

# Enrollment Tour Check List

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date Care Needs to Begin: \_\_\_\_\_

CCMS \_\_\_\_\_ PRIVATE PAY \_\_\_\_\_

Fully Vaccinated? \_\_\_\_\_

Potty trained? \_\_\_\_\_ Where are they in the process?

\_\_\_\_\_

Tour Completed on: \_\_\_\_\_ By: \_\_\_\_\_

Enrollment Packet Explained: \_\_\_\_\_

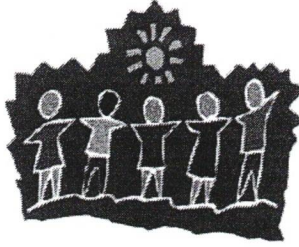
Parent questions answered: \_\_\_\_\_ if not what was the question or concern that still needs to be addressed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ENROLLMENT PACKET RETURNED CHECK LIST

- All sections of enrollment application verified as completed \_\_\_\_\_
- All parent signature lines are signed: \_\_\_\_\_
- Special Needs noted: \_\_\_\_\_
- Food program documents complete \_\_\_\_\_
- Physicians statement complete with doctors signature \_\_\_\_\_
- Shot records complete and up to date \_\_\_\_\_
- Access card(s) issued and logged on red clipboard \_\_\_\_\_
- Copy of driver's license for parent(s) and emergency contact \_\_\_\_\_
- Tuition express form completed and verified \_\_\_\_\_
- Enrollment entered into Pro-care \_\_\_\_\_
- Folder made \_\_\_\_\_
- Copies made \_\_\_\_\_
- Entered in Brightwheel \_\_\_\_\_
- Added to roster \_\_\_\_\_
- Added to transition sheets \_\_\_\_\_
- Folder checklist complete \_\_\_\_\_
- Folder filed in enrolled student cabinet \_\_\_\_\_

# The Children's Spot



## PARENT ENROLLMENT ORIENTATION

For the family of \_\_\_\_\_

Date: \_\_\_\_\_

- Introduction to teaching staff.
- Parents visit with the classroom teacher.
- Overview of Parent Handbook.
- Policy for arrival and late arrival.
- Offer a Trial Visit (a visit for parent/child to visit for extended visit)
- Explanation of Texas Rising Star:

"This certification is a voluntary, quality-based child care rating system of child care providers participating in the Texas Workforce Commission's subsidized child care program. TRS certification is available to Licensing Centers and Licensed and Registered Child Care Home providers who meet the certification criteria. The TRS Provider certification systems offers three levels of certification (2,3, and 4- Star) to encourage providers to attain progressively higher certification requirements leading to a Four-Star level."

- An overview of family support resources and activities in the community
- Child development and developmental milestones provided
- Overview of CCMS procedures and reporting changes to the center about their CCMS.
- Please refrain from using your cell phone our premises. THIS FACILITY IS A CELL FREE ZONE!
- Families play a vital role at our facility. We love parent participation. We have an Open-Door policy which invites you to visit anytime. When schools, families, and community groups work together to support learning, children tend to do better in school, have better social skills, have positive behavior. Please let us know if you are interested in sharing your professional and personal knowledge and helping with class parties and/or fundraiser

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

\_\_\_\_\_  
Date

Admission Date: \_\_\_\_\_  
Withdrawal Date: \_\_\_\_\_

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

Hours Enrolled: \_\_\_\_\_  
Days Enrolled: \_\_\_\_\_

### ENROLLMENT FORM

CHILD'S FULL NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Who does your child reside with? \_\_\_\_\_ Mother & Father, \_\_\_\_\_ Mother, \_\_\_\_\_ Father,  
\_\_\_\_\_ Mother & Stepfather, \_\_\_\_\_ Father & Stepmother, \_\_\_\_\_ Grandparents, \_\_\_\_\_ Other: Please explain.

