



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

SWEET START CHILDCARE
115 W Beltline Rd | Desoto, Texas 75115
469-747-3073
sweetstartchildcare.com
sweetstartchildcare@gmail.com

Admission Information

It is the responsibility of the parent or guardian to complete these documents in its entirety and return to Sweet Start Childcare before the child's first day of enrollment. There is a non-refundable registration fee of \$50 (waived if on CCMS/CCA)

General Information

Operation's Name: SWEET START CHILDCARE
Director's Name: LATASHA KINGSLEY
Child's Full Name:
Child's Date of Birth:
Child Lives With?
Child's Home Address:
Date of Admission:
Date of Withdrawal:
Name of Parent 1 or Guardian Completing Form:
Parent 1 Phone No.:
Email Address:
Name of Parent 2 or Guardian Completing Form:
Parent 2 Phone No.:
Custody Documents on File?
In case of an emergency, call (other than yourself):
Name of Emergency Contact:
Relationship:
Area Code and Phone No.:
Address:

Approved Pickups

I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:
Area Code and Phone No.:
Name:
Area Code and Phone No.:
Name:
Area Code and Phone No.:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees (Check all that apply).
for emergency care
on field trips
to and from home
to and from school

2. Field Trips:

I give consent for my child to participate in field trips.
I do not give consent for my child to participate in field trips.
Comments:

**3. Water Activities:**

I give consent for my child to participate in the following water activities (Check all that apply).

- water table play    sprinkler play    splashing or wading pools    swimming pools    aquatic playgrounds

Is your child able to swim without assistance?

- Yes    No

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

- Yes    No

Do you want your child to wear a life jacket while in or near a swimming pool?

- Yes    No

**4. Receipt of Written Operational Policies:**

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- |  |  |
|--|--|
| <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"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services  |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                       | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

**5. Meals:**

I understand that the following meals will be served to my child while in care (Check all that apply):

- None    Breakfast    [REDACTED]    Lunch    Afternoon snack    Supper    [REDACTED]

**6. Days and Times in Care:**

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

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**7. Receipt of Parent'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 — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**8. 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 intolerances                                       | <input type="checkbox"/> Reasonable accommodations or modifications               |
| <input type="checkbox"/> Existing illness  | <input type="checkbox"/> Adaptive equipment ( <i>include instructions below</i> ) |
| <input type="checkbox"/> Previous serious illness                                | <input type="checkbox"/> Symptoms or indications of complications                 |
| <input type="checkbox"/> Injuries and hospitalizations ( <i>past 12 months</i> ) | <input type="checkbox"/> Medications prescribed for continuous long-term use      |
| <input type="checkbox"/> Other: _____  |   |

Explain any needs selected above:

Does your child have diagnosed food allergies?     Yes     No    Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Does your child have any milk allergies?     Yes     No    Allergy Form Submitted Date: \_\_\_\_\_    Alternative Milk: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://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) 514-0301 (voice) or (800) 514-0383 (TTY).

\_\_\_\_\_  
**Signature — Parent or Legal Guardian**

\_\_\_\_\_  
**Date Signed**

**9. School Age Children ONLY\*\***

My child attends the following school:

School Area Code and Phone No.:

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 or her sibling under 18 years old

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

- Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

**Authorization For Emergency Medical Attention**

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

Name of Physician

Address

Phone No.

Name of Emergency Care Facility

Address

Phone No.

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

\_\_\_\_\_  
**Signature — Parent or Legal Guardian**

\_\_\_\_\_  
**Date Signed**

# HEALTHCARE PROFESSIONAL STATEMENT

**\*DUE WITHIN 1 WEEK OF START DATE\***

**Admission Requirement: MEDICAL HEALTH STATEMENT FROM PHYSICIAN**

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. (*Select **only one** option.*)

- 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.
- A signed and dated copy of a health care professional's statement is attached.
- 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.
- 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 1 week of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

\_\_\_\_\_  
Name of Health Care Professional, if selected

\_\_\_\_\_  
Address of Health Care Professional, if selected

\_\_\_\_\_  
Signature — Health Care Professional

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**Requirements for Exclusion from Compliance**

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 90th 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.

**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 \_\_\_\_\_ and does not need varicella vaccine.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**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)**

Positive      Negative      Date: \_\_\_\_\_

**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**

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

**Signatures**

Child's Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

Center Designee \_\_\_\_\_

Date Signed \_\_\_\_\_

***The information contained on this form must be re-verified annually or when a situation changes, such as a phone number change. For subsequent years, parents must validate by signing below.***

I have verified that all information on this form is accurate and up-to-date:

\_\_\_\_ Initial.....Date verified: (mm/dd/yy) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_ Initial.....Date verified: (mm/dd/yy) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_ Initial.....Date verified: (mm/dd/yy) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_ Initial.....Date verified: (mm/dd/yy) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_ Initial.....Date verified: (mm/dd/yy) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_ Initial.....Date verified: (mm/dd/yy) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Center: **SWEET START CHILDCARE**

New

Updated

Drop-In

Date of Original CACFP Enrollment:		Date of Current CACFP Enrollment:			Date of Withdrawal:					
Child First Name	Child Last Name	Date of Birth	Days In Care			Meals Attending				
			MON		TUE		BREAKFAST		AM SNACK	
Parent/Guardian Name		Arrive	WED		THR		LUNCH		PM SNACK	
		AM	PM	FRI			SUPPER		EV SNACK	
Address		Depart	SAT		SUN					
City, ST, Zip		AM	PM							
Phone		Race		White		Black		Asian		Other
Work Phone		Native American Indian			Alaska Native			Hawaiian/Pacific Islander		
Email		Ethnicity		Hispanic			Non-Hispanic			

