



Admissions Packet

Checklist

- Completed Enrollment Packet. *All pages must be completed in full.*
- Immunization Records
- Doctor's Health Statement
- Income Verification. *Must have a copy of two current pay stubs or yearly tax forms if applying for adjusted tuition.*
- Non-refundable Enrollment Fee \$100 *All payments accepted through Brightwheel only. No cash or checks accepted.*

1603 Paisley St.
Denton, Tx 76209

940-382-6485 O 940-381-2418 F
ExecutiveDirector@DCCDS.org

Paisley Street Preschool

Child's Name: _____ ☐ Male ☐ Female

Date of Birth: _____ Desired Start Date: _____

Siblings (Names & Ages): _____

Child lives with: ☐ Both Parents ☐ Mom ☐ Dad ☐ Guardian

How did you hear about Paisley Street Preschool? _____

Parent/Legal Guardian 1: _____

Email: _____ Cell Phone: _____

Address: _____

City/State: _____ Zip: _____

Place of employment: _____

Parent/Legal Guardian 2: _____

Email: _____ Cell Phone: _____

Address: _____

City/State: _____ Zip: _____

Place of employment: _____

Will your child be attending Ann Windle from August to May? ☐ Yes ☐ No ☐ Maybe

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

☐ Breakfast (Served 8:30am-9am) ☐ Hot Lunch ☐ Afternoon Snack

List the following days and times your child will be in care:

	Drop off time	Pick up time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Paisley Street Preschool

Authorized Pick Up List

I hereby authorize Paisley Street Preschool to allow my child to leave the school **ONLY** with the following persons. Please list the name, phone number, and driver's license number of all persons (**18 years of age and older**) who have my permission to pick up my child at school. **Only persons with names on this list will be allowed to pick my child from DCCDS.**

In the event a person not listed has to pick my child, I understand that the school office must receive a phone call or email from one of the approved parents stating the person's name and driver's license number. Names may be added or removed from this list at any time. **Parent's name and driver's license number must be included.**

Guardian's Name: _____ **Phone:** _____

State & Driver's License #: _____ **Relationship:** _____

Name: _____ **Phone:** _____

State & Driver's License #: _____ **Relationship:** _____

Name: _____ **Phone:** _____

State & Driver's License #: _____ **Relationship:** _____

Name: _____ **Phone:** _____

State & Driver's License #: _____ **Relationship:** _____

Parent Signature: _____ **Date:** _____

Emergency Contacts

In case of an emergency and you (the parent or guardian) are unable to be reached, you must give three names, telephone numbers, and addresses of people that can pick up your child.

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Paisley Street Preschool

RECEIPT OF WRITTEN OPERATIONAL POLICIES: Parent Handbook is available at PaisleyStreet.org for review

I acknowledge receipt of the Paisley Street Preschool (*Formerly Denton City County Day School*) operational policies in the parent handbook, including those for: **Please check every box**

<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.

Parent Signature: _____ **Date:** _____

Water Play: I give consent for my child to participate in the following water activities: check all that apply

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ None

Is your child able to swim without assistance? ☐ Yes ☐ No

Do you want your child to wear a life jacket while in or near a swimming pool? ☐ Yes ☐ No

Parent Signature: _____ **Date:** _____

Paisley Street Preschool

Transportation for Emergency Care:

☐ I give consent for my child to be transported and supervised by Paisley Street Preschool employees in the case of an emergency to an emergency care facility

Photography, Videos, & Social Media:

I hereby grant Paisley Street Preschool *formerly Denton City County Day School* permission to take and use photographs or video of my child. I also grant permission to use the finished photographs or videos for the purpose of education and/or membership promotion, including social media, i.e. Facebook, Instagram, and website, and grant the right to publish and/or publicly exhibit the photographs or videos in any lawful and legitimate manner.

Parent Signature: _____ Date: _____

School Age Children *Check the appropriate boxes below and complete the information if your child attends a different school during the school year.*

☐ My child attends Ann Windle School for Young Children.
Address: 901 Audra Ln, Denton, TX 76209

Phone number: 940-369-3900

☐ My child attends a different school during the school year

School Name: _____ Phone number: _____

Address: _____

☐ **My child's required immunizations, vision and hearing screenings, and TB screening are current and on file at their school.**

Paisley Street Preschool

Child's Special Needs: Check all that apply. *Any and all special needs that are checked require a Special Needs Care Plan from the child's health care provider.*

<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 <i>(include instructions below)</i>
<input type="checkbox"/> Previous serious illness	<input type="checkbox"/> Symptoms or indications of complications
<input type="checkbox"/> Injuries and hospitalizations <i>(past 12 months)</i>	<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: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. 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) 514-0308 (TTY).

Parent Signature: _____ **Date:** _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone #:
Name of Emergency Care Facility:	Address:	Phone #:

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

Parent Signature: _____ **Date:** _____

Paisley Street Preschool

Enrollment Agreement Form

Please review each point, initial and sign in the space provided.

_____ Paisley Street Preschool provides care to children Monday through Friday, 6:30 am to 6:00 pm. Children may not be dropped off before 6:30 am.

_____ Tuition is due weekly and is to be **paid every Monday**. Tuition must be paid through Brightwheel. Tuition is considered late **if not paid on time and there will be a \$25 late fee** added to your account. All accounts must be current and paid in full to attend.

