TEXAS Health and Human Services

Form 2935
April 2023

Admission Information

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

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

General Information

Operation's Name: FIRST BAPTIST CHURCH DAYCARE		Director's Name: KIMBERLY GISLER	
Child's Full Name:		Child's Date of Birth:	Child Lives With? ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian *(if different from the child's)*:	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? ◯ Yes ◯ No
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
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

If no, what type of assistance is needed: _____

4. Receipt of Written Operational Policies:

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

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for parents to participate in operation activities
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

5. Meals:

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

☐ None ☐ Breakfast ☑ Morning snack ☑ Lunch ☑ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

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

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

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

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations *(past 12 months)*
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment *(include instructions below)*
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above:

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

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**

School Age Children

My child attends the following school:	School Area Code and Phone No.:
N/A	N/A

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:

N/A

☐ 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**

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.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ◯Pass ◯Fail

Signature **Date Signed**

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				◯ Pass ◯ Fail
Left				◯ Pass ◯ Fail

Signature **Date Signed**

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. *(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 12 months 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

Vaccine Information

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

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Varicella (Chickenpox)

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

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.

TB Test (If required)

◯Positive ◯Negative Date: N/A

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**

Physician or Public Health Personnel Verification

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

Signature **Date Signed**

Discipline and Guidance Policy

♦Discipline must be:

(1) individualized and consistent for each child;
(2) appropriate to the child's level of understanding; and
(3) directed toward teaching the child acceptable behavior and self-control.

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

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

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

(1) corporal punishment or threats of corporal punishment;
(2) punishment associated with food, naps, or toilet training;
(3) pinching, shaking, or biting a child;
(4) hitting a child with a hand or instrument;
(5) putting anything in or on a child's mouth;
(6) humiliating, ridiculing, rejecting, or yelling at a child;
(7) subjecting a child to harsh, abusive, or profane language;
(8) placing a child in a locked or dark room, bathroom, or closet with the door closed;
(9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out consistent with 746.2803 and
(10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age, including requiring a child to remain in a restrictive device.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

_____ _____

Signature Date

Check one please:

☐ parent ☐ employee/caregiver ☐ household member of child-care home

TEXAS Health and Human Services

Form 2550
October 2019-E

Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at **FIRST BAPTIST DAYCARE** and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: http://www.healthychildren.org/English/ages-stages/baby/sleep/ Pages/A-Parents-Guide-to-Safe-Sleep.aspx

Safe Sleep Policy

All staff, substitute staff, and volunteers at **FIRST BAPTIST DAYCARE** will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/ animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing_____(insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

Privacy Statement

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

Signatures

This policy is effective on: _____ Child's name: _____

_____ Signature — Director/Owner

_____ Date Signed

_____ Signature — Staff member

_____ Date Signed

_____ Signature — Parent

_____ Date Signed

FIRST BAPTIST CHURCH DAYCARE

THE INFORMATION BELOW IS REQUIRED FOR YOUR CHILD'S FILE. PLEASE COMPLETE ONE FORM FOR EACH CHILD ENROLLED IN THE DAYCARE.

CHILD'S NAME: _____

HOME PHONE: _____

Mother's Name: _____

Mother's Employer: _____ **Occupation:** _____

Work Phone # *(other than cell phone or home number)*: _____ **Ext.**_____

Cell Phone or Pager Number: _____ **Carrier:**_____

Email:_____

Father's Name: _____

Father's Employer: _____ **Occupation:** _____

Work Phone # *(other than cell phone or home number)*: _____ **Ext.**_____

Cell Phone or Pager Number: _____ **Carrier:**_____

Email:_____

FORMS

NON-PRESCRIPTION MEDICAL AUTHORIZATION

Child's Name: _____Age:_____Height:_____Weight:_____

The indicated non-prescription medications may be administered to _____
Upon authorization by his/her parent or guardian in the following dosages. Generic substitutes may be made for the brand name listed.

