

Admission Date: _____
Withdrawal Date: _____

THE CHILDREN'S SPOT
1222 E. Debbie Lane
Mansfield, Texas 76063
817-473-0441
Director: Ashley Shuffield

Hours Enrolled: _____
Days Enrolled: _____

ENROLLMENT FORM

CHILD'S FULL NAME: _____ Date of Birth: _____
Address: _____ City/Zip: _____ Home Phone: _____

PARENT'S / GUARDIAN'S NAMES: _____

Address (if different from children): _____ City/Zip: _____

Work # (mom): _____ Cell # (mom): _____
Work # (dad): _____ Cell # (dad): _____
DL# (mom): _____ DL# (dad): _____
Email (mom): _____ Email (dad): _____

**NAME, ADDRESS, PHONE NUMBER, DL # & RELATIONSHIP TO THE CHILD,
FOR THE PERSON TO CALL IN CASE OF EMERGENCY, IF PARENTS CANNOT
BE REACHED:** _____

I hereby authorize the Children's Spot to allow my child to leave the center ONLY with the following persons. (**Please list the NAMES, PHONE NUMBER & DL NUMBER for each.**)

****Children will only be released to a parent or a person designated by the parent/guardian.**

Names must be added by the parent/guardian in person.

(WE DO NOT ACCEPT CHANGES OR ADDITIONS OVER THE PHONE).

Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____

TRANSPORTATION: (Please circle all that apply)

I hereby *give / do not give consent* for my child to be transported and supervised by the operation's employees for *emergency care / on field trips / to and from school*.

(Parent/Guardian signature) _____

FIELD TRIPS: (Please circle all that apply)

I hereby *give / do not give* my consent for my child to participate in Field Trips.

Parent comments: _____

(Parent/Guardian signature) _____

WATER ACTIVITIES: (Please circle all that apply)

I hereby give / do not give my consent for my child to participate in Water Activities such as: *sprinkler play / splashing wading pools / swimming pools / water table play.*

(Parent/Guardian signature) _____

I ACKNOWLEDGE RECEIPT OF THE FACILITY'S OPERATIONAL POLICIES INCLUDING THOSE FOR DISCIPLINE AND GUIDANCE.

(Parent/Guardian signature) _____

I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: (please circle all that apply)

breakfast / am snack / lunch / pm snack

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:* _____

Name of Emergency Medical Care Facility: _____

Address: _____ *Phone:* _____

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

(Parent/Guardian signature) _____

SPECIAL NEEDS:

List any special needs/problems that our child may have such as, allergies, 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 caregiver's should be aware of: _____

Child daycare 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 the Title III, you may call the ADA Information line at (800) 514-0301 (voice) or (800) 514-0383 TTY).

(Parent/Guardian signature) _____ Date _____

My child attends the following school:

Name of School _____

Phone # of school _____

Admission Date: _____
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Mansfield, Texas 76063
817-473-0441
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TEACHER INFO SHEET

CHILD'S FULL NAME: _____ Date of Birth: _____
CHILD'S NICKNAME: _____

PARENT'S or GUARDIAN'S NAMES: _____

SIBLINGS: _____

PETS: _____

Has your child had previous experience in out-of-home daycare? _____ *Full-time/Part-time*
If so, was the experience successful? _____ If there were difficulties, please describe: _____

Does your child understand what is said to him/her? _____ Is his/her speech clear? _____

Has your child exhibited a dominant preference to (circle the one that applies)

LEFT / RIGHT / BOTH.

Is your child completely toilet trained? _____ If so, what is their usual toilet routine? _____

Does your child accept correction easily? _____ What type of discipline and/or positive reinforcement is used in the home? _____

Do you read to your child routinely? _____ Does he/she enjoy the experience? _____ What is your child's favorite story or book? _____

How much television does your child watch daily? _____ What programs or shows does your child watch? _____

What is your child's favorite activity? _____

Does your child have any extracurricular activities such as dance, karate, soccer, etc? _____

Does your child have any special dietary needs or food allergies? _____

(**If there is a special diet needed for your child, we will need a doctor's note outlining details.)