PARENT'S / GUARDIAN'S NAMES: \_\_\_\_\_  
Address (if different from children): \_\_\_\_\_ City/Zip: \_\_\_\_\_

MOM: CELL #/CARRIER: \_\_\_\_\_ WORK#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
MOM LAST 4 SS #: \_\_\_\_\_ MAKE/MODEL OF CAR: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_  
DAD CELL #/CARRIER: \_\_\_\_\_ WORK#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
DAD LAST 4 SS #: \_\_\_\_\_ MAKE/MODEL OF CAR: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_  
ARE THERE ANY CUSTODY RESTRICTIONS? Yes \_\_\_ No \_\_\_ (If Yes, please explain.) \_\_\_\_\_  
ARE CUSTODY DOCUMENTS ON FILE WITH THE CENTER? Yes \_\_\_ No \_\_\_ n/a \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Driver's License number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 or person designated  
by the parent/guardian after verification of ID. Names must be added by the parent/guardian in person.  
**(ADDITIONS OR CHANGES CAN BE MADE VIA EMAIL [info@childrensspot.net](mailto:info@childrensspot.net) OR IN PERSON)**

MOM: \_\_\_\_\_ Phone# \_\_\_\_\_ DL# \_\_\_\_\_  
DAD: \_\_\_\_\_ Phone# \_\_\_\_\_ DL# \_\_\_\_\_  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_ DL# \_\_\_\_\_  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_ DL# \_\_\_\_\_  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_ DL# \_\_\_\_\_  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_ DL# \_\_\_\_\_

**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: \_\_\_\_\_  
Child's Insurance Information: Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Policy Holders Name: \_\_\_\_\_

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

(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL RELEASE:**

The undersigned gives permission for AHA Educators dba The Children's Spot owners, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent/guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

(Parent/Guardian signature) \_\_\_\_\_ Date \_\_\_\_\_

**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* \_\_\_ (initial all that apply)

(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_

I understand that The Children's Spot has elected to be a fully vaccinated facility and that I am to provide proof of my child's vaccination record upon enrollment and when-ever it is updated with annual vaccinations.

(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_

**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) \_\_\_\_\_ Date: \_\_\_\_\_

**ASSUMPTION OF RISK:**

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said limited liability company, knowing their present condition and knowing that said condition might become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises above. The limited liability company may, but shall not be obliged to carry insurance on the participant(s) and the existence of insurance shall not change, alter, or increase the liability of the LLC to the participant(s) and the undersigned or affect the terms of this Release. In signing the Release, the undersigned acknowledges:

- A. That they have read thoroughly, understands completely the terms of Registration and Release, and signs it voluntarily.
- B. That the undersigned signing either for themselves, or as Legal Guardians, is, in fact, the true and legal guardian and has the consent of the participant(s).

Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE:**

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.

**Please initial all that apply:**

\_\_\_\_\_ You voluntarily give AHA Educators dba: 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. You release all liability from officers, employees and corporate capacities from any and all claims. You have read and fully understand the provisions of this Photo Release Form and freely, knowingly and voluntarily enter into this Agreement.

\_\_\_\_\_ You want your child's photo/videos be sent to you via **BRIGHTWHEEL ONLY**

(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_

**I ACKNOWLEDGE THAT I HAVE REVIEWED THE CENTER'S OPERATIONAL POLICIES at www.childrensspot.net (forms). (Please initial next to each topic to confirm that you have been made aware.)**

**Parent Policies: including Return of tuition fees, Late fees, Failure to notify center of no school Pick-up fee, (CCMS does not cover any of these fees. They are your responsibility and due in full on the date they are billed.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Supply fees, annual registration fees.  | <input type="checkbox"/> Meals & food service practices                   |
| <input type="checkbox"/> Parent Dress Code   | <input type="checkbox"/> Procedures for Drop-off & Pick-up                |
| <input type="checkbox"/> Discipline & guidance   | <input type="checkbox"/> Three strike policy (suspension & expulsion)     |
| <input type="checkbox"/> No Cell Phone usage on campus   | <input type="checkbox"/> Immunization requirements                        |
| <input type="checkbox"/> Illness & exclusion criteria  | <input type="checkbox"/> 30 minute pick-up window for illness or behavior |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for conducting health checks          |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director                                      |   |
| <input type="checkbox"/> Promotion of indoor & outdoor physical activity including criteria for extreme weather conditions |   |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                     |   |
| <input type="checkbox"/> Procedures for release of children  | <input type="checkbox"/> Official With-drawl                              |
| <input type="checkbox"/> Procedures for dispensing medications   | <input type="checkbox"/> Unexpected Closures                              |
| <input type="checkbox"/> Procedures to visit the center without securing prior approval                                    |   |
| <input type="checkbox"/> Procedures for supporting inclusive services  |   |
| <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline & CCL     |   |

(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my child must be in care by 9am (unless I have provided a doctor's note) to attend the morning session of care. If not in attendance by 9am my child can be dropped off at 2:30pm after nap for the afternoon session of care.

