

Denton City County Day School

Child's Name: _____ Male Female

Date of Birth: _____ Desired Start Date: _____

Siblings (Names & Ages): _____

Child lives with: Both Parents Mom Dad Guardian

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 (if arrive before 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		

**Denton City County Day School
Authorized Pick Up List**

I hereby authorize DCCDS 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: _____

Denton City County Day School

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

I acknowledge receipt of the Denton City County Day School (DCCDS) operational policies in the parent handbook, including those for:

<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:** _____

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Transportation for Emergency Care:

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

Photography, Videos, & Social Media:

I hereby grant 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. Phone number: 940-369-3900
Address: 901 Audra Ln, Denton, TX 76209

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.

Denton City County Day School

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:** _____

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Enrollment Agreement Form

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

- _____ DCCDS 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 DCCDS.
- _____ 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.
- _____ **DCCDS 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 DCCDS 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:
- Parents fail to cooperate reasonably with DCCDS in the provision of educational services to their child.
 - Payment of tuition fees is not kept current or picking up their child promptly.
 - 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.
 - 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 DCCDS Parent Handbook and understand the policies and procedures of DCCDS. 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

Denton City County Day School

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:** _____