

ADMISSION INFORMATION

Operation Name Triumph Christian Academy		Director's Name Chelsea Lee	
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:**
 Walk home 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).

Signature – Parent or Legal Guardian

Date

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 or from school or home,
 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			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

Signature - Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ▶ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)

Positive

Negative

Date:

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

Signature

Date

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.

Parent's signature

Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at

www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date

Triumph Christian Academy
4740 West Orem Drive
Houston, TX 77045



Health Statement for Childcare Enrollment

I have examined _____ within
the past year and find that he/she is physically able to attend
Triumph Christian Academy and is able to take part in the program
provided by TCA.

Health Care Physician Signature

Date

Triumph Christian Academy
Pick up List



My Child, _____
Child's name

May be released (picked up) by the following ONLY.....

Name:

Phone:

1.	
2.	
3.	
4.	
5.	
6.	

Triumph Christian Academy
4740 West Orem Drive
Houston, TX 77045
713-433-0003

Student Release Form

Dear Parents/Guardian:

TCA has a website that we are in the process of re-vamping and are very excited. The website is used for marketing purposes and we would like to display our students, their work, activities, and programs. There may be times where your child/children will be videotaped and or pictures taken. Please be advised that no student's name or personal information will appear on any materials that are submitted and all materials will be kept confidential. The form below will be used to document your permission for videography and or photography and the use as needed.

Permission Slip

Student Name: _____

I am the parent/legal guardian of the child named above. I have received and read the letter regarding possible videotaping of my child.

I DO give permission for you to include my child's image on videotape, photography, and TCA

website at _____
(Name of School)

I DO NOT give permission for you to include my child's image on videotape, photography, and TCA website.

By signing below I, _____ grant TCA the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Triumph Christian Academy and Victory in Jesus Church and its agents and employees from all claims, demands, and liabilities whatsoever in the connection with the above.

Parent/Guardian Signature

Date

Discipline and Guidance Policy for _____

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

ATTENTION PARENTS

You are entitled to see the following information. You may ask the center director to show you the most recent copy of:

- **The Minimum Standards for this Licensed Child-Care Center** (*also available on the web at www.dfps.state.tx.us or at your local Licensing office*),
- **The most recent Department of Family and Protective Services Inspection / Investigation Report**, (*compliance information is also available on the web at www.dfps.state.tx.us or from your local Licensing office*),
- **Documentation of liability insurance that complies with Human Resources Code, Section 42.0491,**
- **The most recent Fire Marshal's Inspection Report,**
- **The most recent Health Department's Sanitation Inspection Report,**
- **The most recent Gas Pipe Inspection Report, and**
- **The Child-Care Center's operational policies.**



Department of Family and Protective Services
Child Care Licensing Division

Dear TCA Families,

TCA is a Christ centered school whose mission is to provide our children with a nurturing educational environment. We strive to provide each child an opportunity to grow in all areas including mental, spiritual, emotional, social, and physical. The core values of TCA are Teaching, Relationship, Integrity, Unity, Motivation, Prayer, and Honesty. In relation to this, all parents are expected to assist the child in displaying positive and balanced behavior. We want to remind you of our Discipline and Guidance Policies. When a child consistently displays disruptive and unacceptable behavior (Ex: biting, fighting, inappropriate language, refusing to complete classroom work, disrespectful to the teacher and or staff, and not following classroom rules) the final action taken will be the parent/guardian called for immediate pick up and the child may not return to school for a period not to exceed 1 (one) day.

Before TCA will enforce the dismissal of a child for continuing to display disruptive or unacceptable behavior to the learning environment we will have done the following...

1. Issue the child a direct warning
2. Place the child in a "thinking chair" for quiet time for a length not to exceed the child's age. (Ex: if a child is 3 years old the quiet time will be for 3 minutes.) If the behavior or attitude of the child has not changed, then:
3. The child will be placed in a **supervised** separated area from the group for another quiet time for a length not to exceed the child's age. There will also be a "Teacher Note Check Point" documented on the behavior. The parent will sign it and be given a copy.
4. The Director and or Assistant Director will be notified and parent/guardian may be called for pick up and a parent meeting may be arranged. **This is at the sole discretion of the Director.**

If a child's behavior has not become acceptable according to our school's standards, TCA reserves the right to dis-enroll the child and they will not be able to return.

I, _____ have read Triumph Christian Academy's (TCA) Discipline and Guidance Policy. By signing my name I fully understand and agree to the rules and regulations as outlined above.

Print Name

Signature

Date

Director Signature

Date

Triumph Christian Academy
Food Allergy Emergency Plan

This plan must be signed and dated by your child's Health Care Professional

Child's Name: _____ Date of Birth: _____

Doctor: _____

Address: _____

Phone: _____ Fax: _____

Please complete one form FOR EACH known Food Allergy

Food child is allergic to: _____

Possible symptoms if exposed to this food:

Specific steps to take if the child has an allergic reaction to this food:

By signing below, the parent or guardian of this child gives Triumph Christian Academy permission to post the child's food allergy in the serving and food preparation areas.

Dr. Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

For licensed center use:

___ Food Allergy Emergency Plan has been posted in the classroom and food service area

___ Food Allergy Emergency Plan has been posted in the food preparation area

___ Food Allergy Emergency Plan has been included in your emergency evacuation binder

___ Food Allergy Emergency Plan has been included in your field trip and transportation binder