(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_

**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*

**Does your child have diagnosed food allergies? Yes \_\_\_ No \_\_\_**

**F.A.R.E Act/Food Allergy Emergency Plan Submitted? Date \_\_\_\_\_**

**Provided Dr.'s note explaining why your child cannot participate in USDA Food Program Date: \_\_\_\_\_**

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit [www.ada.gov/resources/child-care-centers/](http://www.ada.gov/resources/child-care-centers/). If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA information line at (800)514-0383 (voice or (800) 514-0383 (TTY)

**(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_**

**Child's Special Care Needs: (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Environmental allergies   | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food Allergies/Intolerances   | <input type="checkbox"/> Reasonable accommodations or modifications        |
| <input type="checkbox"/> Existing Illness  | <input type="checkbox"/> Adaptive equipment (include instructions below)   |
| <input type="checkbox"/> Previous serious illness  | <input type="checkbox"/> Symptoms or indications of complications          |
| <input type="checkbox"/> Injuries and hospitalizations (past 12 months)  |  |
| <input type="checkbox"/> Medications prescribed for continuous long-term care  |  |
| <input type="checkbox"/> Other (**If there is a special diet needed for your child, we will need a doctor's note outlining details.) |  |

**Explain any needs selected above:**

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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.

**(Parent/Guardian signature) \_\_\_\_\_ Date: \_\_\_\_\_**

HHSC (Department of Human Services) values your privacy. For more information, read our privacy policy on line at: <https://hhs.texas.gov/policies-practices-privacy#security>.

**School-Age Children**

**My child attends the following school:**

Name of School: \_\_\_\_\_ Phone # of school \_\_\_\_\_

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

- Walk to or from school to home  ride the bus
- be released to the care of his/her sibling under 18 years old
- If my child does not meet the Texas Seat Belt Guidelines, I will provide a booster seat to stay on the bus throughout the school year, labeled with my child's name and the name of his/her school.

**Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**MORE ABOUT YOUR CHILD:**

**Sibling Names:**

\_\_\_\_\_

**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?** \_\_\_\_\_

**Is your child toilet trained?** YES \_\_\_ NO \_\_\_ Where are they in the process? (Describe the steps you have taken at home.)

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Has your child exhibited a dominant hand preference (circle the one that apply) LEFT / RIGHT / BOTH.**

**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 \_\_\_\_\_

**LIABILITY RELEASE:**

In consideration of allowing the previously declared participant(s) to begin participation in The Children's Spot Childcare activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless AHA Educators LLC dba The Children's Spot, it's owners, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned while in or upon the premises upon which The Children's Spot Childcare is conducted, or any premises under the control and supervision of AHA Educators LLC, it's owners, officers, employees, or agents or in route to or from any of the said premises, or while at any premises or place where activities sponsored by or participation in by AHA Educators dba The Children's Spot Childcare, it's owners, officers, agents or employees

(Parent/Guardian signature) \_\_\_\_\_ Date \_\_\_\_\_

**\*\*A copy of this form will be carried with a Children's Spot staff member when transporting your child.**



## Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

**Directions:** Parents will review these rights upon enrolling their child.

### Rights of Parent or Guardian

**A parent or guardian of a child at a child care facility has the right to:**

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
  - (A) staff training records; and
  - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
  - (A) video recordings of the alleged incident are available;
  - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
  - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>

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

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Below is a Video Release Waiver so that we can legally show your child's likeness in videos if the need arises to be reviewed by staff, licensing or the parents of another child in frame. Our video feed is not open for public viewing and is used for training, licensing review, injury review, behavior review, etc., available upon request.

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

## Water Activity Permission Form

This form may assist child care operations in meeting the water safety requirements in Chapter 341 of the Health and Safety Code, section 341.0646.

**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 participates in water activities. The day care provider keeps the form on file at the child care facility and has the parent or guardian update the form annually.

