



*Greatwood*

1250 Crabb River Rd.

Richmond, TX 77469

281-343-KIDS

(5437)

# Welcome

Please fill out this entire packet and return  
prior to your child's first day.

Thank You!

\*Shot Records/ Dr's Statement  
Is Required by law for your  
Childs Enrollment



## Enrollment Application

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

Enrollment Date: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Child's last 4 digits of SS#: \_\_\_\_\_

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

Home Ph#: \_\_\_\_\_ Days and hours in care: M T W TH F (Please circle) From \_\_\_\_\_ to \_\_\_\_\_

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

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

Cell Phone Number: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Cell Phone Number: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's marital status: S \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ Child lives with: \_\_\_\_\_

The Child may be released to the following people with proper identification:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

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

List any allergies or special needs your child may have: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?? \_\_\_\_\_

### Transportation:(please check off)

I give \_\_\_\_\_ do not give \_\_\_\_\_ permission for my child to be transported for Field Trips

I give \_\_\_\_\_ do not give \_\_\_\_\_ permission for my child to be transported To and From school

I give \_\_\_\_\_ do not give \_\_\_\_\_ permission for my child to participate in Water Activities \_\_\_\_\_ Splash Park \_\_\_\_\_

I give \_\_\_\_\_ do not give \_\_\_\_\_ permission to be included Photography/Social Media /Website:

**SCHOOL AGE CHILDREN:** My child attends: \_\_\_\_\_ Elementary School Phone: \_\_\_\_\_

My child's current immunizations are on file at the school: Yes \_\_\_\_\_ No \_\_\_\_\_

Director's name: Jackelyn Valdez

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



1250 Crabb River Rd.  
Richmond, Tx. 77469

### Vehicle Emergency Medical Information

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

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Hm. Ph# \_\_\_\_\_ Wk. Ph. # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Hm. Ph# \_\_\_\_\_ Wk. Ph. # \_\_\_\_\_

In an emergency and parents cannot be reached:

1. Name \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

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

Child Height \_\_\_\_\_ Child Weight \_\_\_\_\_

Medical Facility this center uses: Memorial Hermann Hospital Phone #: 281-725-5000

Address: 17510 W. Grand Parkway

Child's Allergies: \_\_\_\_\_

Current Prescribed Medication: \_\_\_\_\_

Child's Special Medical Needs and Condition: \_\_\_\_\_

In the event of an emergency involving my child, and if Kids R Kids 23tx cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expense incurred during the treatment of my child and to hold harmless and release Kids R Kids International, Inc., from all liability.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH REQUIREMENTS

Child's Name			Date of Birth		
IMMUNIZATIONS	Date 1 <sup>st</sup> Dose	Date 2 <sup>nd</sup> Dose	Date 3 <sup>rd</sup> Dose	Date 1 <sup>st</sup> Booster	Date 2 <sup>nd</sup> Booster
DPT/TD					
Polio					
Hib-CV					
Hep A					
Hep B					
PCV					
MMR Vaccine		Physician's Verifications Must Be Submitted			
Varicella		Measles- Date of Illness		Mumps- Date of Illness:	

NOTE: You may submit a copy of an immunization record signed or stamped by a physician or health professional

Vision & Hearing Test: To be completed at the child's four-year-old check-up per Texas Department of Health.

Results: **Vision:** \_\_\_\_/\_\_\_\_ ☐ Pass ☐ Fail Corrective Lenses ☐ Yes ☐ No

**Hearing:** Right Ear: ☐ Pass ☐ Fail Left Ear: ☐ Pass ☐ Fail

Referred to a specialist? Vision: ☐ Yes ☐ No Hearing: ☐ Yes ☐ No

\_\_\_\_\_  
Signature (or stamp)-Physician or Health Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature- Staff Making Handwritten Copy of Record

\_\_\_\_\_  
Date

**ADMISSION REQUIREMENT:** One of the following must be presented when your pre-school age child is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

☐

**Doctor'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.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

☐ A form or written statement from health service or clinic.

