guidelines are strictly enforced:

- Diarrhea: If your child has two or more episodes, they will be sent home and may not return until they have been symptom-free for at least 24 hours without medication.
- Fever: If your child has a fever of 100°F or higher, they will be sent home and may not return until fever-free for at least 24 hours without fever-reducing medication. No exceptions.
- Contagious Illnesses: If your child is diagnosed with a contagious illness (e.g., COVID-19, flu, strep throat), they must be cleared by a doctor and provide a written note before returning.

Important Reminder: If an illness prevents your child from participating comfortably in childcare activities, including outdoor play, parents will be contacted and updated. If the condition continues, the child will be sent home.

These policies are in place to ensure smooth daily routines, safeguard the well-being of all children, and maintain a high-quality learning environment.

Parent/Guardian Acknowledgment

I, _____ (Parent/Guardian Name), acknowledge that I have received the updated Parent Handbook information and understand the policies outlined above.

Child(ren)'s Name(s): _____

Parent/Guardian Signature: _____

Date: _____

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Kiaos of Katy Learning Center

Operational Policy and parent Handbook

Acknowledgement of Receipt of Kiddos of Katy Learning Center's

Parent Handbook

_____

Child's printed name

_____ _____

Signature Date

_____

Parent/Guardian Printed Name

Kiddos of Katy Health Statement

24820 Franz Rd , Katy Texas 77493

Phone: (346)-802-2573 Fax : (346) 802-2574

Request for Health Requirements

This form must be filled out by your child's physician and should include the physicians address and telephone number. **NOTE: All four and five-year-old must have vision and hearing testing results on file.**

Please attach a copy of the child's original immunization record. It must be validated by a physician or other health care professional with a signature or rubber stamp and include the child's name, birthday, number of doses and vaccine type as well as the month, date and year the vaccine was received.

To the Physician:

This child has been enrol'ed at the Kiddos of Katy Preschool. Our activities include both quiet and vigorous indoor and outcoor play. Our playground has climbing equipment. Please sign below if the child is well enough to at:end or school.

_____ was seen in my office on_____ and was found to be in good health and free of any communicable diseases. He/she may attend daycare.

Physician signature_____

Address_____

Phone number_____

Physician **Fax** number _____

Parents signature _____

Child's name _____

Child's DOB _____

1) Please provide a copy of the child's ***vision and hearing*** _____
2) Please provide a copy of the child's **immunizations** _____
3) Please sign for **hea th statement** _____

Kiddos of Katy Learning Center

Discipline and Guidance Policy for Kiddos of Katy

Name of Operation

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

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature _____ Date _____

Check one please:

☐ parent ☐ employee/caregiver ☐ household member of child-care home



Learning Center

Child Assessment Form

Child's first Name_____ Last Name_____

Nickname_____ DOB: _____ Age_____

Childs Home Address _____

Mother's phone number_____ Fathers Phone Number _____

HEALTH:

Does your child have any allergies? _____yes _____No

If yes, what allergies does your child have? _____

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

Does your child have an existing illness? _____

Has your child had a previous serious illness or injury or hospitalization during the past 12 months?

_____

IS your child taking any medication? _____

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

_____

TOILETING:

Does your child need assistance with toileting? _____

How can we best help? _____

What are your ideas about toilet training? _____

How can we best help? _____

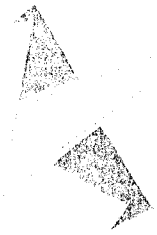
BEHAVIOR:

Does your child have any special fears? _____

How does your child communicate his/her needs? _____

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

_____



Learning Center

How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?

_____

When you child gets upset, what helps him/her calm down? _____

What is a good way to distract your child when he/she is having a temper tantrum?