<b>General Information</b>		
Operation's Name:	Child's Full Name:	
Child's Date of Birth:	Child's Weight: (lbs.)	Child's Chest Size: (inches)
<p><b>I give consent for my child to participate in the following water activities:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Water Table Play</li> <li><input type="checkbox"/> Sprinkler Play</li> <li><input type="checkbox"/> Splash Pad</li> <li><input type="checkbox"/> Wading pool</li> <li><input type="checkbox"/> Water Park or Aquatic Playground</li> <li><input type="checkbox"/> Swimming Pool (at or away from the operation)</li> </ul>		
<b>Child's Swimming Abilities</b>		
<p><b>My child can swim without assistance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>My child's swimming abilities:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A non-swimmer                     <ul style="list-style-type: none"> <li>Please place a properly fitted and fastened US Coast Guard approved life jacket on my child before entering any swimming pool or water park area and require it to be left on <b>at all times</b> while in or around water.</li> <li><input type="checkbox"/> I will provide a Type 1, 2, or 3 US Coast Guard approved life jacket for my child.</li> <li><input type="checkbox"/> Please provide my child with a Type 1, 2, or 3 US Coast Guard approved life jacket.</li> </ul> </li> <li><input type="checkbox"/> A competent swimmer (has successfully completed swimming lessons)                     <ul style="list-style-type: none"> <li><input type="checkbox"/> My child CAN enter and exit a pool safely on their own.</li> <li><input type="checkbox"/> My child CAN tread water or float on their back for 1 minute.</li> <li><input type="checkbox"/> My child CAN swim 25 yards with no assistance.</li> </ul> </li> <li><input type="checkbox"/> My child has special needs with water activities. Please describe.                     <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </li> </ul>		
<b>Signature</b>		
Parent(s) or Guardian(s) Name: _____ Signature of Parent/Guardian: _____ Date of Signature: _____		
<b>Resources</b>		
<a href="https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/water-safety.html">https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/water-safety.html</a>  <a href="https://drowningispreventable.org/">https://drowningispreventable.org/</a>		

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  America Indian/Alaska Native  
 Asian  Native Hawaiian or Other Pacific Islander

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

- Hispanic or Latino  Not Hispanic or Latino

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

This institution/facility offers \_\_\_\_\_ formula for infants through CACFP. It is your choice  
(To be completed by facility/provider)  
 whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

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

Please list the kind of infant formula you will bring.	Today's Date 6 - 11 months	
	Please mark your preference	
	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) 260-1025 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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

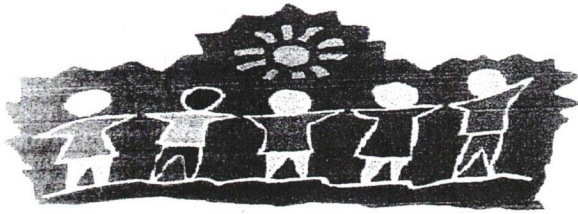
A. Name (List only household members with income)	B. Gross income and how often it was received			
	Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All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



# The Children's Spot

1222 E. Debbie Lane, Mansfield, TX 76063

(817) 473-0441

E-Mail: [info@childrensspot.net](mailto:info@childrensspot.net)

[www.childrensspot.net](http://www.childrensspot.net)

representante del centro	Area Code and Telephone No./Clave del área y teléfono
Becky Gillette	

Date/Fecha	4/18/25
------------	---------

Dear Parent or Guardian:

We serve nutritious meals to all children enrolled in this facility. We receive federal support to help pay the cost of the meals. Therefore, we do not charge separately for the meals. The amount of federal support we receive is based on information you provide from your child's Head Start, Early Head Start or Even Start Program, or on the information you provide on the enclosed application.

**HEAD START OR EARLY HEAD START PARTICIPATION:** If your child is enrolled as a participant in a Head Start Program or Early Head Start Program, your child is automatically eligible for free meals in the Child and Adult Care Food Program, and Summer Food Service Program without further application. You may ask your child's Head Start Program or Early Head Start Program to give you a letter which certifies that your child is currently enrolled as a participant in Head Start or Early Head Start. If you provide us with a copy of the certification letter from Head Start or Early Head Start, you will not need to fill out the enclosed application.

