



2024– 2025 Academic Year

Director's Name: _____

Student's Information

Last Name	First Name	Middle Initial	Grade/Group	Date of Admission Ex. 04/23/2001 / /
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____				
Date of Birth Ex. 04/23/2001 / /	Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Telephone No.	
Street Address	City	State	Zip Code	
Child Lives With? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	Custody Documents on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Withdrawal Ex. 04/23/2001 / /		

Parent/Guardian 1 Information

Last Name	First Name	Middle Initial
Street Address (if different from child's address)	City	State Zip Code
Social Security Number	Occupation	Employer
<i>List telephone numbers below where parent/guardian may be reached while child will be in care:</i>		
Home Telephone No.	Work Telephone No.	Cell Phone No. Email
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____		

Parent/Guardian 2 Information

Last Name	First Name	Middle Initial
Street Address (if different from child's address)	City	State Zip Code
Social Security Number	Occupation	Employer
<i>List telephone numbers below where parent/guardian may be reached while child will be in care:</i>		
Home Telephone No.	Work Telephone No.	Cell Phone No. Email
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____		

Other adults living at home with the family: _____/relationship _____
 _____/relationship _____

Sibling Information

Name of sibling attending VCS	Grade	Name of sibling attending VCS	Grade

Student Pickup Authorization

*I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name & telephone number of each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.*

Full Name	Relationship	Telephone No.
Full Name	Relationship	Telephone No.
Full Name	Relationship	Telephone No.

Agreements

Transportation I hereby give do not give – consent for my child to be transported and supervised by the operation’s employees:

for emergency care on field trips to and from home to and from school

Filed Trips: I hereby give do not give – my consent for my child to participate in Field Trips.

Parent’s Comments: _____

Water Activities: I hereby give do not give – my consent for my child to participate in Water Activities:

sprinkler play splashing/wading pools swimming pools water table play

Is your child able to swim without assistance: Yes No If no, what type of assistance is needed: _____

I understand that the following meals will be served to my child while in care:

None Breakfast AM Snack Lunch PM Snack Supper Evening Snack

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

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Mondays | <input type="checkbox"/> 8:30 am – 3:30 pm |
| <input type="checkbox"/> Tuesdays | <input type="checkbox"/> before school care (7:00 am – 8:30 am) |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> after school care (3:30 pm – 6:00 pm) |
| <input type="checkbox"/> Thursdays | |
| <input type="checkbox"/> Fridays | |

Web & Media I hereby give do not give – my consent for my child’s photography and video to be used by VCS for advertising on any electronic media outlet, print media outlet, and internet.

Signature – Parent or Legal Guardian

Date

Receipt of Written Operational Policies

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

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

Child's Special Care Needs

- | | |
|---|--|
| <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 (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: _____

Signature – Parent or Legal Guardian

Date



Student's Name		
Child's Last Name	Child's First Name	Child's Middle Initial
Child's Date of Birth <small>Ex. 04/23/2001</small> / /		

Emergency Contact			
<i>Give the name, address and phone number of person to call in case of an emergency if parents/ guardian cannot be reached:</i>			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Home Telephone No.	Work Telephone No.	Cell Phone No.	
Relationship			

Authorization for Emergency Medical Attention
<i>In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to make the necessary emergency medical care arrangements and to have the child transported for emergency medical treatment.</i>
<hr style="width: 60%; margin: 0 auto;"/> Signature – Parent or Legal Guardian

Doctor's Information			
Name of health care professional	Telephone No.		
Street Address	City	State	Zip Code

Signature – Parent or Legal Guardian

Date



Student's Name

Child's Last Name

Child's First Name

Child's Middle Initial

Health Notes

List any medical condition that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Immunization Record

The Texas Department of Health has ruled that students must be current with immunizations in order to attend school unless an exemption has been filed with the school in accordance with **Texas Education Code**. All immunizations must be completed by the first date of attendance. If the student has not received the required doses of vaccination, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

I include with this application a copy of my child's most current immunization record.

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 – Parent or Legal Guardian

Date

For additional information regarding immunizations visit www.dshs.state.tx.us/immunize/public.shtm

Vision and Hearing Score

VISION

R 20/____

L 20/____

PASS

FAIL

Signature

Date

HEARING

1000 Hz

2000 Hz

4000 Hz

PASS

FAIL

R

L

Signature

Date

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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).

School Age Children

<input type="checkbox"/> My child attends the following school:	School Name		
Street Address	City	State	Zip Code
Telephone No.	<i>Check all that apply:</i>		
<input type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.		My child has permission to: <input type="checkbox"/> ride a bus, and/or <input type="checkbox"/> walk to and from school, <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.	
Name of sibling	Name of sibling		

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.

Please 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 / she is able to take part in the day care program.

Health Care Professional's Signature

Date

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 will submit it to the child-care operation.

Name of health care professional		Telephone No.	
Street Address	City	State	Zip Code

Signature – Parent or Legal Guardian

Date

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.

Signature – Parent or Legal Guardian

Date

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)	
	2 months (first dose)	
	4 months (second dose)	
	6 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.	

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 _____

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

Signature – Parent or Legal Guardian

Date

Center Designee

Date

Physician or Public Health Personnel Verification

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

Signature

Date



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 teatment 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 toliet 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

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 §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

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

Signature – Parent or Legal Guardian

Date

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)



Child's Name: _____ Teacher's Name: _____ Class: _____

I hereby certify that I have received the 20__ – 20__ Vineyard Christian School
 Preschool Elementary handbook, and have read and agree to the guidelines
contained herein.

I will direct any and all questions to the Director and/or Owner.

I understand that these guidelines may be changed at any time and will be applicable to
all clients including those enrolled prior to change.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

***After signing, promptly return this page to the Office, it will be kept in your child's file. Keep the
copy of this handbook for your reference throughout the year.***

*"Hear my children the instruction of a Father, and give attention to know understanding..."
Proverbs 4:1*



Lunch

VCS offers prepared lunches for your children available for purchase on a monthly basis. Please complete the form below about the lunch program.

I want my child, _____, to participate in the following lunch service:

_____ \$68 Monday to Friday

_____ \$48 Monday/Wednesday/Friday

_____ \$35 Tuesday/Thursday

_____ \$10 monthly. My child will bring lunch from home, but will have milk, fruits from school.

_____ My child will bring lunch, no milk or fruits from school.

Special Events

_____ Kinder— Graduation \$50

_____ 5th Grade— Promotion \$50

Your monthly statement will reflect the amount due for the upcoming month.

Summer 2025

_____ My child **will** attend, all or some weeks, through the summer.

_____ My child **will not** attend through the summer.

Signature
Parent or Legal Guardian

Date