If you do not have any of the above:

☐ My child has an appointment for a physical examination:

Date	Name and Address of Physician OR Address of EPSDT Screening Site
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I will submit physician's statement, EPSDT form, or health service or clinic form to the day care facility following examination

\_\_\_\_\_  
Signature-Parent or Legal Guardian

\_\_\_\_\_  
Date

Note: If medical diagnosis and treatment and TB testing conflict with your religious beliefs, you must sign an affidavit to that affect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family you must obtain a certificate (signed by a physician) to that affect and attach it to this form.



## Policies Regarding Health

In our center, we have very specific guidelines for parents to reference regarding health. These policies are intended to be very clear on what health issues make it necessary for your child to be kept out of school. It is our hope that these policies address all concerns from parents and staff. Administered correctly and fairly, they should protect the best interest of all of our children, well and ill, as well as our staff. In order to keep the children healthy and maintain a safe environment, we ask for your help with the following guidelines:

- Please do not send an ill child to school. Small children are prone to infection because their immune systems are not fully developed. One sick child places all other children at risk.
- A child with a fever of 100.4 degrees will be sent home. We ask that the child be kept out of school until he/she has been fever free for 24 hrs without fever relieving medicine.
- A child showing signs of the following symptoms will be sent home:
  - Diarrhea or vomiting (twice in 24 hrs)
  - Deep or hacking cough or sore throat
  - Continuous runny noses with a yellow or green color
  - Any suspicious rash that has not been diagnosed by a physician
  - Undiagnosed and untreated pink, swollen, matted or runny eyes
- A child may return to school when any of the following occur
  - Temperature has been normal for 24 hrs.
  - Active signs of illness (diarrhea or vomiting) have been gone for 24 hrs.
  - The child's physician releases the child to return to school
  - (Please note: A child may return to school with secondary symptoms from colds and flu, as they may linger for several weeks without the child being contagious)
- A child that is taking prescription medications **MUST** have a release from the physician to return to school.
- Over-the-counter medication **MUST** have a written release from the physician. The release must state child's name, medication, and dosage. It must also be in the original container.
- ALL medications must have a medical form filled out by the parent with the dosage, time to be given and the parent's signature.
- Parent must keep the child current on immunizations as per the Texas Department of Health and a copy must be supplied to the center.

**Medicine is given at 11am & 3pm daily. To ensure your child is included, please coordinate your child's morning dose with these dosage times.**

I have read and fully understand the policies regarding health at Kids R Kids #23.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



1250 Crabb River Road  
Richmond Texas 77469

### TRANSPORTATION AGREEMENT

I, \_\_\_\_\_, agree for my child, \_\_\_\_\_ to ride on the bus or van provided by the Kids "R" Kids 23tx Learning Academy as shown in the address above.

My child will be transported from Kids 'R' Kids #23 at \_\_\_\_\_ a.m.

My child is to be delivered to \_\_\_\_\_ at \_\_\_\_\_ a.m.  
(school)

My child is to be picked up from \_\_\_\_\_ at \_\_\_\_\_ p.m.  
(school)

My child is to be delivered to Kids 'R' Kids #23 at \_\_\_\_\_ p.m.

### **ALL STUDENTS RIDING THE BUS SHOULD FOLLOW THE FOLLOWING GUIDELINES TO ENSURE THE SAFETY OF ALL STUDENTS WHEN RIDING THE KIDS R KIDS VEHICLES**

1. A mask must be worn before entering and while riding the KKR bus.
2. Every child must sanitize before entering the bus.
3. Only 2 children per seat to comply with social distancing.
4. While getting on and off the bus, please stay in line, watch your step, and board one student at a time.
5. Remain seated with seatbelt on until vehicle is parked and comes to a complete stop. No changing seats while the bus is in motion.
6. Please keep feet and belongings out of the walkway.
7. Be nice to all riders and allow others to sit with you.
8. If necessary, the driver may assign seats. Please sit in the assigned seat you are given.
9. Please use low voices, and refrain from yelling or calling out. This can cause distractions to the driver.
10. No fighting, rough play, and/or bad language allowed. NO EXCEPTIONS.
11. Do not throw objects inside the bus or out of the windows or doors.
12. Keep all body parts in the bus and not out the window.
13. Ensure you keep all personal belongings in your backpack.
14. RED Emergency handles are not to be touched, pulled or leaned on.
15. Eating and drinking is not allowed on the bus to prevent any choking.
16. ALWAYS ask for help if you drop something around the bus.
17. **PARENTS:** Please inform Kids 'R' Kids by 12 noon if your child will not need transportation. (\$20 fee will be assessed if KKR does not get informed)

