



## ADMISSION INFORMATION

**Purpose:** Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

GENERAL INFORMATION			
Operation's Name: <b>TRIMC preschool</b>		Director's Name: <b>Ashley Glass</b>	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual <b>to call</b> in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	

CONSENT INFORMATION
<b>CHECK ALL THAT APPLY:</b>
<b>1. TRANSPORTATION</b> I give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
<b>2. FIELD TRIPS</b> <input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> I <b>do not</b> give consent for my child to participate in field trips.
<b>Comments:</b>
<b>3. WATER ACTIVITIES</b> I give consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds

**CONSENT INFORMATION**

**CHECK ALL THAT APPLY:**

**4. RECEIPT OF WRITTEN OPERATIONAL POLICIES**

I acknowledge receipt of the facility's operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

**5. MEALS**

I understand that the following meals will be served to my child while in care:

None  
  Breakfast  
  Morning snack  
  Lunch  
  Afternoon snack  
  Supper  
  Evening snack

**6. DAYS AND TIMES IN CARE**

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

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

Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:

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

Signature - Parent or Legal Guardian

**CHILD'S ADDITIONAL INFORMATION SECTION**

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

Does your child have diagnosed food allergies? Yes  No  Plan submitted on:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature - Parent or Legal Guardian:

Date Signed:

**SCHOOL AGE CHILDREN**

My child attends the following school:

Name of School:

School Phone Number:

My child has permission to (check all that apply):

walk to or from school or home  ride a bus  be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

**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.

Please check only one option:

1.  HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

Health Care Professional's Signature:

Date Signed:

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

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

### REQUIREMENTS FOR EXCLUSION

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

### VISION EXAM RESULTS

R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature:		Date Signed:	

### HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:			Date Signed:	

### VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each* dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1-2 months (second dose) 6-18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15-18 months (fourth dose) 4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	

**VACCINE INFORMATION**

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6-18 months (third dose) 4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose) 4-6 years (second dose)	
Varicella	12-15 months (first dose) 4-6 years (second dose)	
Hepatitis A	12-23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	

**PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION**

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

Signature :	Date Signed:
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**VARICELLA (CHICKENPOX)**

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

Parent's Signature:	Date Signed:
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**ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS**

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

**TB TEST (IF REQUIRED)**

<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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**GANG FREE ZONE**

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

**SIGNATURES**

Child's Parent or Legal Guardian:  X	Date Signed:
Center Designee:  X	Date Signed:

## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### Discipline and Guidance Policy

**Discipline must be:**

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

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

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

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

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

### Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:**

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) What behaviors would warrant the use of these measures; and
  - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

**Signature**

This policy is effective on the following date.....

Signed by:

Role:

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

**Minimum Standards Related to Discipline**

- Title 26, Chapter 746 Subchapter L:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
  
- Title 26, Chapter 747 Subchapter L  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
  
- Title 26, Chapter 744 Subchapter G:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)





# FUMC Pre-School

## Video Surveillance Policy

Dear Parents,

This is to notify you of our classroom video surveillance cameras. The purpose of the video cameras is for your child's safety as well as the FUMC Pre-School teachers, staff and parents. We take pride in providing the best childcare and learning environment, our preventative measure is to video tape your children in their classrooms.

FUMC Pre-School has posted video surveillance signs in the classrooms and around the FUMC building to inform the general public of the FUMC video cameras. Extreme care is enforced in safeguarding these surveillance tapes against unauthorized use. Only the Director of FUMC Pre-School is allowed to view the security cameras/video footage.

After reading the above notice, I \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ understand that my children will be under videotape surveillance while in the FUMC Pre-School classroom.

I understand that the surveillance cameras in the classrooms are there to protect the welfare of my children, and the FUMC Pre-School staff and teachers.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Manager

\_\_\_\_\_  
Date

**Social Media / Information Release Form**

Dear Parent/Guardian,

The following is a request for permission to post your child's photo, first name, and school work on the Sterling City FUMC Pre-School webpage and Facebook page. Children's last names and other personal information will never appear on the sites. The main purpose for our social media pages are to update parents on their child's progress and daily activities.