**EVEN START PARTICIPATION:** If your child is enrolled as a participant in the Even Start Family Literacy Program and has not yet entered kindergarten, your child is automatically eligible for free meals in the Child and Adult Care Food Program, and Summer Food Service Program (closed enrolled sites only) without further application. You may ask your child's Even Start Program to give you a letter which certifies that your child is currently enrolled as a participant in Even Start and has not yet entered kindergarten. If you provide us with a copy of the certification letter from Even Start, you will not need to fill out the enclosed application.

If you have not provided us with a Head Start, Early Head Start or Even Start certification letter for your child, and your household income is at or below the income levels shown on Form H1625-A, please fill out this application, sign it and return it to us. Please answer all the questions on the form. *If information about household members and income is missing, federal support may be reduced.*

Estimado padre, madre o tutor:

Servimos comidas nutritivas a todos los niños inscritos en este centro. Recibimos fondos federales que ayudan a pagar el costo de las comidas. Por eso, no cobramos aparte por las comidas. La cantidad de fondos federales que recibimos se basa en la información que usted da sobre el Programa Head Start, Early Head Start o Even Start de su hijo o en la solicitud adjunta.

**PARTICIPACIÓN EN HEAD STARA O EARLY HEAD START.** Si su hijo está inscrito en un programa Head Stara o un programa de Early Head Start, el niño automáticamente llenará los requisitos para recibir comidas gratis en el Programa de Alimentos para Centros de Cuidado de Adultos y Niños, y el Programa de Servicio de Comidas de Verano sin tener que hacer otra solicitud. Puede pedirle al programa Head Start o al programa Early Head Stara de su hijo que le dé una carta en la que certifique que su hijo está inscrito actualmente en el programa Head Start o Early Head Start como participante que llena los requisitos por ingresos. Si nos manda una copia de la carta de certificación de Head Stara o Early Head Start, no tendrá que llenar la solicitud adjunta.

**PARTICIPACIÓN EN EL PROGRAMA EVEN START.** Si su hijo está inscrito en el Programa de Alfabetización de la Familia Even Start y todavía no ha entrado a kinder, el niño automáticamente llenará los requisitos para recibir comidas gratis en el Programa de Alimentos para Centros de Cuidado de Adultos y Niños, y el Programa de Servicio de Comidas de Verano (solamente en sitios cerrados inscritos) sin tener que hacer otra solicitud. Puede pedirle al programa Even Start de su hijo que le dé una carta en la que certifique que su hijo está inscrito actualmente en el programa Even Start como participante y todavía no ha entrado a kinder. Si nos manda una copia de la carta de certificación de Even Start, no tendrá que llenar la solicitud adjunta.

Si no ha presentado una carta de certificación de Head Stara, Early Head Start o Even Start para su hijo, y los ingresos de su unidad familiar no son mayores de los que están enumerados en la Forma H1625-A adjunta, favor de llenar, firmar y enviarnos esta solicitud. Por favor, dé toda la información solicitada en la forma. *Si falta información sobre los miembros o ingresos de la unidad familiar, puede reducirse la asistencia federal.*

**COMPLETE APPLICATION:** For an application to be complete, you must include (1) the names of children enrolled, (2) total household income by source, (3) all household members' names, (4) the Social Security number of the adult household member signing the application or an indication that the household member does not possess a Social Security number, and (5) an adult household member's signature. TANF/Food Stamp households must provide only the children's names, their case number and an adult household member's signature.

**VERIFICATION:** Our staff or state or federal officials may check the information on the application at any time during the year.

**REPORTING CHANGES:** Households approved for free or reduced-price meals are not required to report changes in income status, household size or when the household is no longer eligible for Food Stamps, TANF, Head Start, Early Head Start or Even Start. This provision does not apply to a household provided with "temporary" approval for meal benefits.

**SPECIAL NEEDS:** If your child is determined by a doctor to have special dietary needs as a result of a disability or other physical condition, please call us.

**FOSTER CHILDREN:** Some foster children may be eligible regardless of your income. If you have foster children living with you and you want to apply for free or reduced-price meals for them, call us.

**CONFIDENTIALITY:** The information you provide will be treated confidentially and will be used only to determine eligibility and verify information.