Your child's safety and the safety of the other children on the bus is our number one concern. Parents, please review these rules with your child to ensure that they understand the importance of these rules.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Policies Regarding Payments of Tuition and Fees

Please understand that the standard we have set for the care and education of our children makes it vitally important that parents have a clear understanding of what our policies are regarding the payment of tuition fees. Not unlike your family's own personal budget, our school also operates on a budget that is based on payments of tuition. You will find that our tuition fees are "all inclusive", meaning that all services and programs that we provide for your children are taken care of in their tuition and the center shares all student related costs. There are a very limited number of reasons for any up-charges or additions to a student's tuition, with the exception of any outside services offered by extra-curricular vendors such as dance, sports, art class, book sales, class pictures, etc. We would also like to mention that any commissions earned from outside services, by our center, are returned directly into the school's budget with no exceptions. If you have any questions about our policies regarding tuition fees, please do not hesitate to ask.

I agree to pay \$\_\_\_\_\_ each Friday the tuition for my child(ren).

1. Tuition is paid in advance and due on Friday, for the upcoming week.
2. Tuition that remains unpaid after the close of school the following Monday will incur a late charge of \$35. If a balance remains by the end of the week, your child will not be allowed to return the following Monday up until the balance is paid in full.
3. Late fees are assessed unless prior arrangements have been made with Kids R Kids owners/managers.
4. Late pick-up fees are assessed starting at 6:35pm at the rate of \$5 and \$2 every minute after that.
5. Payments for tuition can be made in any amount, as long as it is over the amount of one week's program charges. Parents are welcome to pay tuition weekly, bi-monthly, monthly, etc.
6. There is a \$35 charge for returned checks.
7. One day's attendance constitutes a full week. Illness days or vacation days are not prorated out of that week. Children out the entire week due to illness or vacations pay one-half of their tuition. You are allowed **TWO** per year. These policies insure your child's enrollment in that class.
8. Families are entitled to **ONE** tuition-free vacation week after six months of continuous enrollment. The child must be out the entire week, Monday thru Friday. This offer is renewed on the child's anniversary date of enrollment.
9. A \$150 Registration Fee for the family will be paid upon enrollment. Should you disenroll for any reason, the registration fee will apply again.
10. At the beginning of each new school year (August), a supply fee/re-enrollment fee will be assessed. The rate is \$100 for the first child and \$50 each for the second child and on.
11. Enrollment fees are NON-REFUNDABLE.
12. Tuition can be paid by Tuition Express, check or money order/cashier's check. You may make a payment over the phone using a credit card. There will be an additional 3% administrative fee applied. NO CASH PLEASE.
13. A \$20 fee will be assessed if Kids R Kids is not notified by noon that your child will not need Kids R Kids transportation to pick them up from public school.
14. A two-week written notice is required for disenrollment. You will be responsible for tuition incurred for the last two weeks.

I have read the policies regarding payments of tuition fees and understand the policies as stated above.

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Parent/Guardian Signature/Confirmation

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Date



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types. All credit cards will be charged a 3% administration fee along with your weekly tuition.

#### COMPLETE ONE SECTION ONLY

**SECTION A (Credit Card)** (a 3% administration fee will be charged along with your weekly tuition)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date CVV
Cardholder Signature	Date

#### **SECTION B (Bank Account)**

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample <input type="checkbox"/> pw)	<input type="checkbox"/> ecking	Savings	
Authorized Signature	Date			

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800336	0226
Routing Number	Account Number	Check Number







## Biting/Behavior Policy Addendum

### When Biting/Illicit Behavior Does Occur:

Our staff strives to ensure each child's safety while in our care. The staff's job is to keep the children safe and help a child that bites or displays violent behavior learn a more appropriate way to respond. We do not use techniques to alarm, hurt, or frighten children per Child Care Licensing Minimum Standards' Discipline and Guidance Policy.

### For the child that was bitten/injured due to another child's behavior:

1. First aid is given to the injury. It is cleaned with soap and water. If the skin is broken, the injury is covered with a bandage.
2. Parents are notified if the injury broke the skin or if the injury is in an area on the neck or above.
3. A Incident/Boo-Boo Report is documented and can be viewed in the students activity section of ProCare.

