

Child Admission Form Information

Operation Name: Home Based Learning Academy LLC "HBLA"

Director's Name: Erika Nevarez

Child's Full Name: _____

Child's Date of Birth: _____

Child's Home Address:

Date of Admission (first day of daycare): _____

Date of Withdrawal: _____

Mother's Name: _____

Mother's Phone Number: _____

Mother's Email: _____

Mother's Place of Employment: _____

Mother's Work Number: _____

Father's Name: _____

Father's Phone Number: _____

Father's Email: _____

Father's Place of Employment: _____

Father's Work Number: _____

Guardian's Name (if applicable): _____

Guardian's Work Place and Number:

Please give the name, address, phone number, and relationship of at least 3 people to call in case of an emergency if parents/guardians can not be reached:

1. _____

2. _____

3. _____

Children will ONLY be released to a parent, or an emergency person designated by parents/guardians after verification of ID.

Parent/Guardian Signature: _____

I understand the following meals will be served to my child while in care:
BREAKFAST, AM SNACK, LUNCH, and PM SNACK

My child will normally be attending the facility on the following days, and times:
(this schools hours are 7:00am-6:00pm)

- Monday from: _____ to: _____
- Tuesday from: _____ to: _____
- Wednesday from: _____ to: _____
- Thursday from: _____ to: _____
- Friday from: _____ to: _____

List any, and all existing information such as allergies, existing illnesses, previous serious illness, injuries, and hospitalizations during the past 12 months. ANY medications prescribed for a long term continuous use, and any other information that of which the facility should be aware of:

Child "All About Me"

All the information provided on this form is requested so I can get to know your child and help the adjustment period go a little smoother. It will all be kept confidential.

Child's Name: _____

Birth Date: _____

Please circle all the words that best describe your child:

Calm, Shy, Excitable, Happy, Sensitive, Cheerful, Loud, Quiet, Easily Angered,
Stubborn, Curious, Active, Destructive, Gives in Easily, Temper Tantrums, Jealous,
Shares Well, Hyperactive, Bright, Slow Learner, Busy, Contented, Other:

How well does your child get along with other children?

Child's Favorite Games, Activities, Etc.:

What Makes Your Child Mad or Upset:

What Do You Find Is The Best Way of Handling Your Child:

Are there any "family" rules I should be aware of?

Any special concerns or comments?

Eating Habits? _____

Favorite Foods? _____

Least Favorite Foods? _____

Daycare Experiences:

How many childcare facilities has your child been in? _____

Reason for leaving last daycare?

Name & Telephone number of last daycare provider or center?

Any Special Concerns?

Medical Information:

List child's frequent illnesses (strep, ear infections, etc.)

Any known allergies? (Medicines, Foods, Insect Bites, Asthma, Etc.)

What communicable diseases has your child had? (chicken pox, measles, mumps, etc.)

Are any medications given regularly?

Are there any medical concerns we should know about?

Parent/Guardian Signature: _____

PAYMENT AGREEMENT

The payment for care shall be \$_____ per week/month and reflects a schedule as follows:

Arrival Time: _____ A.M Pick Up Time: _____ P.M

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

(Circle the days your child will be in our care)

The above dates are NOT flexible, unless otherwise stated per a court order, or discussed with the director prior. In the case that days need to be changed, an updated Attendance and Payment Agreement form will need to be filled out.

If a parent is late picking up the child/children after 6pm, every effort must be made to contact the provider.

A late pick up fee of \$5.00 every 5 minutes will be charged, and must be paid in full before your child returns.

Late Payment: A late fee of \$10 will be applied each day starting Tuesday. If full payment is not made by Wednesday of that week with late fees, your student will lose their spot.

Payment in full to the provider in advance of care and paid every Monday, for CCS parents' payment is due the 1st of the month.

Accepted methods of payment: Money Order, Credit/Debit Card

Parent/Guardian(s) Signature: _____

Provider Signature: _____

IN CASE OF EMERGENCY/EMERGENCY PREPAREDNESS PLAN

Evacuation Plan:

If there is an emergency that requires an evacuation of this facility, one of the following plans will be used:

- If the emergency requires that children and staff evacuate from the facility, we will take the children to the facilities parking lot located on the west side of the facility. The number to call to reach us is our school number (903)487-0843.
- If a medical examination, or treatment is needed, we will take that child or children to the facility listed on that child's file, or if not listed, I will take to the nearest hospital or have the child transported by ambulance (you are responsible for all cost).
- If an emergency requires a larger area evacuation, we will take the child/children to the O'Reillys parking lot located at 2317 Texoma Pkwy, Sherman, TX 75090. Phone number for there is (903)893-3640.
- If a tornado is present and we have enough time we will take all precautions. We will go to the nearest hallways and/or bathroom for safety.
- All children old enough to walk will walk to each place listed above.
- Children that cannot walk: between my staff, our strollers, and a play pen we will place each child that cannot walk with someone to help transport or place children in play pens to help transport easier.