Does your child have any other known allergies? _____ If so, please list and/or describe any reactions, and treatments. _____

Does your child take medications on a regular basis? _____ If so, please make sure that it is in the original container with the child's name, expiration date, and dosage. We must have a medication log filled out and signed by the parent for us to be able to administer the medication.

SPECIAL NEEDS:

List any special needs/problems that our child may have such as, allergies, 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 caregiver's should be aware of: _____

Does your child have any emotional fears? _____ If so, what and how do you deal with them at home? _____

Do you, as the parent, have any special interests or hobbies that you would be willing to share with our class? _____

Would you be willing to assist with any special projects or field trips for our class? _____
If so, is there a specific day or time you will be available? _____

Please share with us any cultural diversities practiced in your home so we may apply them to the classroom when possible. _____

Do you have any terms at home that we should know...

Who does your child reside with? _____ Mother & Father, _____ Mother, _____ Father, _____ Mother & Stepfather, _____ Father & Stepmother, _____ Grandparents, _____ Other & please explain. _____
+-

Please take some time and tell us about your child's personality, likes~dislikes, etc. The more you are able to share with us, the easier it will be for us to help your child adjust to his/her new surroundings.

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

☐ My child attends the following school:
THE CHILDREN'S SPOT

Name of School and Address

817-473-0441

School Ph.#

CHECK ALL THAT APPLY:

☐ His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

☐ ride a bus, and/or

☐ walk to or from school or home,

☐ be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

☐ I have provided the childcare operation with a copy of my child's most current immunization record.

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 / she is able to take part in the day care program.

Health Care Professional's Signature

Date

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 will submit it to the child-care operation.

Name and address of health care professional: _____

Signature - Parent or Legal Guardian

Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)

☐ Positive

☐ Negative

Date:

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

Signature

Date

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

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

For additional information regarding immunizations contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date

NEW ☐ UPDATE ☐ DROP IN ☐

Institution Name: RIGHT FROM THE START NUTRITION

Agreement Number: 03132

Facility/Provider Name: The Childrens Spot 1169

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 ☐ American 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 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 1. All Household Members

Name of Enrolled Child(ren): _____

Names of all household members
(First, Middle Initial, Last)

CHECK IF A FOSTER CHILD (THE
LEGAL RESPONSIBILITY OF A
WELFARE AGENCY OR COURT)
* IF ALL CHILDREN LISTED BELOW
ARE FOSTER CHILDREN, SKIP TO
PART 5 TO SIGN THIS FORM.

CHECK
IF NO INCOME

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

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

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native
☐ 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

TO: ALL PARENTS OF THE CHILDREN'S SPOT

FROM: ASHLEY SHUFFIELD, OWNER/DIRECTOR

RE: "RABBIT IN THE HOLE"

Today at The Children's Spot, we performed the "Rabbit in the Hole" Lockdown drill. The purpose of this drill is to familiarize the children in case of an emergency due to an intruder, hostage incident, terrorism event, or any other disturbance that could cause them harm.

The following is how it is performed (as stated in our Operations Manual for staff):

- The director or person in charge will announce over the intercom "RABBITS IN THE HOLE" and will call 9-1-1.
- Upon hearing this or sooner if you are aware that an intruder has entered the building or immediate vicinity, say calmly to the children, "Rabbits in the Hole, boys and girls. Rabbits in the Hole". The children will know what to do because you practice this every month. (CHILDREN HAVE BEEN GUIDED TO A CLOSET).
- Get your Attendance/Transition Sheet and stuff it in your clothing.
- Close all classroom doors and lock them if possible.
- Turn off the lights.
- If you have reason to believe that no one else in the center is aware of the danger, and you can safely do so, use the intercom to calmly announce, "Rabbits in the Hole. Rabbits in the Hole."
- Whisper and remind the children that, "We have to be VERY quiet."
- Perform a Name/Face check silently.
- Keep the children and yourself safe, in place, and away from all windows.
- ***Watch the children, not the situation!***
- ***If the intruder enters your classroom, do not argue with him.***
- The director or person in charge will ensure that all building entrances and exits are locked and that no unauthorized individuals leave or enter the building.
- Await further instructions from the director or person in charge or emergency personnel. The "ALL CLEAR!" will be announced over the intercom from the Director.