### For the child that caused injury:

1. The teacher will address the child in a firm, calm tone using phrases such as "You may not hurt your friends" and "We use gentle hands" and the child will be redirected to another activity.
2. An Oh-No Report or Major Incident Report (dependent upon severity of injury and behavior) is filled out.
3. The parents will be notified by phone, email, and or in person upon pick up. A report will be documented and saved in ProCare.

### When Biting/Behavior Continues- Second Occurrence:

1. The aforementioned steps will be followed for the injured child and the child who caused the injury.
2. The child will be shadowed to help prevent any biting/injury incidents. While being shadowed, the child will be redirected in a positive manner and will be given close attention to help model appropriate behavior.
3. The child will be observed by the classroom staff to determine what is causing the child to bite or act out in a violent manner (teething, communication, frustration, etc.) The Director/Management Team may also observe the child if the classroom staff is unable to determine the cause. A meeting between parent/guardian and Director will occur at this time.

### When biting/behavior becomes excessive- Third Occurrence:

1. If the child again inflicts **1 bite/injury** in a one-week period (5 weekdays) to either another child or the staff member, **following the conference** the child will be suspended for **5 business days**.
3. If a child inflicts **1 bite/injury** after the **5-day suspension** to either another child or the staff member, the parents will be asked to make other day care arrangements effective immediately.

By signing this form, you acknowledge and agree to the Biting/Behavior Policy set forth by Kids R Kids Greatwood.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Online Viewing Agreement

I understand that I have enrolled my child or children at **Kids R Kids of Greatwood** located at 1250 Crabb River Rd. Richmond, TX 77469, also referred to herein as the "Child Care Center". The Child Care Center has a program whereby webcams are in use and my children are under constant streaming video surveillance that is accessible from the web in accordance with the terms and conditions associated with the Peanut Butter & Jelly, LLC website (also referred to herein as "PB&J"). By my signature below, I hereby consent to the photographing of myself and/or my minor child(ren) and the recording of my voice and or that of my child(ren) named above. I agree that these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings may be used for advertising, publicity, commercial or other business purposes. **I agree that I have no rights to any of the video footage or photographs for any reason at any time. I also agree that I will not screenshot, copy, reproduce, alter, modify, or create derivative works from the Content and Service.** I understand that unauthorized recording, duplication, or distribution of this copyrighted work is illegal. I assume full liability of all the terms outlined in this release for any family member's account activity associated with my child or children. Copyrighted work includes all web streaming and video/audio recordings. I understand that legal action can be taken against me by PB&J or Child Care Center for such copy-right infringement. I understand that the term "photograph" as used herein encompasses still photographs, audio, and motion picture footage.

*\*Please review online security features, privacy policy, and terms of service made available on pb&j TV's website.*

Since my child/children is/are under the age of 18: I, \_\_\_\_\_, certify that I am the parent/legal guardian of the individual named above, I have read this release and agree to and approve of its terms.

Child(ren) Name(s): \_\_\_\_\_  
\_\_\_\_\_

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

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

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



1250 Crabb River Rd.

Richmond, TX 77469

Ph: 281-343-5437

[www.kidsrkidsgreatwood.com](http://www.kidsrkidsgreatwood.com)

#### HOURS OF OPERATION

6:00 a.m. – 6:30 p.m.

NEW YEAR'S EVE	CLOSE @ 3:00 p.m.
NEW YEAR'S DAY	CLOSED
MLK DAY	CLOSED
GOOD FRIDAY	CLOSED
MEMORIAL DAY	CLOSED
FOURTH OF JULY	CLOSED
LABOR DAY	CLOSED
THANKSGIVING DAY	CLOSED
FRIDAY AFTER	CLOSED
CHRISTMAS EVE & DAY	CLOSED

*Please note that if the holiday falls on the weekend, we will observe the day before and/or after the holiday.*

**Distribution**

- Front Desk Forms
- Infant/Toddler Classroom Log
- Preschool/School-Age Classroom

**Topical Ointment and Cream Authorization**

**All topical ointments and creams must be current, in its original container and labeled with the child's full name. Follow state guidelines for new authorization.**