PLEASE CHECK	MEDICATION	DOSAGE
	Benadryl Oral or Ointment	
	Mylicon	
	Orajel	
	Insect Repellant	
	Sunscreen	

OVER THE COUNTER COLD MEDICATION AND/OR FEVER REDUCERS WILL NOT BE ADMINISTERED BY DAY CARE STAFF UNDER ANY CIRMUNSTANCES.

Allergies:

_____

_____

_____

_____ _____

Parent/Physician's Signature Date

FORMS

PARENT – CENTER AGREEMENT

The Director and Teachers of the First Baptist Church Day Care will be available for parent conferences upon request. Please feel free to contact us with any questions or suggestion at any time. Any problems or situations that affect your child, including exposure to serious communicable diseases, will be brought to your attention. Our Center is here to provide Christian childcare for all races or creed.

The First Baptist Church Day Care is licensed to care for up to 140 children.

My Child _____ will attend First Baptist Church Day Care from _____ until _____.

I will make tuition payments on/before the 10th of each month as outlined in the FEES section of this handbook.

_____ _____

Parents Signature **Date**

INFANT & TODDLER OUTDOOR ACTIVITY CONSENT FORM

I hereby give my consent for my child _____ to participate in daily walks both indoor and outdoor, around the facility (weather permitting).

_____ _____

Parent(s) Signature **Date**

_____ _____

Director Signature **Date**

PARENT AGREEMENT

I,_____whose child is enrolled in First Baptist Church Day Care Center, have received a copy of the *Parent Handbook*. I have read and understand the policies and guidelines as described in the handbook and agree to abide by them.

_____ _____

Signature of Parent or Guardian **Date**

BILLING STATEMENTS / RECEIPTS

Statements for each child's account will be emailed on the first Monday of each month and the last Monday of each month. Customers will be billed at the beginning of each month for the entire months' tuition. **Payments for tuition, if not set up for auto draft, are to be paid through Tuition Express on the first Monday of each month. If an account remains in arrears, we can refuse to accept your child at the day care until the account is paid in full. If your payments continue to be received in arrears, we may ask you to seek another source of childcare.**

_____ _____

Parents Signature **Date**

FORMS

ILLNESS AND MEDICATION

What type of illness would prohibit a child from being admitted for care?

Unless you are licensed to provide get-well care, you must not admit an ill child for care if one or more of the following exist:

(1) The illness prevents the child from participating **comfortably** in child-care center activities including outdoor play.

(2) The illness results in greater need for care than care givers can provide without compromising the health, safety, and supervision of other children.

(3) An armpit temperature reading of 100.4 degrees or greater, accompanied by behavior changes or other signs or symptoms of illness; or

(4) Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill.

Children will not be admitted if a communicable disease is **suspected**, such as fever, vomiting, diarrhea, nausea, etc. **Children sent home with fever, vomiting, diarrhea, etc. will not be allowed to return to day care for 48 hours. Armpit temperature reading above 100.4 degrees constitutes a child being sent home. Your child's caregiver(s) has the right to refuse your child at the time of arrival if any of the above is suspected. If your child has a persistent cough, runny nose, sore throat, or is complaining of pain due to injury or illness you will be required to have your child examined by his/her physician before he/she may return to day care. Your child's return will ultimately be at the Directors' discretion. These rules have been established by the State and First Baptist Day Care to ensure the well-being of ALL children in our care.** Only medication listed on the Over-the-Counter medication form will be administered by First Baptist Day Care Staff. The medications on that form will not be administered unless the day care has a statement on file for your child signed by the parent and a physician. Medication must be in a plastic bag labeled with the child's name and time medication is to be given. Prescription medication must belong to the child we are to administer to and in its original container with the pharmacy prescription label attached. Medication will only be given ONCE a day at day care. A form will be provided to include the amount to be given and a beginning and end date to administer the medication. The form will also require the signature of the parent. **OVER THE COUNTER COLD MEDICATION AND/OR FEVER REDUCERS WILL NOT BE ADMINISTERED BY DAY CARE STAFF UNDER ANY CIRMUNSTANCES.**

I _____ **have read and understand the information regarding Illness.**

_____ _____

Parent(s) Signature **Date**

PUBLIC HEALTH EMERGENCY RESPONSE

In the event of a public health emergency, or pandemic, First Baptist Daycare will follow guidance from nation, state, and local officials. Specifically, the Center for Disease Control, Health and Human Services Commission, World Health Organization, government leaders, and our First Baptist Church Daycare Committee.