We have installed commercial dead bolt locks on all doors of the classrooms, library, office, and teacher's lounge. THESE WILL ONLY BE USED IN THE EVENT OF A LOCKDOWN DRILL.

I just wanted to inform you of this in case your child states we have "locked them in a closet". I hope we NEVER have to perform this procedure BUT we are prepared if necessary. I have attached the story that we have read, over and over, to the children so they are familiar with why we are having this drill monthly. It is so sad that we have to do this but we must be prepared. The Independent School Districts performs this as well. If you have any further questions or concerns, please see me in the office or call me at (817) 239-2740.

X

PARENT, GUARDIAN, OR CUSTODIAN

Rabbits in the Hole Story

In the forest there were little rabbits that went to a little rabbit school. One day the teacher rabbit told the little rabbits about woodcutters who came and cut down the forest trees. "When the trees fall down it is not safe for the little rabbits," she said, "so they need to hide behind or under the surrounding rocks. So little bunnies, when you hear someone say the special words. "Rabbits in the Hole!", run fast as you can into your hole under the rocks where it is safe".

The little bunnies listened to their teacher rabbit and even practiced going into their holes under the rocks. Then one day, the woodcutters came into the forest land started cutting down the trees! The teacher rabbit called out "Rabbits in the Hole!" and all the little rabbits ran into their holes under the rocks, where it was safe. They did such a fantastic job, that not a single little rabbit got hurt.

An emergency is when something happens that we do not expect and we have to act quickly to keep ourselves safe. When we hear a siren from a police car or a fire truck, that siren is telling us that there is an emergency and help is on the way.

Did the bunnies fight over the rocks or help each other be safe? They helped each other and there was no fighting or arguing or hogging! Let's pretend you hear a teacher say, "Rabbit in the Hole! Rabbits in the Hole!. " You need to hurry to a hiding place and stay there very quietly until I tell you to come out.

The Children's Spot

COVID-19 Public Health Emergency Acknowledgment and Disclosure

Please read and initial each statement below:

1. _____ I understand that during the COVID-19 pandemic I will not be permitted to enter the facility beyond the designated drop-off and pick-up area and am required to wear a mask at **ALL** times. I understand that these changes have been made to limit further exposure from the virus and to protect all persons present in the facility.
2. _____ I understand that if an emergency occurs and I have to enter the facility I **MUST** have a mask at **ALL** times, be free of fever, wash/sanitize my hands and practice social distancing from all people, except my own child.
3. _____ I understand that to enter the facility my child must be **FREE** from COVID-19 symptoms. If symptoms occur during the day my child will be separated from others within the center and **MUST** be picked up within 30 minutes of notification.
4. _____ I understand that my child will be required to wash their hands throughout the day with warm water and rubbing with soap for at least 20 seconds.
5. I will immediately notify: **The Children's Spot management: Mrs. Ashley (Owner), Mrs. Ty (Director of Operations) or Mrs. Cheryl (Co-Director of Operations)** if my child or I have been in contact with someone who may or has been exposed to the virus, showing symptoms of the virus, or is quarantined due to the virus, and/or has tested positive for COVID-19
6. _____ I understand that while present in the facility, my child will be in contact with other children and teachers/employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will 100% remove the risk of exposure from the virus.

7. _____ I understand that, per the Tarrant County Health Department, if a child or teacher in my child's classroom has a positive COVID 19 test, I will be contacted immediately after notification to pick up my child (and their siblings). They will have to quarantine for 10 business days and tuition cannot be reimbursed for those missed days.