**Child's Full Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Classroom:** \_\_\_\_\_

**Dates: Start** \_\_\_\_/\_\_\_\_/\_\_\_\_

**End** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Sunscreen

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

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

\_\_\_\_\_ Insect Repellent

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

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

\_\_\_\_\_ Non-Prescription ointment (such as Diaper Cream)

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

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

\_\_\_\_\_ Other (Please specify)

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

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

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

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

**Specific Terms of Use:**

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\_\_\_\_\_  
**Parent/Guardian Signature**

**Date**

\_\_\_\_/\_\_\_\_/\_\_\_\_

*Center Use Only:*

**Disposal of Leftover Topical Ointment/Cream:**

- ☐ Returned to Child's Parent/Guardian  
☐ Discarded

\_\_\_\_\_  
**Authorized Person's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date**



## **Operational Discipline and Guidance Policy**

This form provides the required information per Texas Administrative Code (TAC) minimum standards §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) 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 or open; 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 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).

***Signature***

This policy is effective on the following date.....

Signed by:

Role:

\_\_\_\_\_

☐

Parent

☐

Caregiver/Employee

☐

Household Member (CH. 747 only)

***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)

# Provider's Guide to Parent's Rights

Senate Bill 1098 from the 88<sup>th</sup> Legislative Regular Session added Section 42.04271 to the Human Resources Code and states that a parent or guardian of a child at a child care facility has the right to:

- Enter and examine the child-care facility during its hours of operation and without advance notice;
- File a complaint against the child care facility;
- Review the child care facility's publicly accessible records;
- Review the child-care facility's written records concerning the parent's or guardian's child;
- Receive inspection reports and information about how to access the child care facility's online compliance history;
- Have the facility comply with a court order that prevents another parent or guardian from visiting or removing the child;
- Be given the contact information for the child care facility's local Child Care Regulation office;
- Inspect any video recordings of an alleged incident of abuse or neglect involving their child provided that:
  - Video recordings of the alleged incident are available;
  - The parent or guardian does not retain any part of the video depicting a child that is not their own; and
  - The parent or guardian of any other child in the video receives prior notice from the facility;
- Obtain a copy of the facility's policies and procedures handbook;
- Review the facility's staff training records and any in-house training curriculum; and
- Exercise these rights without receiving retaliatory action by the facility.

## Required Notifications

- The child care facility must provide written notice to the parent or guardian of any other child captured in a video before allowing a parent to inspect a recording.
- The child care facility must provide a parent or guardian with a written copy of the rights no later than the child's first day at the facility.

By signing below I acknowledge that i have received and read the attached updated Parents Rights from Senate Bill 1098 Section 42.04271

\_\_\_\_\_

Date \_\_\_\_\_

Childs Name \_\_\_\_\_



## Acknowledgement and Receipt of Family Handbook

The registration of a child is considered an acceptance, on his/her part and on the part of his/her families or guardians, of the terms and conditions of the Family Handbook and all of our School's rules and regulations, including the School's judgment on disciplinary sanctions or dismissal of a child.

The rules and regulations contained in this Handbook are not meant to be comprehensive. Rather, they presuppose the good will and judgment of a child in all circumstances in which he/she may find himself/herself and are subject to the School's ultimate discretion, judgment and interpretation.

Children and families or guardians are asked to familiarize themselves with all of the information contained in this Family Handbook and to sign this form.

We have read, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook or as they may be changed from time to time by the School.

\_\_\_\_\_  
Child

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date





## Emergency/Disaster Preparedness Plan For

Kids R Kids #23  
1250 Crabb River Rd.  
Richmond, TX 77469  
281-343-5437

Our nearest cross streets are:  
Crabb River Rd. & Sansbury Blvd

Our Centers 1<sup>st</sup> planned evacuation site is:  
F45 Training-  
1270 Crabb River Rd  
Richmond, Tx. 77469  
Contact Person: Derek Balcksher at 409-718-5816

Our fire extinguishers are located at:  
Each exit, Kitchen & Lobby

Gas shut off valve is located at:  
Inside AC Cage to the left if facing the building

Electrical Panels are located in:  
Upstairs in the room to the immediate left

Main Electrical Shut-Off is located in the AC cage to the right if facing the building.

