

Registration Form
Revised August 2021
Form 01



Child Development Laboratory School
3110 Mustang Road
Alvin, Texas 77511
281-756-3644

Office Use Only: ProCare # _____

Start Date: _____

Withdrawal Date: _____

Special Needs: _____

Photos for Marketing: () yes () no

Legal Restrictions: () yes () no

Child's Full Name _____ Birth Date _____

Name Child Goes By _____ Sex: Male _____ or Female _____

Child's Home Street Address _____

City _____ Zip _____ Home Phone _____

* on a regular basis my child will be arriving @ _____ A.M. and departing @ _____ P.M.

Parent or Guardian Information

Mother's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Home Address (if different than child's) _____

Father's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Home Address (if different than child's) _____

Family Information

_____ parents living together _____ parents living separately _____ one parent absent from child's life

List Names and relationships of others living in the home with this child: (brothers, sisters, grandparents or other):

If Parents are living separately, may both parents be contacted in case of emergency? _____ Yes _____ No*

* If "NO", a copy of the signed Judge's orders must be attached to this form so that we will not release child to that parent!

Child's Release Form

Please read carefully.

As stated in your parent handbook: "Children will be received as early as 7:00 a.m. All children are encouraged to arrive by 9:00 a.m. All children should be picked up by 5:30 p.m. or before. There is a charge of \$1.00 for every minute after 5:30 p.m.

A parent or adult (person over 18 years of age) must accompany little ones into the center and to their assigned areas. Be certain that your child is greeted by a center staff before you leave. Please do not send minor siblings to sign in/out a younger child."

At the end of the day, or during the day my child may be released only to the person signing this form or the following people. In case of an emergency, any of the following people may be called – if I am unavailable.

Note: We DO check driver's license numbers, so please remind people listed to bring their driver's license into the center to sign out your child.

Full Name	Phone Number	Relationship to child	License #
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Full Name	Phone Number	Relationship to child	License #
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Full Name	Phone Number	Relationship to child	License #
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Full Name	Phone Number	Relationship to child	License #
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Full Name	Phone Number	Relationship to child	License #
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Should the need arise to have someone other than a person named above come for your child we will implement the following procedure:

1. You should call in the person's name and driver's license number and a password to be used for verification (i.e. any word, person, place or thing - not the child's or your name)
2. Give that password to the person who is coming to pick-up your child.
3. When this person arrives, we will check the Driver's License and ask them for your password.
4. We will verify both prior to releasing your child.

Parent or Guardian Signature: _____

Family Password: _____

Child Information Form

Child's Full Name: _____

Name Child Goes by: _____ Date of Birth: _____

Please answer the following questions from the **child's perspective**.

I was born in _____ (city/state). My mother's name is _____ and
was born in _____ on _____ (DOB). My father's name is _____
and he was born in _____ on _____ (DOB).

My mother's parents live or lived in _____ (city or state or country).

Their real names are _____ & _____

but I call them _____ & _____.

My father's parents live or lived in _____ (city or state or country).

Their real names are _____ & _____

but I call them _____ & _____.

My family's cultural/ethnic heritage is _____

My family has special customs and traditions. They are _____

Some favorite activities that my family engages in are _____

My favorite food is _____ My favorite song to sing is _____

Child's Personal History

Has the child had a previous group or preschool experience? _____ If so, where, when and how long? _____

Does the child have any allergies? (if "yes", please list):

Are there any medical problems of which we should be aware? _____

Are there any diet "restrictions"? Explain:

What words does your child use for toileting? _____

Does your child have any fears? i.e. thunderstorms, people in uniform, clowns

Please share any additional information such as discipline, child's communication, comforting and so on which would make your child's day more pleasant: _____

Do you or your family members have any hobbies, talents or a career which you would be willing to share with your child's or other classroom?

Office Use Only Date Received _____ Fee Paid _____
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ACC Laboratory School
3110 Mustang Rd
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Enrollment Agreement

ACC Laboratory School accepts children ages 18 months through five years for a full-day, full-week early childhood program. ACC Lab School seeks to provide equal educational and employment opportunities without regard to race, color, religion, national origin, sex, age, handicap, marital status, or veteran status.