In response to a public health emergency the following plan will be implemented:

- Parents and visitors will not be permitted to enter the building. Two staff members will be designated to handle morning drop-off and afternoon pick-up. **Morning drop-off will end at 8:45 am. Students will not be permitted to attend if dropped off late without a Dr.'s note.**
- Health screenings will take place for staff and students prior to morning drop-off. If a staff, student, or parent exhibit any of the following symptoms, the student or staff member will not be permitted into the center:
    - Fever of 100° Fahrenheit or higher.
    - Dry cough
    - Shortness of breath
    - Chills
    - Loss of taste or smell
    - Sore throat
    - Muscle aches
    - Diarrhea
    - Headache

PUBLIC HEALTH EMERGENCY RESPONSE, continued

While we understand many of these symptoms can be related to allergies or the common cold, we are required to proceed with an abundance of caution during a public health emergency. Staff and students must be symptom free, without medication, for 72 hours prior to being permitted back into the center.

- Parents who exit their vehicle to drop-off and/or pick-up will be required to wear a mask.
- All staff members will be required to wear a mask when outside of the classroom.
- Students and staff will be required to wash or sanitize their hands using the CDC's recommended handwashing procedures throughout the day.
- Parents and staff will be asked to help control their own, as well as their child's exposure to illness while outside of the center, by following guidance laid out by the CDC and other government authorities.
- If a parent, or staff, has been in contact with any person who exhibits any of the symptoms listed above, it is the parent and/or staff members responsibility to notify First Baptist Daycare administration immediately.
- If a parent, student, or staff member comes in close contact with someone who has a lab-confirmed diagnosis of COVID-19, he, or she, will not be permitted into the center and will be expected to self-quarantine for 14 days from the date of exposure.
- I understand while present in the center each day, my child will be in contact with children and staff who are at risk for community exposure to illnesses. I further understand there are no guidelines, restrictions, or practices which will remove the risk of exposure 100%. Parent responsibility plays a crucial role in the well-being of their child and all other students, staff, and families of First Baptist Daycare.
- If First Baptist Daycare deems it necessary to close, to ensure the safety and wellness of its students and staff, there will be no reduction, credits, or refunds of tuition.
- First Baptist Daycare's billing policy, states we bill for SPACE, not attendance. Therefore, in the event of a closure, tuition will continue to be billed and drafted, at full fee, to hold your space upon our reopening.
- In the event you decide to withdraw during the closure, you will be billed for the two-week notice of withdrawal, as stated in the Fee's section of this handbook.

I _____**have read and understand the information regarding the daycare's response to a public health emergency.**

_____ _____

Parent(s) Signature **Date**

UNACCEPTABLE BEHAVIOR

Parents will be called to take their child home for the remainder of the day, if their child displays unacceptable behavior that results in injury to another child twice in one day. After a child has been removed three times for unacceptable behavior, or at the Directors' discretion, the child may be expelled or suspended from First Baptist Day Care. Unacceptable behavior is defined as any action which causes injury resulting in a bruise, red mark, or broken bone. Examples of unacceptable behavior are biting, pushing, scratching, hitting, kicking, pinching, etc. **This policy does not apply to children under 2 years of age.**

I _____**have read and understand the information regarding unacceptable behavior.**

_____ _____

Parent(s) Signature **Date**

FORMS

Termination of Enrollment

In the event First Baptist Daycare Director and/or staff are unable to communicate productively and effectively with the parent(s) of a child in our care, or if the parents have indicated a lack of confidence in our ability to safely love and care for their child, we reserve the right to terminate enrollment without notice.

I _____**have read and understand the information regarding termination of enrollment.**

_____ _____

Parent(s) Signature **Date**

Parent Handbook

AUTHORIZED PICK-UP

Your Child will only be released to persons listed on the Enrollment Form under Release of Child.

WITHDRAWAL

Two weeks' notice in writing is required for withdrawal and is to be submitted to the First Baptist Church Day Care.