**THIS SECTION MUST BE COMPLETED FOR INFANTS UNDER 12 MONTHS OF AGE**

Under the regulations of the USDA CACFP, this center is required to offer an iron-fortified formula of the center's choice. This center offers this iron-fortified formula: **PARENT'S CHOICE INFANT FORMULA**. You may accept or decline the offered formula. Please select your preferences below:

I accept the formula offered by this center.	I decline the formula offered by this center and will bring expressed breast milk or will breast feed on site.	I decline the formula offered by this center and will bring this formula (specify brand):  This formula is: Iron-fortified Low-iron Iron free (If this formula is low-iron or iron free, I understand a medical statement must be provided to the center.)
--	--	---

Under the regulations of the USDA CACFP, this center is required to offer solid foods such as iron-fortified infant cereal, vegetables, fruits, meat/meat alternates and crackers when an infant is developmentally ready to accept these components as recommended by the American Academy of Pediatrics and as specified in the Infant Meal Pattern. Please select your preferences below: This center offer this brand of cereal and baby food: **GERBER**

My child is developmentally ready for solid foods. I accept the solid foods offered by this center to feed to my infant.	My child is developmentally ready for solid foods. I decline the solid foods offered by this center and will bring the solid foods for my infant.	My child is NOT developmentally ready for solid foods. I will inform the center when and designate the solid food(s) to be introduced to my infant at that time.
--	---	--

This center is required to update the feeding preferences of the infant as the situation changes as well as within one month of the infant changing age groups. Changes may include a change in the formula or foods. Please update any changes below (example: change formula to IF Similac; begin feeding IF infant cereal):

New Instructions:	Today's Date:	My infant is: <b>0-5 mos</b>	My infant is: <b>6-11 mos</b>
-------------------	---------------	---------------------------------	----------------------------------

Dear parent, because your day care provider cares about good nutrition, they have chosen the benefits of the Child and Adult Care Food Program (CACFP). This program is sponsored by . Under the regulations of the CACFP, your center may not charge you separate fees for meals, nor may you be asked to provide food for your child for those meals claimed under the program. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; fax: 833--256-1665; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

Signature of Parent/Guardian	Date of Signature
------------------------------	-------------------



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

## Part 1. All Household Members

<b>Name of Enrolled Child(ren):</b>		
<b>Names of all household members</b> (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"/>

**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 <b>only</b> household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received <b>Note:</b> 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

## PARENT POLICY HANDBOOK AND FEE CONTRACT

I have been provided a Sweet Start Childcare Parent Handbook and agree to abide by all the policies and procedures therein. I have read and fully understand the parent handbook for Sweet Start Childcare.

By signing this contract I consent to all the handbook policies and procedures and agree to them, including payment policies and late fee procedures. I have read all registration fees and understand the annual \$50 enrollment fee. All registration fees to reserve your child's space are non-refundable.

I hereby agree to pay the current tuition in the amount of \_\_\_\_\_ each week, and understand I'm responsible to pay tuition on Monday of each week by 9am. I understand that I'm responsible for completing a withdrawal form and submitting it to the Director at least two weeks prior to withdrawal date (10 business days). I understand that I am still responsible for paying the 2 weeks tuition even if I give a 2 weeks notice. The penalty for not giving a two week notice and withdrawing my child(ren), is that a late fee will continue to accrue for the 2 weeks after I withdraw my child(ren).

By signing this agreement I acknowledge that the information supplied in the registration form regarding my child(ren) is true and accurate to the best of my knowledge.

\*Any additions or changes to this policy will be given out in the form of a memo and will need to be signed and returned.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

Owner/Director Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_



## ADDRESSING CHALLENGING BEHAVIORS

When a child in care displays challenging behaviors on a reoccurring basis, a behavior management program will be implemented over a two-to-four-week trial period, no longer than four weeks. This program will be devised based on the individual needs of each child. A behavior management program will usually consist of the following steps:

1. A formal discussion will be carried out weekly with the child's parents to gain information regarding the child's behavior and to discuss ways of dealing positively and consistently with the challenging behavior. Parents will be encouraged to implement similar strategies from the program at home to reinforce positive behavior. Examples of strategies used in the program will be:
  - a. praising good behavior,
  - b. advising the child that his/her behavior is inappropriate and try to guide the child into using more appropriate ways to communicate.
  - c. listening to the child,
  - d. setting limits by choosing a few simple rules, explaining the rules, and repeating them periodically.
  - e. incorporating activities into the curriculum to reinforce good behavior for example through role play, arts, crafts, and reading favorite stories at story time etc.
  - f. If necessary, the child may be given a short time away from the rest of the class.
2. All incidents will be recorded and shared with the child's parents via Brightwheel and/or a Disciple Report. Confidentiality will be respected, and information will only be shared with the parties concerned.
3. At the end of the 4-week period of the behavior timeline, if the behavior hasn't not been resolved, the parents will be informed about their child's needs for future childcare, they will be provided two weeks to find alternative childcare arrangements.

Please sign indicating you understand our policy.

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

## 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>