EMERGENCY PREPAREDNESS PLAN:

- A Mobile Emergency Kit is kept in the main lobby, Infants Room, Maintenance Room, Toddler 1 Room and Toddler 3 Room. We will check supplies and practice monthly drills, and record on an evacuation/fire drill form. I will maintain supplies that are appropriate for the ages of children in my care.
- We will stay with the children at all times during an emergency. We will check and record time, and attendance before evacuation and whenever children are moved, and every 30 minutes there after. We will bring any necessary

medication, supplies, and essential emergency records/documents for children.

- All your child's medical treatment information, emergency numbers, and name to face count will all be done through Brightwheel. We will also take a copy of the medical treatment form and have it for us as well.
- Either the director or assistant director will be in charge of calling 911, ambulance, or any other emergency personnel, and Child Care Licensing.
- Either a director or assistant director will then start calling parents. We will call the first number listed on the admission form.
- If there is an emergency where "Shelter-In-Place" is required. All the children will go to the bathroom and hallways located in the classrooms of the facility and remain there until rescued, or notified that conditions are safe. We will sound the emergency alarm by whistle.
- We will provide bottles, pacifiers, formula, diapers, wipes, water to all children until they are reunited with family.
- We will contact each parent/guardian/emergency contact when the evacuation, relocation, or sheltering/lock-down is lifted.
- "Shelter-In-Place" supplies are kept in the main lobby.
- We will check supplies every month and document on a shelter-in-place drill log form.
- In an emergency, we will contact family/emergency contacts to make plans to reunite the parent and the child.
- We will train all adults who help care for the children about the emergency plans and procedures.
- We will post emergency evacuation and shelter-in-place routes and procedures in our facility in multiple locations.
- We do practice a lock-down drill every 3 months in our facility.

COMMUNICATION/NOTIFICATION PLAN:

- We will talk to parents about emergency plans or any changes in the emergency plan.
- We will update emergency contact information every six months with parents/guardians.
- We will notify parents by calling work, home, and/or cell phones, emails, as applicable.

- If parents cannot be reached, we will contact the friends, relatives, and neighbors who are authorized to pick up a child in an emergency.
- We will try to identify an out of town contact person that can be reached by phone or email if needed.
- In the event that we receive different instructions from emergency personnel, we will make every attempt to contact parents/guardians/emergency contacts with alternate plans.

I have read and understand the above.

Parent/Guardian Signature: _____

Date: _____

Child Care Sick Policy

We will NOT provide care for a sick child if the health of other children are at risk. Please keep your child home if they are sick. A child that is sick cannot participate in daily activities, routines, and cannot be successful in group care.

- You must have a plan for backup care when your child is excluded from child care if you are not able to leave, or stay at home from work to care for your sick child.
- Each morning we perform a quick, visual health assessment on your child, as well as throughout the day.
- If a child is ill upon arrival, you will be asked to take your child home, children showing signs, or symptoms of illness will not be accepted, and must remain home.
- If your child becomes ill while in our care, we will notify you as soon as possible so arrangements to pick up your child can be made.
- If you are unreachable, we will contact your emergency contacts to pick up your child. This is why you MUST provide local emergency contacts, and information on how they can be reached in case of an emergency.
- Your child will be made comfortable and offered a quiet place to rest until you arrive.
- If your child leaves another program, or school during the regular school day due to illness, they will not be able to attend our facility the same day.

We can administer NONprescription, TOPICAL skin products such as baby lotion, diaper ointment, teething gel, and sunscreen with written authorization.

We CANNOT give any other medication without a written doctor's note.

The following are reasons we will request your child/children to be picked up.

- Fever with behavior changes or signs/symptoms of illness. If a child's temperature is 100.4 or above we will ask that the child be picked up.
- Diarrhea (once they reach 3 they will need picked up)

- Vomiting
- Sore throat, or difficulty swallowing
- Headache, or stiff neck
- Severe itching, or any kind of body rash
- Mouth sores
- Significant tiredness, irritability, or crying (we understand children cry, but when we can't get them to settle down, and have tried all efforts we have to assume the child is trying to let us know something is wrong).
- Difficulty breathing, chronic coughing, or wheezing
- Any contagious condition including ringworm, bedbugs, head lice, pink eye, or strep.
- With head lice, ALL eggs AND bugs MUST be completely gone.
- Unusual nasal discharge
- Unusual eye discharge
- Constant, consistent pain in the stomach
- If you believe your child is teething, and has fever or pain associated with this, we must see swollen gums, or teething coming through to administer medicine, as well as a parent note.
- Behavior that seems unusually slow, confused, and/or disoriented
- Has symptoms of covid 19, or has come into contact with someone that is positive.
- If a child in care tests positive for covid 19 they will need to be quarantined for 15 days, and have a negative test result to return to school.

