

LHBC Kid Connections Medical Release Form

Please list any special problems that your child might have, such as allergies, pre-existing medical conditions that we should be concerned with, etc. . Also list any medical problems your child has had in the last 12 months. If there are allergies, please list the symptoms your child experiences from the allergic reactions and required treatment (Benadryl, epi-pen, etc.)

My Child is able to participate in all recreational activities: (Please check One)

Yes: _____ No: _____

Release Waiver & Medical Emergency Authorization Agreement

I, _____ as parent/guardian of _____ (a minor) release Lake Highlands Baptist Church, its agents, and employees from any claims or causes of action arising from or connected with any activity, field trip, or transportation involved with the Kid Connections Program.

I, further agree that Lake Highlands Baptist Church, its agents, and employees are authorized to provide such medical care or treatment as may be necessary, in their judgment, during any transportation, field trips or activities.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Program Director or person in charge to take my child to the closest hospital for immediate care.

Signature: _____

Date: _____

Insurance Information

Name of Insured: _____

Company with whom insured: _____

Policy Number: _____ Group Number: _____

State Of Texas
County of Dallas

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this the _____ day of _____, A.D., _____.

SEAL with Name and Expiration

Notary Public in and for the State of Texas



ATTENTION:

Child's Name

Is allergic to the following food items!

Below is a list of items that are snacks that we provide to the children on occasion. If your child is allergic to **any** food or beverage item, please note the products above.

Gold Fish, Peanut Butter, Cheese Crackers, Vanilla Wafers, Graham Crackers, Cheese Nips,
Fruit

Please list symptoms and reactions that occur from above listed allergens and required treatment. _____

Child's Name: _____

PLEASE ATTACH YOUR CHILD'S SHOT RECORD TO THIS APPLICATION. IF YOUR CHILD IS NOT UP TO DATE WITH HIS OR HER IMMUNIZATIONS, WE WILL NOT BE ALLOWED TO ACCEPT HIM/HER INTO THE PROGRAM. (We must have a shot record or an Exemption Affidavit on file.) THE STATE OF TEXAS CHECKS OUR RECORDS.

Physician Statement

Because we are a State Registered Program, **one** of the following must be presented when your child is admitted to the program:

1. **Physician's Statement:** I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program. **AND**, if the child is 4 years old, a vision and hearing test was completed.

Physician's Signature

Date

Physician's Name:

Physician's Address:

Physician's City:

Physician's Phone #:

OR

2. A form or written statement from a health clinic stating that your child is physically able to take part in the day care program. **AND**, if the child is 4 years old, a vision and hearing test was completed.

Discipline and Guidance Policy

LHBC Kid Connections

- **Discipline must be:**
 - a. Individualized and consistent for each child
 - b. Appropriate to the child’s level of understanding; and
 - c. 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:**
 - a. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
 - b. Remind a child of behavior expectations daily by using clear, positive statements
 - c. Redirecting behavior using positive statements; and
 - d. Using brief supervised separation or time out from the group, when appropriate for the child’s age and development, which 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.**
 - a. Corporal punishment or threats of corporal punishment;
 - b. Punishment associated with food, naps, or toilet training;
 - c. Pinching, shaking, or biting a child;
 - d. Hitting a child with a hand or instrument;
 - e. Putting anything in or on a child’s mouth;
 - f. Humiliating, ridiculing, rejecting, or yelling at a child;
 - g. Subjecting a child to harsh, abusive, or profane language;
 - h. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - i. 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

By signing our application, you acknowledge that you have received this policy on Discipline. The above policies are guidelines established by the Department of Family and Protective Services.

Parent Signature

Date

Policy Acceptance Form

Check all that apply if applicable:

_____ I acknowledge that I have received the operational policies that include discipline and guidance with my application. **(required)**

_____ I have attached a copy of my child's immunization record. **(required by first school day)**

_____ I understand that tuition is due in full even if my child missed any days for personal or sickness reasons. **(required)**

_____ I understand and agree to the rules of tuition, as listed below. **(required)**

_____ I understand the Parent Handbook is available on the website and I agree to abide by all of the school policies listed in the Parent Handbook. If you prefer a printed copy, please let the director know. (LHBC Kid Connections will notify all parents in the event that there are changes made to the Parent Handbook.) **(required)**

_____ I allow my child to have photographs taken by the staff or church personnel for school or church use only. (optional)

_____ I would like my child's address and phone number to be included in the school directory. (optional)

Signature/Parent or legal guardian

**Tuition is due by the 5th of each month. There is a \$15.00 charge for late payments. If the 5th of the month falls on a day that we are not in service, tuition is due the following scheduled school day. We also will charge \$35.00 for NSF checks, which is due immediately upon the return of your check to the office. We reserve the right to request cash payment if this occurs.

Fees

Registration Fee School Year Program which includes \$50.00 for a supply fee (One time fee per school year)

- 1 day/week class=\$100.00
- 2 day/week class=\$150.00
- 3 days/week class=\$200.00
- 4 days/week class=\$250.00
- 5 days/week class=\$300.00

Summer Registration Fee (one time fee for summer session)

\$75.00

*Registration fees are due upon registering but we will accept payment up to May 1st for summer or August 1st for fall to keep your spot.

Tuition is due the first school day each month. The rates are as follows:

Nursery, Toddler A, Toddler B, PreK 2, Prek 3 (ages 12 months—3 years)

- 1 day/week-\$125.00/month
- 2 days/week-\$215.00/month
- 3 days/week-\$300.00/month

PreK4, & PreK Bridge (4s & 5s) Classes

- 2 days/week =\$215.00/month
- 3 days/week= \$300.00/month
- 4 days/week =\$400.00/month
- 5 days/week=\$500.00/month

***We give a 10% discount for multiple siblings enrolled.**

Summer Session

Summer Session begins June 6th and ends on July 27th. (We do not have school on July 4th or July 13th)

2018-2019

School begins on Wednesday, September 5th, 9:00 am, bring your lunch!
The last school day is May 20th.

Parent Orientation will be the evening of September 4th.