COVID-19 Symptoms typically occur within 2-7 days after being infected and can be transmitted from person to person even being asymptomatic and showing no symptoms. They include but are not limited to the following:

- *Cough*
- *Fatigue*
- *Headache*
- *Diarrhea*
- *Sore throat*
- *Chills*
- *Fever of 100.4 or higher*
- *New loss of taste or smell*
- *Congestion or runny nose*
- *Nausea or vomiting*
- *Muscle or body aches*
- *Shortness of breath or difficulty breathing*
- *Persistent pain or pressure in the chest*

I certify that I have **read, understand and agree** to comply with **ALL** provisions listed above. I acknowledge that failure to do so will result in **termination** of services.

DATE: _____

CHILD'S NAME: _____

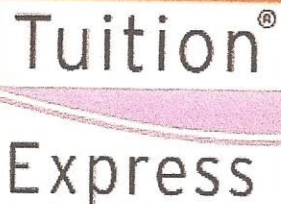
PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____

WITNESS NAME: _____

WITNESS SIGNATURE: _____



Automated Payment Processing Safe – Convenient – Easy

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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: Attach Voided Check Here \$		
Deposit slips not accepted Dollars		
123456789012	1000330*	0226
Routing Number	Account Number	Check Number

A service of



HANDBOOK ACKNOWLEDGEMENT FORM

Child's Name: _____ Date: _____

I have read and understand the Parent Handbook online at
www.childrensspot.net.

PARENT'S PRINTED NAME: _____

PARENT'S SIGNATURE: _____



PARENT'S PERSONAL INFORMATION

- ***NAME OF CHILD/CHILDREN IN CARE:***

- MOTHER'S NAME: _____

- MOTHER'S LAST 4 SOCIAL SECURITY #: _____

- MAKE & MODEL OF CAR: _____

- YEAR OF CAR: _____

- LICENSE PLATE OF AUTO: _____

- FATHER'S NAME: _____

- FATHER'S LAST 4 SOCIAL SECURITY #: _____

- MAKE & MODEL OF CAR: _____

- YEAR OF CAR: _____

- LICENSE PLATE OF AUTO: _____

PLEASE NOTE THAT THIS INFORMATION IS NOT SHARED.

- ***We need a copy of all parents driver's licenses please.***

TO: ALL PARENTS/GUARDIANS OF THE CHILDREN'S SPOT
FROM: ASHLEY SHUFFIELD, OWNER
RE: PHOTO RELEASE FORM

Below is a Photo Release Waiver so I we can legally use your child's photograph in our brochures, videos & photos on social media (Facebook, Instagram etc...), in any publications, or on our website to promote The Children's Spot. We will also display photos in the halls, on the lobby T.V., etc.

This Photo Release Waiver is made by and between _____ being the legal parent/guardian of _____ and AHA Educators, Inc. dba The Children's Spot) located at 1222 E. Debbie Lane, Mansfield, TX 76063.

- A. You give The Children's Spot consent and authorize the use of all photos, videos, etc. with your child's image. They are the property of The Children's Spot and you voluntarily do this.
- B. You release liability from officers, employees and corporate capacities from any and al claims. You have read and fully understand the provisions of this Photo Release Form and freely, knowingly and voluntarily enter into this Agreement.