In case of fever, diarrhea, and/or vomiting, the child will be unable to return to care until at least 24/48 hours have passed since the last sign of the symptom.

These symptoms may or may not be associated with a communicable illness. Without consultation from a health care professional, it is impossible to determine the nature of the illness. Therefore, you will need to pick up your child for further evaluation.

You, as the parent, are required to inform us within 24 hours if your child, or if a member of your immediate household develops a communicable disease.

You, as a parent, must report life-threatening diseases immediately.

We will notify all parents within 24 hours if a communicable disease is reported at our facility.

Health department regulations governing periods of infection, and exclusion will be enforced.

I have read, and understand what is explained above, and agree to follow the terms of this sick policy.

Parent/Guardian Signature: _____

Written Agreements

Insurance: This portion is to make sure you as parents, and guardians are aware that this child care operation does NOT carry liability insurance. We don't carry it due to the fact that we try to keep our school at a low number of enrollment to be able to provide the children with the highest quality of care we possibly can. With lower numbers, we can ensure more one-on-one time between teacher, and students ensuring the ability to keep a watchful eye so no one gets hurt.

Due to this our school will not carry liability insurance.

Sign to acknowledge you have read, and understand the above.

Parent/Guardian Signature: _____

Essential Oil Use: I agree to the use of essential oils in my child/children's child care facility at HBLA to be both diffused, as well as for use in cleaning purposes.

Sign, and ate to acknowledge you have read the above, and understand.

Parent/Guardian Signature: _____

Permission to Photograph: I give HBLA permission to photograph my child for display of photographs on bulletin boards shown to both current and prospective clients, as well as our facility's website, Facebook page, and brightwheel.

Only first names, and possibly last initials (in the event two, or more children have the same first name) will be displayed.

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

List here if any of the above you don't wish to approve. If none write none, etc.

Parent/Guardian Signature: _____
Parent/Guardian Printed Name: _____
Date: _____

Vacation Holiday Agreement Holiday Closures 2022

Previously throughout the years we have allowed parents to use sick/vacation days. As of 2022 we will NOT be moving forward with that policy. When your child is enrolled in a facility you are paying weekly for your child's spot here, not their attendance. So each week payment will need to be made to keep your enrollment current.

We will follow Sherman ISD for all bad weather closures, days are subject to change, and overall we will have final say on closure due to bad weather, and will always keep you updated.

Parent/Guardian Printed Name: _____
Parent/Guardian Signature: _____
Date: _____

Please review, and keep the last page for your records.

January:

3rd- New Year's Day observed.

17th- Martin Luther King Day

February:

21st- Presidents Day!

March:

18th- Staff Development Day

April:

15th- Good Friday

May:

30th- Memorial Day

June:

20th- Juneteenth Independence Day Observed

July:

4th- Independence Day

August:

19th- Staff Development Day

September:

5th- Labor Day

October:

10th- Columbus Day

31st- Holiday close at 2:00pm

November:

11th- Veterans Day

24th- Thanksgiving Day

25th- Black Friday

December:

23rd- Christmas Eve Observed

26th- Christmas Day Observed
30th- New Year's Eve Observed

THINGS TO REMEMBER:

- Are all my child/children's items labeled?
- Does my child/children have a cup/bottle for the day?
- Does my child/children have an extra change of clothes for the day?
- Has my payment been made this week?
- Have I checked the lost and found this week, if I am missing anything?
- Does my child have enough diapers, wipes, formula...etc. for the day?

Parents we have ZERO tolerance with any use of profanity within these buildings. This goes for staff, children, or another parent. If you feel the need to use this language please use it off our facility, or you will be kindly asked to leave!

Please be respectful to all staff and know we are doing our utmost with the children in our care. Any disrespect will result in immediate termination of care in my facility.

Parents, please take all phone calls outside of our facility. Taking phone calls or coming in already on the phone takes away from the excitement your child/children have to see you,

and any important details a staff member might have for you.

(we are NOT currently allowing parents inside the building)

Things To Get Your Child/Children Ready for Daycare

- Health Statement (this is a paper from your doctor stating your child is free from any illnesses, and diseases. And is physically and emotionally able to attend daycare)
- Immunization records (up to date)
- Blanket (only if they are able to walk)
- Cup/bottles (they must go home daily)
- Mat for napping, this is only for children that can walk.
- Playpen (if you'd like your child to have one please have it labeled)
- Extra Clothes (EVERY student must come with a change of clothes, if we do not have clothes on hand when needed we will ask that the child be picked up, or clothes provided immediately.)
- Diapers, and wipes if applicable.
- If your child is 12months, or up they must have shoes on hand. If your child is walking they MUST have shoes on at all times.
- Formula, or breast milk.
- Drop off is NO later than 9:00am. If you will be later than 9:00am you must call ahead of time, if its for a doctors appointment, etc. We will need a note.