To reserve a space for your child, complete the following information. Sign, date, and return this form to the center along with the registration/supply fee.

Child's Name _____ Birthdate _____ M ____ F ____

Address _____ Home Phone _____

Parent or Guardian's Name _____

Address (if different than above) _____

Email address: _____

To reserve a space for my child, all fees due are attached; the \$40.00 registration/supply term fee per child NON-REFUNDABLE. I understand that the weekly fee of \$_____.00 is due in advance. If I do not plan to enroll my child, I will notify the ACC Child Development Lab School two (2) weeks in advance of the term and will complete a withdrawal form.

(Fall, Spring, Summer). The registration/supply fee (\$40.00) will be due each new term: September, January and (\$20.00) in June for Summer.

Parent or Guardian's Signature _____ Date _____

Health Record / Physician's Statement

Child's Name _____ Birthdate _____ Sex: M _____ F _____

Parent's Name _____

Physician's Name _____ Phone Number _____

Physician's Address _____ City / State _____ Zip _____

Please Complete Chart, or Attach Copy of Immunizations Record Signed by Physician

Immunizations	Date / Dose 1	Date / Dose 2	Date / Dose 3	Date / Booster	Date / Booster
Hepatitis B					
Rotavirus					
Diphtheria, Tetanus, Pertussis					
Haemophilus influenza type b					
Pneumococcal					
Inactivated Poliovirus					
Influenza					
Measles, Mumps, Rubella					
Varicella					
Hepatitis A					

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

Parent's Signature _____ Date _____

Allergies _____

Vision	R 20/	L 20/	() Pass () Fail
Signature	Date:		
Hearing	1000 Hz	2000 Hz	4000 Hz
R			
L			
Signature:	Date:		

“This child has been examined by me and is found free of contagious diseases and infections, as well as physically and mentally able to participate in activities.”

Signature of Examining Physician _____ Date _____

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

**** **Parent's Signature** _____ **Date** _____

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Child's Name _____

Permission Form

My child has permission to:

1. use all play equipment and participate in all Center activities Yes ____ No ____
2. participate in water play (such as water table activities and sprinklers) Yes ____ No ____
3. be videotaped and/or photographed for public ACC media information and/or advertising. Yes ____ No ____
4. be photographed for educational purposes and to be shared on ClassTag a Parent -Teacher digital communication system for the class only. Yes ____ No ____
5. be observed by ACC college students who are fulfilling requirements in Child Development/ Education Courses. Yes ____ No ____
6. Have insect repellent applied, if needed prior to going outside. Yes ____ No ____
7. Have First Aid treatment applied if need; such as bactine antiseptic, band-aids, saline eye wash. Yes ____ No ____
8. Have over the counter diaper rash medicine applied as needed (i.e. A & D ointment) Yes ____ No ____

Comments: _____

Parent Signature

Date

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Consent for Emergency Medical Treatment

I, the undersigned, authorize the staff of the ACC Laboratory School to take whatever emergency medical measures are deemed necessary for the care and protection of my child enrolled in the early childhood program.

My Child's Name _____

My Child's Physician _____ Phone Number _____

Physician's Address _____

Street

City State Zip

Hospital Preference _____

Hospital Address _____

Street City State Zip

City State Zip

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: _____

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

Child's Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Emergency Contact Information

Mother's
(Guardian) Name _____ Cell phone or best contact # _____

Employer _____ Work Phone _____

Email Address: _____

Father's
(Guardian) Name _____ Cell Phone or best contact # _____

Employer _____ Work Phone _____

Email Address: _____

If Parents are living separately, may both parents be contacted in case of emergency? ____ Yes ____ No

If unable to contact parents or guardian, Contact:

Name: _____ Relationship to Child: _____

Primary Phone _____ Alternate Phone _____

Address _____

OR

Name: _____ Relationship to Child: _____

Primary Phone _____ Alternate Phone _____

Address _____

ACC Emergency Rave Alert System:

Register the following phone numbers and/or email addresses for the ACC Emergency Rave Alert:

ACC Laboratory School
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Contract for Child Care Services

Name of Child _____ Birth date _____

Date of Enrollment _____

The ACC Child Development Lab School agrees to:

1. Provide childcare Monday through Friday between the hours of 7:00 a.m. and 5:30 p.m. except on designated holidays as stated in the Parent's Handbook which accompanies this contract.
2. Provide morning and afternoon snacks and a healthy lunch per child each day the program operates.
3. Provide a developmentally appropriate curriculum for your child as outlined in the Parent Handbook.
4. Keep parents informed of their child's growth and development.
5. Provide all other services as explained in the Parent Handbook which apply to your child.

As Parent (s) or Guardian of the above named child I agree to:

1. Pay in advance the weekly fee of \$_____.00 per child which applies to all weeks the child is enrolled in care regardless of holidays or bad weather days. I understand that I pay the full weekly fee regardless of whether my child attends or not, in order to maintain my child's space. Pay any late fees as outlined in the parent handbook.
2. Pay a non-refundable registration/supply fee of \$40.00 for each term September (fall term), January (spring term) and \$20.00 June (summer term).
3. Have my child picked up within one (1) hour of being notified that my child is too ill to remain in care
4. Notify the Center's Director or Assistant Director at least two weeks in advance of intent to withdraw the child. If a signed withdrawal form is not completed, I agree to pay the remaining two weeks tuition.
5. Abide by all the guidelines as stated in the Parent's Handbook, which I have read.

ACC Lab School; Director/ Assistant Director

Parent(s) or Guardian

Date

Date

Gang Free Zone: Under the Texas Penal Code, any area within 1000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement: HHSC values your privacy, for more information, read our privacy policy online at <https://hhs.texas.gov/polcies-practices-privacy#security>.

Childcare operations are public accommodations under the Americans with Disabilities Act, Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA information line at (800) 514-0310 (voice) or (800) 514-0383 (TTY).

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Operational Policies & Parent Handbook

I have received a copy of the Parent Handbook; including the operational policies:

- * Procedures for release of children
- * Suspension and expulsion
- * Emergency plans
- * Communication procedures
- * Participation in activities
- * Procedures for parents to contact Child Care Licensing, DFPS, and Child Abuse Hotline
- * Health Checks
- * Illness & Exclusion criteria
- * Immunization requirements for children
- * Meals and food service practice
- * Visiting the center w/out prior approval

I, _____, have read, fully understand, and agree to abide by all guidelines, schedules, and information stated and set forth in the Parent Handbook.

Parent or Guardian

Date

Medication Policy

I agree to complete a Medication Form, each and every time my child is prescribed a new medication and I will deliver the medication in the original bottle to a Lab School staff member. I will not leave any unauthorized medication in my child's cubby, backpack or classroom.

Parent or Guardian

Date

Class Tag

Class Tag is an electronic communication system used between the classroom teacher and the class parents. While using Class Tag, all of your contact information will remain private if you select so when signing up and only invited members will have access to "shared" information, pictures and schedules. As part of this communication method the classroom teacher can be contacted directly by parents. This is a good method for open direct communication with your child's teacher. I would like to participate in Class Tag for my child's classroom information and pictures.

Parent or Guardian

Date

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Discipline and Guidance Policy

- Discipline must be:
 - Individualized and consistent for each child;
 - Appropriate to the child's level of understanding; and
 - 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:
 - Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - Reminding a child of behavior expectations daily by using clear, positive statements;
 - Redirecting behavior using positive statements; and
 - 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:
 - Corporal punishment or threats of corporal punishment;
 - Punishment associated with food, naps or toilet training;
 - Pinching, shaking, or biting a child;
 - Hitting a child with a hand or instrument;
 - Putting anything in or on a child's mouth;
 - Humiliating, ridiculing, rejecting or yelling at a child;
 - Subjecting a child to harsh, abusive, or profane language;
 - Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - 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