Signature of Parent/Guardian

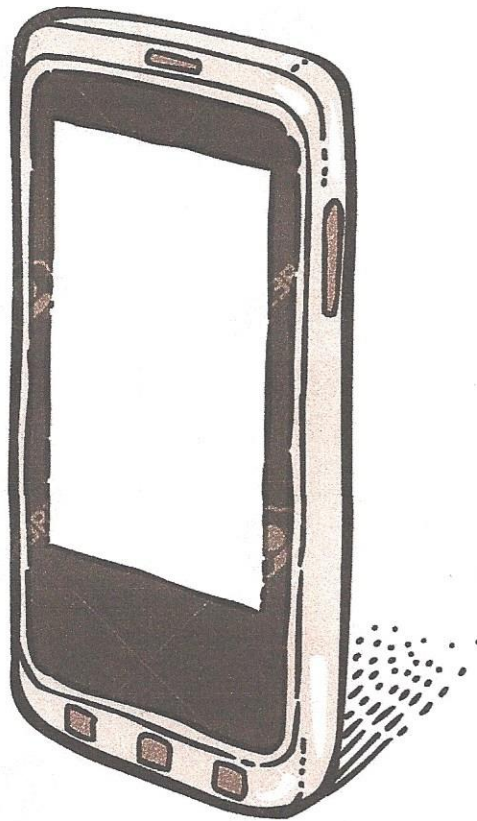
Date

Printed Name of Parent/Guardian

Cell Number	Network	Name on Account

Please fill out the form above for your cell phone information.
This will enable The Children's Spot to send text messages to
your cell phone or any phone that you have registered.

Thank you in advance for your help.





Dear Families of The Children's Spot.

We want to introduce you to Brightwheel, our new communication tool beginning on December 4, 2017. To participate in this program provided in full by The Children's Spot, we must have your current email information on file. If you have not received an email from us this week, please come by the office to update your information. To learn more about this new program go to mybrightwheel.com.

Our Story

Early education – preschool, childcare, camps, after school – is so critical for a child's development, a must for working families, and an industry filled with talented educators across the globe. So why is the system so broken?

Educators are mired in paperwork and licensing requirements, often using a mixture of outdated tools, spreadsheets, and paper forms... Parents are left in the dark during the day with no connection to their kids and no easy way to communicate with their school.

We've done a lot of listening, a lot of observing. We've spent countless hours in early education providers of all shapes and sizes. We knew there had to be a better way. Brightwheel is focused on making life easier for administrators, teachers, and families – while fixing some of the systemic issues in early education. We've worked hard to ensure that Brightwheel is intuitive, easy, and fun to use. And we're just getting started!

The following are the Parent features that we will have in our program.

PARENTS

- **Daily Updates:** Real-time feed of activities throughout the day.
- **Digital Check-in:** Quick & easy. Add approved adults to pick up your child. Digital drop-off forms now available too.
- **Photos and Videos:** Delivered right to your phone or on the web. No more photos or videos lost in texts or in other online accounts!
- **Notifications:** Get custom notifications on your phone for check-in, photos, and messaging.
- **Messaging:** Send quick preset messages from your phone.
- **Calendar:** Stay up to date on activities and events.
- **Community:** Add grandparents, nannies, and friends so they can pickup your child or just share in daily photos and learning.

Please have patience the first couple of weeks as we learn this new system. This is a great tool for our parents.

Debbie A. Nicholls

Action Required - Please Sign Up Within 2 days

Welcome to brightwheel! Brightwheel is an all-in-one platform that makes communication and coordination much easier. It helps save time for staff members, while giving parents a closer connection to their child. It's free and takes only a few minutes to sign up.

Instructions:

- 1) Download the brightwheel app from the Apple App Store or Google Play**
- 2) Create a new parent account**
- 3) Enter your personalized parent invite code: V94RVTM8A7**

That's it! By entering your invite code, your account will automatically be linked to your child. You can also create an account online: visit www.mybrightwheel.com, and select Sign Up.

After you've signed up, here's a few suggested next steps:

- **Enter Your Info:** Tap your profile in the main menu (left side of app) to add a profile photo and update your contact info.
- **Choose a Check-in Code:** If your provider is using brightwheel's check-in system, you can set a custom 4 digit code in My Profile.
- **Update Your Child's Info:** Tap "edit" on your child's profile to view and update info.
- **Add Family or Approved Pick Ups:** You can invite parents, family, and approved pickups within your child's profile. For example, a nanny or friend who has your approval to pick up your child from school, or a grandparent that would like to see daily photos on brightwheel.

Questions? Please contact the brightwheel team at support@mybrightwheel.com or visit www.mybrightwheel.com/support.