_____ Tuition refunds are not made due to illness, vacations, holiday, or school closing. Weekly tuition payments hold a place for a child for the week and are not refundable.

_____ **Office staff must be notified in writing 14 days or two weeks prior to your child withdrawing from school.** If two weeks' notice is not given, you are still financially responsible for two weeks' tuition following the last day of attendance.

_____ **Written medical plans of allergies, physical problems, or special limitations** regarding the child must be provided to the school at the time of enrollment and as new conditions arise.

_____ Parents agree to inform office staff when there are changes in address, telephone number, or the name of persons designated to pick up a child.

_____ **Children must be picked up by 6:00 pm.** A \$1 per minute late fee will be added to your account after 6:00 pm.

_____ DCCDS reserves the right to discontinue the enrollment of any child if:

- a. Parents fail to cooperate reasonably with DCCDS in the provision of educational services to their child.
- b. Payment of tuition fees is not kept current or picking up their child promptly.
- c. The child is dangerous to him/herself or others (hits, bites, scratches, abusive language, throws things, etc.), is destructive of school property, or is so disruptive that the education of other students is significantly impaired.
- d. The child requires another educational setting more appropriate to meet his/her needs.

According to our records, your child's weekly tuition will be _____.

I hereby certify that I have read and understand the conditions stated above. I will abide by these conditions and agreements as they are stated. I have also received a copy of the Paisley Street Preschool Parent Handbook and understand the policies and procedures of PSP. The Director and/or staff have addressed any questions or concerns I may have had concerning my child's enrollment.

Parent/Guardian Signature Date

Director/ Assistant Signature Date

Paisley Street Preschool

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 type of discipline 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 below verifies that I have read and received a copy of this discipline and guidance policy.

Parent Signature: _____ **Date:** _____

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature of Parent or Guardian

Date

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>



2024-25 SELF-CERTIFICATION OF INCOME

INSTRUCTIONS: This is a statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the household size (as applicable-based on the activity), and the household characteristics for the purpose of income determination. Adult beneficiary members must then sign this form to certify that the information is complete and accurate.

Client Number, if applicable: _____

Client Name _____

Address, City, Zip Code: _____

RACE CATEGORIES (SELECT ONE)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> American Indian/Alaska Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other Multi Racial

ETHNICITY CATEGORIES (SELECT ONE)

<input type="checkbox"/> Hispanic
<input type="checkbox"/> Non-Hispanic

OTHER (SELECT IF APPLICABLE)

<input type="checkbox"/> Female Head of Household
<input type="checkbox"/> Disabled Person in Household

TOTAL HOUSEHOLD INCOME (SELECT ONE)

Household is defined as all the people in the housing unit that includes related and unrelated. Household Income is defined as total anticipated annual gross income of all household members expected in the next 12 months including wages, tips, commission, business income, alimony, child support; and Social Security, AFDC, TANF or other benefits)

1 <input type="checkbox"/> above \$61,800 (NMI) <input type="checkbox"/> \$61,800-\$38,651 (MI) <input type="checkbox"/> \$38,650-\$23,201 (LI) <input type="checkbox"/> \$23,200 or below (ELI)	2 <input type="checkbox"/> above \$70,600 (NMI) <input type="checkbox"/> \$70,600-\$44,151 (MI) <input type="checkbox"/> \$44,150-\$26,501 (LI) <input type="checkbox"/> \$26,500 or below (ELI)	3 <input type="checkbox"/> above \$79,450 (NMI) <input type="checkbox"/> \$79,450-\$49,651 (MI) <input type="checkbox"/> \$49,650-\$29,801 (LI) <input type="checkbox"/> \$29,800 or below (ELI)
4 <input type="checkbox"/> above \$88,250 (NMI) <input type="checkbox"/> \$88,250-\$55,151 (MI) <input type="checkbox"/> \$55,150-\$33,101 (LI) <input type="checkbox"/> \$33,100 or below (ELI)	5 <input type="checkbox"/> above \$93,350 (NMI) <input type="checkbox"/> \$93,350-\$59,601 (MI) <input type="checkbox"/> \$59,600-\$36,581 (LI) <input type="checkbox"/> \$36,580 or below (ELI)	6 <input type="checkbox"/> above \$102,400 (NMI) <input type="checkbox"/> \$102,400-\$64,001 (MI) <input type="checkbox"/> \$64,000-\$41,961 (LI) <input type="checkbox"/> \$41,960 or below (ELI)
7 <input type="checkbox"/> above \$109,450 (NMI) <input type="checkbox"/> \$109,450-\$68,401 (MI) <input type="checkbox"/> \$68,400-\$47,341 (LI) <input type="checkbox"/> \$47,340 or below (ELI)	8 <input type="checkbox"/> above \$116,500 (NMI) <input type="checkbox"/> \$116,500-\$72,801 (MI) <input type="checkbox"/> \$72,800-\$52,721 (LI) <input type="checkbox"/> \$52,720 or below (ELI)	<input type="checkbox"/> Presumed Benefit

Income Categories: Middle Income (NMI); Moderate Income (MI); Low Income (LI); Extremely Low Income (ELI)

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I also certify that source documentation (income backup) may need to be requested by the City of Denton.

Client Signature _____

Date: _____

Staff Signature: _____

Date: _____



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
- ☐ I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.