_____

What is your child's favorite thing to learn? _____

What is Your Child's Least favorite thing to learn? _____

What is your child's favorite food? _____

What does you child's Least favorite food _____

Does your child use utensils or eat with fingers? _____

Does your child have a pet? _____ if yes what is the pets name_____

Does your child enjoy taking a nap? _____ Do they sleep best:

On back___ On stomach ___ On their side___

Are there any noises that scare your child _____ please explain? _____

FAMILY:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)

_____

_____

Is there any other information that you would like to share with us about your child?

_____

Signature of Parent _____ date _____

Signature of Director _____ date _____

Learning Center

PHOTOGRAPH AUTHORIZATION

I, _____ (parent or guardian name) give permission for Kiddos of Katy Learning Center to Phonograph my child,

_____ (child's name) for the following purposes.

Photograph, Please Check all that apply:

_____ Share with current Clients (via Newsletter, bulletin boards, Etc.).

_____ Craft Projects

_____ Display Still photos on Facility Website.

_____ Promotional material for prospective clients

_____ Online: Facility's Business website

_____ Online: Facility's Private Face book Page

_____ NO PHOTOGRAPHS ALLOWED

Videos, please check all that apply:

_____ Display video on facility website

_____ Display video on facility Facebook

_____ NO VIDOS ALLOWED

_____ I understand that it is my responsibility to update this form if I wish to retract permission in any category's listed above.

_____ I understand that permission is given for the entire period of my child's enrollment unless I update this form.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Director Date

Kiddos of Katy Learning Center

_____ I understand it is my responsibility to keep Kiddos of Katy up-to-date with my family's personal information including, phone numbers, place of employment and office number, home address, email, and emergency contacts information.

_____ I understand that I must provide Kiddos of Katy with a statement of good health form my health care provider and an up-to-date immunization record before my child's first day of attendance. I will also give copies of in future immunizations to Kiddos of katy as we receive them.

_____ I understand that my child will be required to have a visual health screen and temperature check by a Kiddos of Katy staff member before I can leave him/her at school. If my child has a temperature, rash, red eye or colored drainage from the eyes, nose or ears they will not be allowed to stay.

_____ I understand that automatic payments through tuition express is Kiddos of Katy's preferred method of Payment. Processing fees and other restrictions may be imposed other types of payments.

_____ _____

Mother/Guardian Printed Name

Father/Guardian Printed Name

_____

Child/Children's name

_____

Mother Email Address

_____

Father Email Address

_____ _____

Parent Signature

Date

_____ _____

Director Signature

Date

Kiddos of Katy Learning Center

Enrollment Agreement

Center Hours of Operation

The center is open from 6:00am to 6:00pm Monday through Friday.

The center will be closed in recognition of various holidays and professional development days throughout the year. The Center Director will provide a list of all planned closings. The center's hours and holiday schedule are set and posted annually but may be changed at any time. There is NO reduction in tuition as a result of center closures, including inclement weather or emergency closings. If I or other authorized persons fail to pick up my child and/or contact the center, and I or other authorized persons cannot be reached, center staff are required to contact Child Protective Services to assume the responsibilities of your child/children. Late fees will begin at 6:05pm an continue until your child is checked out of the school.

_____ I understand that tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the center. IF the hours my child attends change in any way, I will notify the Director immediately so appropriate staffing may be arranged.

_____ I agree to pay the full tuition before the end of business on Tuesday every week even if my child is absent for one or more days; I understand if my child will be out for the entire week my fee will be discounted 50% as a reservation fee. I understand the reservation fee must also be paid by the end of business on Tuesday and is subject to a late fee if not received on time. All planned vacation weeks should be requested two weeks in advance and all fees due while you are gone will be due before the vacation.

_____ I understand that if the weekly tuition is not paid by 6:00pm on Tuesday, a late payment fee of $20.00 Will be charged to my account and all fees will have to be paid before my child can return to the school on Wednesday. If the balance is not cleared on Wednesday an additional $5.00 per day will be charge until your account is current.

_____ I understand if my child is not picked up by 6:00pm at 6:05pm a $20.00 late pick-up fee will be charged. After 6:05pm I will be charged an additional $5.00 Per minute for every minute until my child is picked up.