**NONDISCRIMINATION:** 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 Ave., SW, Washington, D.C. 20250-9410 or call 202-260-1026, 866-632-9992 (toll free) or 202-401-0216 (TDD). USDA is an equal opportunity provider and employer.

If you have any questions or need help filling out an application, please contact us.

**SOLICITUD COMPLETA.** Para que la solicitud se considere completa tiene que tener (1) el nombre de los niños inscritos, (2) la cantidad total y la fuente de los ingresos de la unidad familiar, (3) el nombre de todos los miembros de la unidad familiar, (4) el Número de Seguro Social del miembro adulto de la unidad familiar que firma la solicitud, o una nota que aclare que el miembro no tiene un Número de Seguro Social y (5) la firma de un miembro adulto de la unidad familiar. La unidad familiar que recibe TANF o Estampillas para Comida solo tiene que dar el nombre de los niños, el número de su caso y la firma de un miembro adulto de la unidad familiar.

**VERIFICACIÓN.** Puede ser que nuestro personal o los funcionarios estatales o federales verifiquen la información de la solicitud en cualquier momento durante el año.

**AVISO DE CAMBIOS.** Las unidades familiares aprobadas para recibir comida gratis o a precio reducido no tienen que informar sobre cambios en los ingresos, el número de personas en la unidad familiar o si la unidad familiar ya no llena los requisitos para Estampillas para Comida, TANF, Head Start, Early Head Start o Even Start. Esta disposición no se aplica a las unidades familiares que tienen aprobación "temporal" para recibir beneficios de comidas.

**NIÑO CON NECESIDADES ESPECIALES.** Si un doctor determina que un niño tiene necesidades dietéticas especiales como resultado de una discapacidad u otro padecimiento físico, por favor, llámenos.

**NIÑOS EN HOGARES TEMPORALES.** En algunos casos, los niños en hogares temporales pueden llenar los requisitos sin tomar en cuenta los ingresos de usted. Si hay niños bajo cuidado temporal viviendo con usted y quiere solicitar comidas gratis o a precio reducido para ellos, por favor, comuníquese con nosotros.

**CONFIDENCIALIDAD.** La información que usted nos dé se mantendrá de manera confidencial y se usará solo para determinar elegibilidad y para verificar información.

**DISCRIMINACIÓN.** De acuerdo con la ley federal y con las normas del Departamento de Agricultura de EE. UU., esta institución tiene prohibida la discriminación por motivos de raza, color, origen nacional, sexo, edad o discapacidad.

Para presentar una queja por discriminación, escriba a USDA, Director, Office of Adjudication and Compliance, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 o llame al 202-260-1026 o al 866-632-9992 (gratis) o al 202-401-0216 (TDD). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades para todos.

Si tiene alguna pregunta o necesita ayuda para llenar la solicitud, por favor, comuníquese con nosotros.

# ADMISSION INFORMATION

**SCHOOL AGE CHILDREN:**

My child attends the following school:  
 \_\_\_\_\_  
 Name of School and Address 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:  walk to or from school or home,  
 ride a bus, and/or  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

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

\_\_\_\_\_  
 Signature -- Parent or Legal Guardian

\_\_\_\_\_  
 Date

TO: ALL PARENTS OF THE CHILDREN'S SPOT  
FROM: ASHLEY SHUFFIELD, OWNER/DIRECTOR  
RE: "RABBIT IN THE HOLE"

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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

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PARENT, GUARDIAN, OR CUSTODIAN

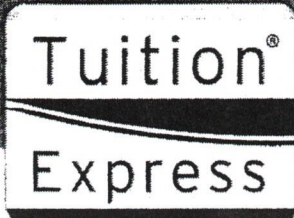
## **Rabbits in the Hole Story**

*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.*



# 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. \_\_\_\_\_ (initial) 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: <u>Attach Voided Check Here</u> \$.		
Deposit slips not accepted _____ Dollars		
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of



procure  
SOFTWARE®



# brightwheel

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_ Please add to Brightwheel.

\_\_\_\_\_ Please delete me from Brightwheel.

\_\_\_\_\_ Please do the following:

-----  
-----  
-----

COMPLETED:

\_\_\_\_\_

\_\_\_\_\_

Date