



Island Foundation
Private Education Programs

Island Preschool
After School Care Program
Holiday Care
Summer Care

Admission Packet

- ___ Admission Form
- ___ Discipline & Guidance Policy
- ___ Physician's Statement of Health
- ___ Immunization Record
- ___ Emergency Card
- ___ Policy Agreement
- ___ Tuition Agreement

Parent Handbook-please keep for your records

Parent email address: _____

Child's T-Shirt Size: ___ XS (2-4) ___ S (6-8) ___ YM (10-12)
___ YL ___ other

ADMISSION INFORMATION

Operation Name <i>Island Foundation PEP</i>		Director's Name <i>Heather Harkins</i>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
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 for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby give do not give - consent for my child to be transported and supervised by the operation's employees:

1. **TRANSPORTATION:** for emergency care on field trips to and from home to and from school

2. **FIELD TRIPS:** I hereby give do not give - my consent for my child to participate in Field Trips:
Parent's Comments:

3. **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

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

5. 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

6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

<input type="checkbox"/> Mondays	from:	to:
<input type="checkbox"/> Tuesdays	from:	to:
<input type="checkbox"/> Wednesdays	from:	to:
<input type="checkbox"/> Thursdays	from:	to:
<input type="checkbox"/> Fridays	from:	to:
<input type="checkbox"/> Saturdays	from:	to:
<input type="checkbox"/> Sundays	from:	to:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

List any special problems 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:

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).

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

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: walk to and from school,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

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 and address of health care professional: _____

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R	_____	_____	_____
L	_____	_____	_____
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature -- Parent or Legal Guardian Date

Discipline and Guidance Policy for Island Foundation PEP
Name of Operation

- ◆ 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

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

Admission Form Supplement
Island Foundation Private Education Programs

Special Permission Items

Please indicate yes or no:

I give permission for my child, _____, to participate in the following as specified:

_____ to participate in classroom parties

_____ to have photos taken by teacher and other parents at school functions

_____ to have such photos used for newsletters, brochures, newspaper, website or advertising for Island Foundation

_____ to have bug sprayed applied to my child

_____ to have sunblock applied to my child

_____ for Island Foundation Private Education Program staff to administer minor first aid with band-aids, antibiotic cream, ice pak, anti-itch ointment or skin antiseptic cleansers as deemed necessary.

Signature of Parent _____ Date _____

Nutrition

I have received a copy of the nutritional guidelines for children and understand that the Island Foundation Private Education Programs are not responsible for the nutritional value of the lunch I provide for my child.

Signature of Parent _____ Date _____

Receipt of Policies

I have received the Private Education Programs Parent Handbook and agree to comply with the policies and guidelines therein. In addition, I understand that participation in any PEP program does not guarantee enrollment in Seashore Learning Center.

Signature of Parent _____ Date _____

Revisions to Handbook/Policies

Amended 02/23/2009

- Nutritious lunches
- TB testing
- Contact licensing



**Island Foundation Private Education Programs
TUITION POLICY AGREEMENT for
SUMMER 2009**



I agree to make _____ WEEKLY payments of \$ _____ beginning ____/____/____.

ISLAND FOUNDATION SUMMER POLICY AGREEMENT

Please read each item and initial policy statements.

In order to provide the proper staffing, tuition and enrollment commitments are per week. **Initial each week that your child will be in attendance.** Weeks initialed will be billed for tuition. Drop-In slots may be available during weeks you are not committed to if necessary.

_____ **I am aware** that all weekly fees are due on Monday of each week.. A late fee of \$5 per day will be assessed for payment not received by the 5th of each month unless it falls on a Sat/Sun/holiday in which case payment will be due on the next business day.

_____ **I am aware** that \$30 will be charged for any returned check that results in non-payment.

_____ **I am aware** that if my payment is 10 days past due, my child may be refused the opportunity to return and participate in any PEP program and the slot may be offered to another family.

_____ **I am aware** that if my account is more than 30 days past due, it may be sent to collections.

_____ **I am aware** that I am responsible for payment of services provided by any Island Foundation program and that payment is due BEFORE services are provided. I agree that I will be responsible for any collection fees and/or attorney fees necessary to bring my account current.

_____ **Week 1: June 1-5, 2009**

_____ **Week 6: July 6-10**

_____ **Week 2: June 8-12**

_____ **Week 7: July 13-17**

_____ **Week 3: June 15-19**

_____ **Week 8: July 20-24**

_____ **Week 4: June 22-26**

_____ **Week 9: July 27-31**

_____ **Week 5: June 29-July 3**

_____ **Week 10: Aug. 3-7**

I have read and agree to the above Tuition Policy of the Island Foundation Private Education Programs.

Parent/Guardian Signature

Date