I _____ **have read and understand the information regarding Authorized Pick-Up and Withdrawal.**

_____ _____

Parent(s) Signature **Date**

PARENT RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby grant or deny permission to First Baptist Church and First Baptist Church Day Care Center to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the First Baptist Church and/or First Baptist Day Care Web site or other Web Applications administered by First Baptist Church and/or First Baptist Church Day Care.

- ❑ Deny permission to use my child's image at all.
- ❑ Grant permission to use my child's image in the following ways (mark all that apply):
  - ❑ **Limited usage:** I want my child's image used within the First Baptist Church and First Baptist Church Day Care setting only (not in the larger community).
  - ❑ **Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within First Baptist Church and First Baptist Church Day Care or in the larger community. One example of this could be videos in parent education classes.
  - ❑ **Limited usage:** I want my child's image used on printed materials only (no digital or video use).
  - ❑ **Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by First Baptist Church and First Baptist Church Day Care for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

_____ _____

Signature of Parent(s) **Date**

TIMES OF OPERATION

First Baptist Church Day Care operates 12 months of the year. The facility is open Monday through Friday, 7:00 a.m. to 5:45 p.m. The center is closed in observance of the following holidays during the year; Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and the day after, **Christmas Eve through New Year's Day**. We will post a notice indicating the specific day of closing at the beginning of the month that the holiday is observed.

The facility door will be opened to accept children at 7:00 a.m. Arrival for the children **ENDS** promptly at 8:45 a.m. Departure for the children is **NO LATER** than 5:45 p.m. Late pick-up will result in a $5.00 charge to your account for every 15 minutes after 5:45 p.m., with a minimum charge of $5.00. Repeat occurrences of pick-up after 5:45 p.m. could result in your child being expelled from First Baptist Church Day Care.

I _____ **have read and understand First Baptist Church Day Care's TIMES OF OPERATION.** Furthermore, I understand the center is closed in observance of the following holidays during the year; Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the day after, and **Christmas Eve through New Year's Day or at the Director's discretion.**

_____ _____

Parent(s) Signature **Date**

PROMOTION OF INDOOR AND OUTDOOR PHYSICAL ACTIVITY

I _____ have read and understand First Baptist Church Day Care's Policy on Promotion of Indoor and Outdoor Physical Activity.

Infants will be given opportunities for physical activity, including supervised tummy time.
*Toddler age children will participate a minimum of 60 minutes of moderate to vigorous active play each day.
*Preschool and Pre-Kindergarten children will participate a minimum of 90 minutes of moderate to vigorous active play each day.

Opportunities for active play may overlap with outdoor play when weather permits.
We will promote all children's active play every day. Children will have ample opportunity to do moderate to vigorous activities, such as running, climbing, dancing, skipping, and jumping, to the extent of their abilities.

All children will participate each day in:

- Two occasions of active play outdoors when weather permits.
- Two or more structured or teacher-led activities or games that promote movement over the course of the day.
- Continuous opportunities to develop and practice age-appropriate gross motor and movement skills.

Physical activity may take place in the classroom, in the gym, or on the playground, when weather permits.
When participating in physical activity, children's clothing should protect them from sun exposure and permit easy movement (not too loose and not too tight) that enables full participation in active play. Footwear should provide support for running and climbing.
Examples of appropriate clothing/footwear include:

- Tennis Shoes;
- Clothing for the weather, such as a lightweight, breathable jacket without any hood and neck strings.

Examples of inappropriate clothing/footwear include:

- Footwear that can come off while running or that provide insufficient support for climbing such as boots, sandals, or crocs.
- Clothing that can catch on playground equipment, such as those with drawstrings or loops.

When weather conditions prohibit outdoor play, physical activities will occur in the classroom, or gym, during the scheduled outside time.
Classroom teachers have activities planned in advance for "rainy days".

_____ _____

Parent(s) Signature **Date**

NOTICE OF PARENTS' RIGHTS

I _____ have read and understand the Parents' Rights section of the Parent Handbook and have received a copy to retain for my records.

_____ _____

Parent(s) Signature **Date**