



Infant Registration Form

The following form is to collect general information about a child enrolling in CEI Preschool.

General Information	
Operation's Name: <i>CEI Preschool (Spanish Immersion School)</i>	
Director's Name:	
Child's Full Name:	Child's Date of Birth:
Does your child have diagnosed allergies: Yes / No	Food Allergy Emergency Plan Submitted date:
Child Lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	Child's Home Address:
Date of admission:	Date of withdrawal:
Mother's Full Name: ID Number (License, Passport, State): Phone Number: Email Address: Home address (if is different form the child's):	Father's Full Name: ID Number (License, Passport, State): Phone Number: Email Address: Home address (if is different form the child's):
Guardian's Full Name: ID Number (License, Passport, State): Phone Number: Email Address: Home address (if is different form the child's): Custody documents on File? Yes / No	Emergency's Contact Full name: Phone Number: Relationship: Home address:
Child's Special Care Needs (Check all that apply).	
<input type="checkbox"/> Environmental allergies <input type="checkbox"/> Food intolerances <input type="checkbox"/> Existing illness <input type="checkbox"/> Previous serious illness <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) <input type="checkbox"/> Other: Explain any needs selected above:	<input type="checkbox"/> Limitations or restrictions on child's activities <input type="checkbox"/> Reasonable accommodations or modifications <input type="checkbox"/> Adaptive equipment (<i>include instructions below</i>) <input type="checkbox"/> Symptoms or indications of complications <input type="checkbox"/> Medications prescribed for continuous long-term use

Consent Information

WATER ACTIVITIES:

I give consent for my child to participate in the following water activities:

- Water table play Sprinkler Play Splashing/wading pools Aquatic playgrounds

Transportation (Check all that apply):

I give consent for my child to be transported and supervised by the operation's employees:

- For emergency care to and from school to and from home on field trips

Field Trips: (If apply)

- 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:

Check all that apply:

Make sure you have read the "Parent's Handbook" before checking the boxes below.

You can find it at www.ceipreschool.com or in your welcome email.

I acknowledge receipt the parent handbook, 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 Policy	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concern 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 Childcare Regulation, DFPS, Child Abuse Hotline, and CCR website.

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

Child's Parent or Legal Guardian Signature:

Date signed:

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

Days of Week:

- Monday Tuesday Wednesday Thursday Friday

Drop Off:

Pick up:

Meals:

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

- None Breakfast Lunch PM Snack Dinner

School Age Children

My child attends the following school:

School Phone Number:

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

- ride the bus daycare's van pick up at school or field trips be released to the care of his or her sibling under 18 years old.

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

Admission Requirements

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare operation or within one week of admission.
Make sure to check only one option:

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

Health Care Professional's Signatures:	Date Signed:
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- 2. A signed and dated copy of a health care professional's statement is attached.
- 3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- 4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the childcare operation.

Name and Address of Health Care Professional:
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Parent or legal Guardian's Signature:	Date Signed:
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I authorize the childcare operation **to release** my child to leave the childcare operation **ONLY** with the following persons. Please list the name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

Name:	Phone Number:
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Name:	Phone Number:
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Name:	Phone Number:
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Authorization For Emergency Medical Attention

I give consent for the facility to secure all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:
Address:

Phone Number:

Name of Emergency Care Facility:
Address:

Phone Number:

Parent or legal Guardian's Signature:	Date Signed:
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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				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Signature _____ Date Signed _____

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

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

PARENT HANDBOOK ACKNOWLEDGMENT FORM

By signing below, the Parent/Guardian acknowledges receipt of the Parent Handbook/Policies and Procedures for CEI Preschool, as well as the acknowledgment and permission forms that follow.

The Parent/Guardian acknowledges understanding the terms of care provided by the Childcare center, and agrees that if these policies require an amendment, it will be provided in writing to the Parent/Guardian.

I authorize the Credit Bureau or Better Business Bureau to receive a copy of this form after it has been signed in case of default.

Signature: _____

Date: _____

PERMISSION FOR PHOTOGRAPHS

By providing a signature below, the Parent/Guardian agrees to allow photographs or videos of the child at CEI Preschool (Spanish Immersion School) to be taken and shared with families of other children in care, for documenting their art, crafts, or any activity, and for advertising purposes.

Signature: _____

Date: _____

PARENT/GUARDIAN PERMISSION FOR WATER PLAY ACTIVITIES

By signing below, the Parent/Guardian grants permission to CEI Preschool (Spanish Immersion School) for the child in their care to participate in water activities. These activities will involve playing with water from a sprinkler, water toys, and a water table. Additionally, a wading pool will be provided for children who are unable to walk on their own for safety purposes.

Signature: _____

Date: _____

PARENT ACKNOWLEDGMENT OF EMERGENCY PREPAREDNESS PLAN AND EVACUATION

By signing below, the Parent/Guardian acknowledges receipt of information regarding the Emergency procedures that will be implemented in case of evacuation or relocation of the childcare facility.

The Parent/Guardian also authorizes CEI Preschool (Spanish Immersion School) staff to transport children in a personal vehicle to the designated area for safety purposes during evacuation or relocation. In the event of a fire, severe weather, or any other incident posing a danger to the children, staff, or facility, the objective is to ensure that everyone is relocated to a safe and secure area.

The Parent/Guardian also understands that any updates regarding contact information, address changes, or permissions for the release of children to others will be communicated promptly as changes occur.

Signature: _____

Date: _____

DISCIPLINE AND GUIDANCE POLICY FOR

Discipline must be:

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

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

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior.
- (2) Reminding a child of behavior expectations daily by using clear, positive statements.
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is

limited to no more than one minute per year of the child's age.

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

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

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

Discipline and Guidance TDPRS-CCL 06/02/03

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



Family orientation check list:

Please sign and date this page along with the child's enrollment packet to the administrator's email or office. A signed and dated copy of this checklist will be kept in your child's file.

- ◆ Facility tour
- ◆ Introduction to the teaching staff
- ◆ Parent visit with the classroom teacher
- ◆ Parent handbook overview and tour manual.
- ◆ The policy for arrival and late arrival according to the Parent's Handbook.
- ◆ Parent's and child classroom visit to be comfortable.
- ◆ Texas Rising Star quality certification explanation.
- ◆ Discussing all benefits for CCS.
- ◆ Overview binder with resources and activities in the community.
- ◆ Assessments and process. Child development and developmental milestones provided.

If your child is going to be absent for any reason, please send a brightwheel message to your child's teacher. Our recommendation is to bring your child before the circle time starts, this is one of the most important parts of the day for learning. As a result, consistent routines prepare children for the transition to kindergarten.

One of our main purposes is to always maintain safety and quality care. We ask all parents to refrain from the use of phones and other electronic equipment within daycare and at the same time we encourage you to have this interaction with your children at home. As a reminder, we (Parents and daycare) are a very important connection in the lives of children in childhood.

Child/ren's Names: _____

Parent/ Guardian Signature: _____ **Date:** _____

If you have any questions regarding any of the CEI policies described in this family orientation check list, feel free to contact the Director at 512-621-3202.



Infants Questionary Sheet

Child's name: _____

Date: _____

Please fill out this questionnaire to help us provide your child a smooth transition and a successful childcare experience:

1. How often is your baby fed during daytime? / Cada cuanto es su bebe alimentado durante el día?	
2. How many ounces does your baby drink in one period and how many ounces in total during all day? / Cuantas onzas consume su bebe durante un periodo en el dia y cuantas onzas en total son las que consume durante el día?	
3. How many hours or periods of time does your baby sleep during the day? And night? / Cuantas horas o periodos su bebe duerme durante el día? Y noche?	
Day Time / Tiempo de Dia	Night time / Tiempo de Noche
4. How many wet/dirty diapers do you change in a day? / Cuantos panales mojados/sucios cambia al dia?	

5. Have you notice any allergy? / A notado algún tipo de alergia en su bebe?

6. Do you have any concerns about your baby? / Tiene alguna intriga acerca de su bebe?

7. What else do you want to let us know about your baby? What he/she likes etc., something special will be helpful to us to interact with your baby. / Algo mas que nos quiera dejar saber acerca de su bebe? Que le gusta a el/ella etc., alguna cosa en especial que nos pueda ayudar para interactuar con su bebe?

8. Do you have an activity or something special that you would like the teacher to develop it with your baby? / Si tiene una actividad o alguna cosa especial que quiera dejar saber a la maestra para desarrollarlo con su bebe?

**Thank You for Trusting Us!
¡Gracias por Confiar en Nosotros!**