_____ I understand that without exception, a two weeks' notice must be given in writing of your child's withdrawal from Kiddos of katy. IF a two weeks' notice is not provided, I will be responsible for 2 weeks of tuition at 50% each.

_____ I understand that Kiddos of Katy Reserves the right to terminate enrollment of my child at any time as a result of, but not limited to the following circumstances:

- Non-payment of tuition
- Abuse of children, staff, other clients or property (by student or parent)
- Continued violations of Kiddos of Katy policies
- Disruptive or dangerous behavior
- Our inability to meet your child or family's needs

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Child's name: _____ Date of plan: _____

Date of birth: ____/____/_____ Age _____ Weight: _____kg

Attach child's photo

Child has allergy to _____

Child has asthma. ☐ Yes ☐ No (If yes, higher chance severe reaction)
Child has had anaphylaxis. ☐ Yes ☐ No
Child may carry medicine. ☐ Yes ☐ No
Child may give him/herself medicine. ☐ Yes ☐ No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER
Anaphylaxis is a potentially life-threating, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis
What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

☐ SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.

Give epinephrine!
What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
   - Ask for ambulance with epinephrine.
   - Tell rescue squad when epinephrine was given.
3. Stay with child and:
   - Call parents and child's doctor.
   - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
   - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
   - Antihistamine
   - Inhaler/bronchodilator

For Mild Allergic Reaction
What to look for

If child has had any mild symptoms, monitor child.
Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child
What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: ☐ 0.10 mg (7.5 kg to less than13 kg)*
☐ 0.15 mg (13 kg to less than 25 kg)
☐ 0.30 mg (25 kg or more)
(*Use 0.15 mg, if 0.10 mg is not available)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

_____ _____ _____ _____
Parent/Guardian Authorization Signature Date Physician/HCP Authorization Signature Date

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Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
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Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: _____

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

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This information should not take the place of talking with your child's doctor.

Learning Center

FOOD ALLERGY/FOOD RESTRICTION

Child's Name: _____ Child's Birthday: _____/_____/____

Classroom: _____

Food allergy or restriction: (List each food separately)	Check the Medical Condition	List Appropriate substitutes
	_____Food Allergy _____Food Intolerance _____Religious or Personal Preferences	
	_____Food Allergy _____Food Intolerance _____Religious or Personal Preferences	
	_____Food Allergy _____Food Intolerance _____Religious or Personal Preferences	
Other Allergy:	Reaction: ___Mild ___Severe (Antihistamine) ___Severe (EPI-Pen)	Plan For Management:

*For an Allergy, an Action Plan must be completed by your child's Physician.

Full Name	Address	Emergency Phone Number
Mother:		
Father:		
Emergency Contact:		
Emergency Contact:		

Parent Signature _____ Date: ___/___/____

Director Signature _____ Date: ___/___/____

Kiddos of Katy

Learning Center

EMERGENCY TRANSPORTATION

STANDARD #: 746-701

I _____ HEREBY AUTHORIZE KIDDOS OF KATY TO TRANSPORT MY SON/DAUGHTER _____ TO THE NEAREST HOSPITAL IN CASE OF AN EMERGENCY; THE NEAREST HOSPITAL BEING MEMORIAL HERMANN

NAME: MEMORIAL HERMANN KATY HOSPITAL

ADDRESS: 23900 KATY FWY, KATY TX, 77494

TELEPHONE: (281) 644-7111

PARENT SIGNATURE DATE: _____

X _____

Kiddos of Katy Learning Center

Emergency and Contact information Sheet

Child's Name _____ Date of birth: _____

Home Address _____

_____

_____

Home Phone: _____

Mother's Phone: _____

Father's Phone: _____

Email Addresses: _____

Emergency Contact Information

1)Name: _____ 2) Name: _____

Home Phone _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Relationship to Child _____ Relationship to Child _____

Medical History

Please list any health conditions that medical personnel would need to know?