I, \_\_\_\_\_, give permission to:

Post pictures and/or videos of my child on the FUMC Preschool Facebook page, website, and in our classrooms/church building.

Yes       No



Post school work and classroom projects created by my child on the FUMC Preschool Facebook Page, website, and in our classrooms/church building.

Yes       No

Post my child's first name on a list of awards/recognitions, on the FUMC Preschool Facebook Page and website.

Yes       No

Release my child's name, telephone number, and address to other parents.

Yes       No

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**Child's Name**

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**Parent/Guardian Name**

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**Parent/Guardian Signature**

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**Date**

Thank you!

-FUMC Preschool

# Sterling City FUMC Pre-School Vision & Hearing Screening Permission Slip

Child Care Regulations requires any child 4 years and older by September 1<sup>st</sup> to receive a vision and hearing screening. Sterling City FUMC Pre-School has a certified screener available this year. The screenings will be performed onsite during normal operating hours this school year at no cost to you. **You will receive a copy of the results of your child's screenings.**

Parental permission is required to screen your child. Please complete this form.

**Child's Name:** \_\_\_\_\_

**YES** \_\_\_\_ I give my permission for my child to participate in the vision and hearing screenings.

**NO** \_\_\_\_ I do not want my child to participate in the vision and hearing screenings.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

FUMC Pre-School diaper changing policy states that diapers will be checked every hour by opening the diaper, not by using a feel technique or by checking the indicators on the outside of the diaper.

I prefer that my child's diaper/ Pull-up NOT BE CHANGED every 2 hours unless it is soiled.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2021-2022 STERLING CITY ISD SCHOOL CALENDAR

August 2021

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	(18)	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2022

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	(14)	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

**Sterling City ISD**  
**P.O. Box 786**  
**Sterling City, TX 76951**  
**PH: (325) 378-5821**  
**FAX: (325) 378-2283**  
**www.sterlingcityisd.net**

September 2021

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	(27)	28	29	30		

March 2022

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Board Approved: 04/06/2021

- Holiday/Spring Break
- Staff In-Service
- Testing Days
- Early Release
- Student Holiday/Comp. Day
- Student Holiday/Teacher Workday

October 2021

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2022

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	(4)	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Regular School Day Minutes: 475  
 Teacher Contract Days: 187

( Beginning of Six Weeks  
 ) End of Six Weeks

November 2021

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	(8)	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2022

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Graduation: May 20, 2022

December 2021

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2022

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

January 2022

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	(3)	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

July 2022

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



# Sterling City FUMC Pre-School

Dear Families,

First off we would like to take a moment to thank you for sharing your sweet kids with us. What a joy they bring to our world each day. At FUMC Pre-School it is our mission to help every child grow in grace and knowledge of our Lord by instilling confidence, self-worth and Christian morals. We strive to provide a safe and loving environment that meets the developmental, academic and spiritual needs of our students. We are sending this letter home with your child to inform you of a quick and easy way to help support us in this mission.

The AmazonSmile Foundation will donate 0.5% of the purchase price from your eligible smile.amazon.com purchases. Tens of millions of products are eligible for donations. You will see eligible products marked "Eligible for AmazonSmile donation" on their product detail pages at smile.amazon.com or with AmazonSmile ON in the Amazon Shopping app. Recurring Subscribe & Save purchases and subscription renewals are not currently eligible to generate donations.

Remember, only purchases made at smile.amazon.com, (not www.amazon.com) or with AmazonSmile turned ON in the Amazon Shopping app on your mobile phone will generate AmazonSmile donations. When purchasing through AmazonSmile make sure you have Sterling City First United Methodist Church listed as your charity. We do have a demonstration video available to watch on the Sterling City FUMC Pre-School facebook page. If you need any assistance please reach out to Jessica.

We thank you all for all of your support in helping us succeed in making your child's education the best we possibly can.

Sincerely,

Ashley Glass – Director

Jessica Brinkman – Assistant Director