Phone Box Location: upstairs in the electrical room to the immediate left

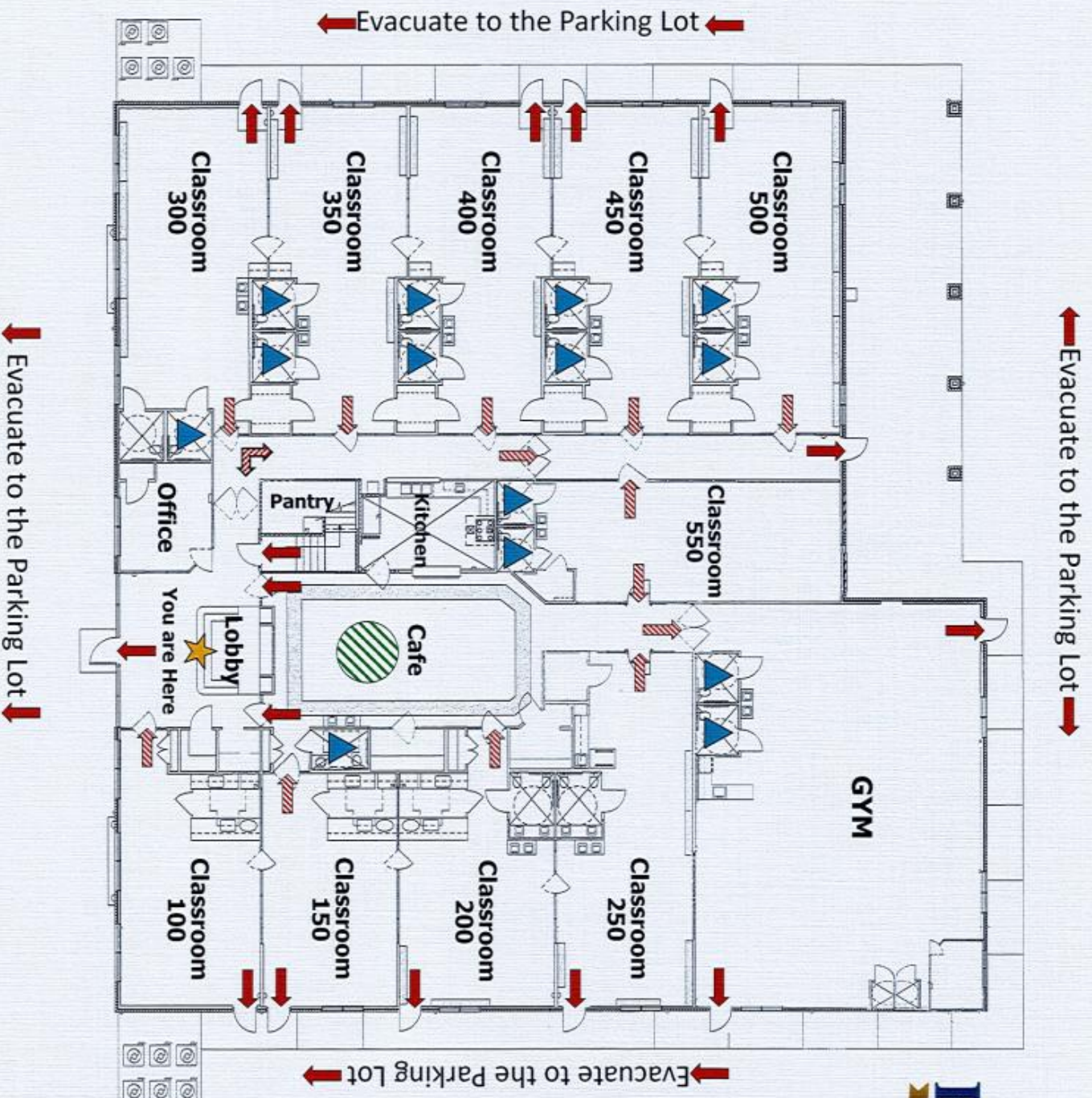


*of Greatwood*

## Evacuation

### Plan

#23 TX



#### Legend:

-  Primary Exit
-  Secondary Exit
-  You are here
-  Primary Shelter
-  Secondary Shelter