_____

_____

_____

Preferred Hospital or Emergency care facility? **Please list facility, address, and phone number**

_____

_____

_____ _____

Signature Date

Automated Payment Processing

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We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

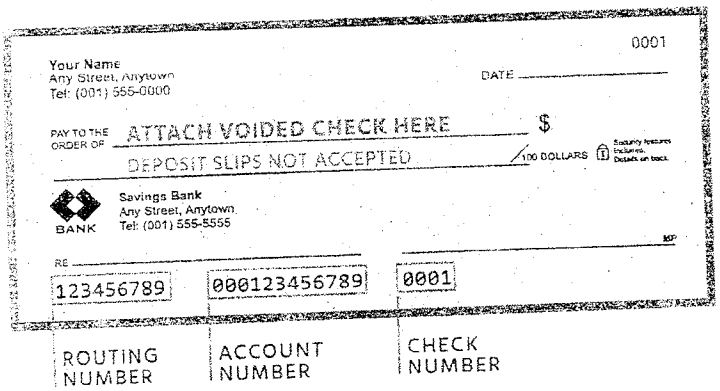
Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____



FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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NEW ☐ UPDATE ☐ DROP IN ☐

Institution Name: RIGHT FROM THE START NUTRITION Agreement Number: 03132

Facility/Provider Name: Kiddos of Katy 1207

Child and Adult Care Food Program (CACFP)

Participant Enrollment Form

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. **(In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)**

Parent/Guardian Please Complete:

Participant's (Child) Name: _____ Date of Birth: _____ Age: _____

Sex: ☐ Male ☐ Female Date participant enrolled in the facility: _____

Food Allergies: ☐ Yes ☐ No If "yes" specify: _____

(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be provided.)

Check Days of Normal Care at facility: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Check meals normally eaten at facility: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

Please list the normal times of arrival and departure (check am or pm): **Arrive:** _____ ☐ am ☐ pm **Depart:** _____ ☐ am ☐ pm

RACE OF PARTICIPANT: You are NOT required to answer this question.

☐ White ☐ Black or African American ☐ America Indian/Alaska Native

☐ Asian ☐ Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question.

☐ Hispanic or Latino ☐ Not Hispanic or Latino

If participant is an infant (0-11 months), please complete this box, Check all applicable choice(s) below:

This institution/facility offers _____ formula for infants through CACFP. It is your choice
(To be completed by facility/provider)

whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

Please mark your preference (choose all that apply)	Today's Date Birth - 5 months	Today's Date 6 - 11 months
I will bring expressed breastmilk for my infant.		
I want the provider to provide the infant formula for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring.		

According to CACFP requirements, in order to claim meals for reimbursement, the provider must provide infant cereal and other foods when your infant is developmentally ready to accept them.

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

Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.

I hereby certify the information given on this sheet is true and correct to the best of my knowledge. I also certify that I was given CACFP Meal Benefits Income Eligibility Form Letter to Household, the WIC information, Building for the Future Flyers, Civil Rights Appeals Procedures.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Date Dropped:

Work Telephone Number: _____ Emergency Telephone Number: _____ _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA Director Office of Adjudication and Compliance, 1400 Independence Avenue SW, Washington, DC 20250-9401 or call (866) 632-9992, (202) 260-1026 or (202) 401-0216 (TDD). This institution is an equal opportunity provider and employer.

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
☐ Hispanic or Latino	☐ Asian	☐ American Indian or Alaska Native
☐ Not Hispanic or Latino	☐ White	☐ Native Hawaiian or Other Pacific Islander
	☐ Black or African American	

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

☐ **I do elect to allow my household information to be disclosed.**

☐ **I do not elect to allow my household information to be disclosed.**

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income:_____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility:____ Date Withdrawn: _____ Eligibility: Free____ Reduced____ Denied ___ Tier I____ Tier II ____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
This institution is an equal opportunity provider.

(2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov