



## 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: Teddy's Ladder/Sienna Kids Academy		Director's Name: Schantazia Schannon	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian 1:	Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:	Address of Parent or Guardian 2 if different from the child's:		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: <input type="radio"/> Yes <input type="radio"/> No
<b>In case of an emergency, when the parent or guardian cannot be reached, call:</b>			
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 <b>only</b> 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

<b>1. Transportation:</b>
I give consent for my child to be transported and supervised by the operation's employees. Check all that apply. <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
<b>2. Field Trips:</b>
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.
Comments: <div></div>

### 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, your child is required to wear a life jacket while in or near a swimming pool.

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

☐ Yes    ☐ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

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

☐ Yes    ☐ No

\*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

### 4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. 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    ☐ 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		

### 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, include instructions below      |
| <input type="checkbox"/> Previous serious illness                            | <input type="checkbox"/> Symptoms or indications of complications            |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <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: \_\_\_\_\_

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) 514-0301 (voice) or (800) 514-0383 (TTY).

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

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

### 9. School Age Children

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 their sibling younger than 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 Doctor on Call	Address 8200 HWY. 6 Missouri City TX 77459	Area Code and Phone No. 281.274.7620
Name of Emergency Care Facility Methodist Emergency Care Center	Address 8200 HWY. 6 Missouri City TX 77459	Area Code and Phone No. 281.274.7620

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				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> 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 they are 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. 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 six to 18 months after the first dose.	

### Varicella for Chickenpox

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

Signature \_\_\_\_\_

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

### Additional Information About Immunizations

For additional information about 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 \_\_\_\_\_

### Physician or Public Health Personnel Verification

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

Signature \_\_\_\_\_

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



### Health Care Professional Statement

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

Doctor's Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above child is to be cared for by Sienna Kids Academy. State regulations require that each child have up to date immunization records, as well as yearly health checkups.

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)



**CONTACT INFORMATION**

(Please provide a copy of Driver's License for each parent)

Student Name \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

The following people are permitted to pick up my child from day care (for the child's protection anyone picking up the child should bring photo ID):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

If parent cannot be reached in an emergency situation, the following people should be contacted:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_





## Individual Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Start Date: \_\_\_\_\_

What Days & Times will student be attending: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Names and ages of other children in the family:

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies, food restrictions or medical problems?

\_\_\_\_\_

What are some of your child's favorite foods?

\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Is your child fully independent in the restroom? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ For how long? \_\_\_\_\_ Do you prefer we attempt to wake your child by a certain time? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Are there any areas of difficulty that you would like your child to work on? \_\_\_\_\_

If yes please explain:

\_\_\_\_\_

**\*\*Please use the back of this form to list any additional information you feel would be helpful in caring for your child.**

**VIDEO**  
**MINOR RELEASE**

I, the undersigned, hereby enter into this Agreement with Teddy's Ladder (Videographer). I have been informed and understand that Videographer is producing a videotape program and that my name, likeness, image, voice, appearance and/or performance are being recorded and made a part of that video recording (the "Video").

1. I hereby grant Videographer the irrevocable right to use my name (or any fictitious name), likeness, image, voice, appearance, and performance as embodied in the Video whether recorded on or transferred to videotape, film, slides, photographs, audio tapes, DVDs or other media now known or later developed. This grant includes without limitation the right to edit, digitally enhance or alter, mix or duplicate and to use or re-use the Video in whole or part, as Videographer may elect. I hereby waive any right to inspect or approve the finished product, including written copy or any other products that may be created in connection therewith. Videographer shall have complete ownership of the Video in which I appear, including copyright interests.
2. I grant Videographer the right to broadcast, exhibit, market, sell and distribute the Video, either in whole or in parts, for any purposes that Videographer, in its sole discretion, may determine, including without limitation advertising and promotion.
3. I confirm that I have the right to enter into this Agreement and hereby give all clearances, copyright and otherwise, for use of my name, likeness, image, voice, appearance, and performance embodied in the Video. I expressly release and indemnify Videographer and its successors, assigns and/or licensees from any and all claims including, without limitation, any and all claims for invasion of privacy, infringement of my right of publicity, defamation (including libel and slander) and any other personal and/or other property rights, arising out of or in any way connected with the above granted uses and representations. I agree that I shall not now or in the future assert or maintain any such claim against Videographer, its successors, assigns and/or licensees.

**AGREED AND ACCEPTED:**

Child's Name \_\_\_\_\_

Name: \_\_\_\_\_

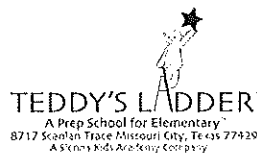
Signature: \_\_\_\_\_

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

If in case of a minor:

Parent signature: \_\_\_\_\_

I agree to the above conditions. I agree that I am the legal guardian of the above-named person and have the legal write to enter into this agreement.



### **Policies & Procedures Parent Agreement**

I have read and completely understand the policies, which include:

- |  |                             |
|--|-----------------------------|
| * Curriculum                               | * Transportation            |
| * Hours of Operation & Holidays            | * Meals & Snacks            |
| * Fee Policy/Late fees/Delinquent accounts | * Allergies                 |
| * Tuition                                  | * Fire Drills               |
| * Vacation                                 | * Toys                      |
| * Procedures for Drop Off & Pick Up        | * Hygiene                   |
| * Immunizations                            | * Uniforms                  |
| * Health                                   | * Diapers & Toilet Training |
| * Medications                              | * Naps                      |
| * Accidents & Emergency Medical Treatment  | * Birthdays                 |
| * Discipline                               | * Holiday Celebrations      |
| * Code of Conduct                          | * Policy Changes            |
| * Child Release                            | * Minimum State Standards   |
| * Parent Involvement                       | * Special Needs             |
| * Custody & Visitation Issues              | * Vision & Hearing          |
| * Withdrawal notice                        | * Water Play                |

**\* Is Your Child Able to Swim W/O Assistance Yes\_\_\_\_\_ No \_\_\_\_\_**

I acknowledge that I have read, understand and received a copy of the written operation policies for Teddy's Ladder/Sienna Kids Academy.

Please sign the form and return on or before the first day of your child's attendance.

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Child's Name

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Parent 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>

## 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.

General Information		
Operation's Name:	Child's Full Name:	
Child's Date of Birth:	Child's Weight: (lbs.)	Child's Chest Size: (inches)
<p>I give consent for my child to participate in the following water activities: (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>		
Child's Swimming Abilities		
<p>My child <u>CAN SWIM</u> without assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If marked Yes, please complete the following:</p> <p>A competent swimmer (has successfully completed swimming lessons)</p> <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> <p>My child <u>CAN NOT SWIM</u> : (Check all that apply)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> A non-swimmer</li></ul> <p>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 a swimming pool.</p> <ul style="list-style-type: none"><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> <p>My child has special needs with water activities. Please describe.</p> <p>_____</p> <p>_____</p>		
Signature		
Parent(s) or Guardian(s) Name: _____		
Signature of Parent/Guardian: _____		
Date of Signature: _____		
Resources		



## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### 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-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) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 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 that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Additional Discipline and Guidance Measures

*(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)*

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:**

- ensure that the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for additional information; and
- ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

### Signature

This policy is effective on the following date: \_\_\_\_\_

Signed by: \_\_\_\_\_

Role: ☐ Parent ☐ Caregiver or Employee ☐ Household Member (CH. 747 only)

### Minimum Standards Related to Discipline



### New Policy Change for Outside Food

Beginning Monday October 7th, any food brought from home must be labeled with the child's name and sent to school in a lunchbox separate from their backpack (no nuts, or anything processed in a nut facility and no glass containers).

Any food brought from home that is not sent to school with these guidelines will not be served to your child. School food will be provided.

---

Student Name

Date

---

Parent Signature

Date



## Communication Form

SKA has several methods of communication that we use to inform our parents of what's happening at the school.

We post signs inside the school, on the doors and hallway bulletin board. We also use text and email messaging.

Please provide us with your email address and a phone number for texting so that we can keep you informed. Please print clearly.

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

Number for Texting: \_\_\_\_\_





TEDDY'S LADDER™

A Prep School for Elementary™

### Bug Spray/Sunscreen Permission Slip

I give Teddy's Ladder permission to apply bug spray to my child  
\_\_\_\_\_ before outside time.

Please use the following

- ☐ Off! (Provided by the school)
- ☐ Other (Provided by parent) \_\_\_\_\_  
(Name of the repellent)

I give Teddy's Ladder permission to apply sunscreen to my child  
\_\_\_\_\_ in the afternoon before outside time.

\_\_\_\_\_

Parent Signature



## Teddy's Ladder/Sienna Kids Academy Parent Meal Form

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

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

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

As the parent of the child mentioned above I am choosing to provide meals and snacks from home. I understand that Teddy's Ladder/Sienna Kids Academy is not responsible for it's nutritional value or for meeting the child's daily food needs.

I understand that Teddy's Ladder/Sienna Kids Academy will provide safe and proper food storage and service of the individual meals and snacks provided by me.

If I am only providing certain meals or snacks, I understand that Teddy's Ladder/Sienna Kids Academy will supply meals/snacks not provided by me.

Snacks/Meals provided by me, may not be shared with other children unless:

I am providing baked goods for a celebration or party being held at the school.

I ensure the shared snacks/meals meet the needs of the children who require special diets.

I AM AWARE THAT ANY FOOD THAT I BRING INTO THE SCHOOL MUST NOT CONTAIN NUTS OR BE PROCESSED IN A NUT FACILITY.

Signature: \_\_\_\_\_



## Parent Contact Release Form

Child's Name:

---

Parent Name:

---

Date:

---

I authorize the school to release my contact information to other parents within the school.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

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

# Physician's Request for Special Dietary Accommodations

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

School Year: \_\_\_\_\_

All sections must be completely filled out for this form to be accepted. \*indicates required field.

## A. THIS SECTION TO BE COMPLETED BY PARENT//LEGAL GUARDIAN

\*Student Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

I give Health Services/Nutrition Services permission to speak with the below named Physician or Authorized Medical Authority to discuss the dietary needs described below.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## B. THIS SECTION TO BE COMPLETED BY LICENSED PHYSICIAN//PRESCRIBING MEDICAL AUTHORITY

\*Does the child have a disability and/or anaphylactic/life-threatening food allergy? ☐ YES ☐ NO

If YES selected, form must be completed and signed by licensed physician (MD/DO).

\*If YES, please describe the major life activities affected by the disability: \_\_\_\_\_

\*MEDICAL DIAGNOSIS: \_\_\_\_\_

### ACCOMMODATIONS NEEDED

\*Soy milk is the standard substitution when Fluid Dairy Milk is omitted

#### I. Restrictions Needed: ☐ NONE

- ☐ No Fluid Dairy Milk^ ☐ No Dairy Products (yogurt, cheese, etc) ☐ No Milk Protein/Milk Ingredients (in baked goods, etc.)
- ☐ No Whole Eggs ☐ No Eggs as an ingredient ☐ Sesame ☐ Whole Corn ☐ All Corn Derivatives
- ☐ No Wheat/Gluten ☐ No Soy ingredients
- ☐ No Peanuts ☐ No Tree Nuts (please note that HISD does not serve peanuts or tree nuts on the regular menus)
- ☐ No foods processed in a facility that contains nuts
- ☐ No Seafood
- ☐ Other (Please list) \_\_\_\_\_

Substitutions \_\_\_\_\_

#### II. Texture Modification: ☐ NONE

Duration: (choose one)

☐ Year-Round

☐ Temporary: Start \_\_\_\_\_ Stop \_\_\_\_\_

Liquids: (choose one)

☐ Mildly Thick (Level 2)

☐ Moderately Thick (Level 3)

☐ Extremely Thick (Level 4)

Solids: (choose one)

☐ Soft & Bite-Sized (Level 6)

☐ Minced & Moist (Level 5)

☐ Pureed (Level 4)

#### III. Supplement: ☐ NONE

☐ NPO ☐ Supplement to accompany oral diet

☐ Boost Kid Essentials 1.5

☐ Pediasure

☐ Pediasure with Fiber

☐ Pediasure with Fiber 1.5

☐ Pediasure Enteral with Fiber 1.0

☐ Other: \_\_\_\_\_ \*Supplements not listed above may take up to 6 weeks to be processed.

Dosage Per Meal (REQUIRED): \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ After School Snack

IV. Therapeutic Diet Order: Please provide specifics as needed. \_\_\_\_\_

## C. THIS SECTION TO BE COMPLETED BY LICENSED PHYSICIAN//PRESCRIBING MEDICAL AUTHORITY

I certify that the above named student needs special dietary accommodations, as described above, because of the student's disability and/or life-threatening food allergy or food intolerance/allergy, as indicated.

☐ OMD ☐ DO ☐ NP ☐ PA

\*Signature of Licensed Physician/Prescribing Medical Authority \_\_\_\_\_ Date \_\_\_\_\_

\*Printed Name of Licensed Physician/Prescribing Medical Authority \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Send completed form to school nurse. Please submit new Physician Request form each school year. Any change or discontinuation must be submitted in writing by the physician. Please allow two business weeks for processing. Fax completed forms to (713) 491-5998. Contact NSSPECIALDIETS@houstonisd.org with questions.



# FARE

Food Allergy Research & Education

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

PLACE  
PICTURE  
HERE

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

☐ **Special Situation/Circumstance** - If this box is checked, the child has an extremely severe allergy to the following food(s) \_\_\_\_\_.

Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.

### For ANY of the following SEVERE SYMPTOMS



#### LUNG

Shortness of breath, wheezing, repetitive cough



#### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



#### THROAT

Tight or hoarse throat, trouble breathing or swallowing



#### MOUTH

Significant swelling of the tongue or lips



#### SKIN

Many hives over body, widespread redness



#### GUT

Repetitive vomiting, severe diarrhea



#### OTHER

Feeling something bad is about to happen, anxiety, confusion

#### OR A COMBINATION

of symptoms from different body areas

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return

### MILD SYMPTOMS



#### NOSE

Itchy or runny nose, sneezing



#### MOUTH

Itchy mouth



#### SKIN

A few hives, mild itch



#### GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE BODY SYSTEM, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM (E.G. SKIN, GI, ETC.), FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

### MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE

DATE

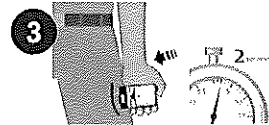


**FARE**  
Food Allergy Research & Education

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

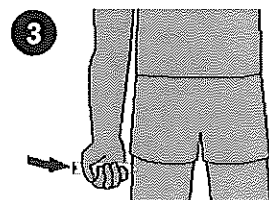
### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q® from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q® against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



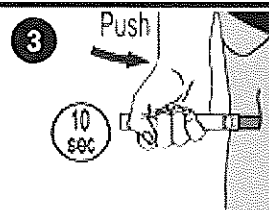
### HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



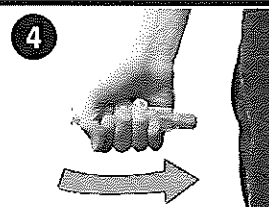
### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



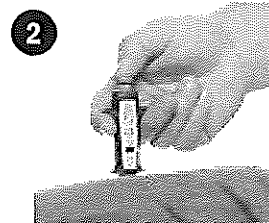
### HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi™ by finger grips only and slowly insert the needle into the thigh. SYMJEPi™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

**Epinephrine first, then call 911. Monitor the patient and call their emergency contacts right away.**

### EMERGENCY CONTACTS – CALL 911

RESCUE SQUAD: \_\_\_\_\_  
DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY

This is a RELEASE AND WAIVER OF LIABILITY (hereinafter, referred to as the "Release") made this \_\_\_ day of \_\_\_, 20\_\_\_, by and between BLUE TEDDY, LLC, d/b/a/ SIENNA KIDS ACADEMY ("SIENNA") and \_\_\_\_\_ (Parent(s)/Legal Guardians) who are the Parent(s) and/or Legal Guardian(s) of \_\_\_\_\_.

WHEREAS, SIENNA provides child care services and the Parent(s)/Legal Guardian(s) have engaged Sienna to provide child care services for \_\_\_\_\_ (child's name);

WHEREAS, has been requested by the Parent(s)/Legal Guardian(s) to administer emergency treatment (including the administration of epinephrine) to the child during certain emergency situations when the child has come in contact with an allergen and is in danger of anaphylaxis, as prescribed in writing on the child's "Authorization for Emergency Care of Children with Severe Allergies Form" all in accordance with and subject to SIENNA's policy for administering emergency treatment to children with severe allergies.

NOW THEREFORE, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Parent(s)/Legal Guardian(s) hereby release and forever discharge Sienna and its employees or agents from any liability arising in law or equity as a result of Sienna's employees or agents administering epinephrine and providing other emergency care in conformance with the child's "Authorization for Emergency Care of Children with Severe Allergies Form" (hereinafter referred to as the "Authorization"), provided that Sienna has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization. This Release shall be governed by the laws of the State of Texas which is the location of the SIENNA facility in which the child is enrolled, excluding its choice of law provisions.

2. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization (including any additional health care provider's instructions or clarifications), that is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.

3. The reference in this Release to the term SIENNA shall include SIENNA, its affiliates, successors, directors, officers, employees, and representatives. The terms Parent(s)/Legal Guardian(s) shall include the dependents, heirs, executors, administrators, assigns, and successors or each.

4. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect or impair any other provision of the Release. This Release shall be construed as if such invalid, illegal, or unenforceable provisions had not been contained herein.

BLUE TEDDY, LLC, d/b/a/ SIENNA  
KIDS ACADEMY

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

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

PARENT(S)/LEGAL GUARDIAN(S):

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

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