



Thank you for choosing Tarrant County Kids as your summer childcare provider!

Please complete the attached enrollment packet. Note that every form must be completed in its entirety and required documents must be provided *before* your child(ren) can attend his/her first day.

- Copy of Valid Texas Drivers License.
- Enrollment Form. (A minimum of three contact people is required. Parents are included as contact people.)
- Discipline and Guidance Policy.
- Confidential Information Form.
- Child's Immunization Records (if not on file at their current school)
- Swim Permission Card. (Available at Administrative Office at time of enrollment.)
- Parent Handbook, which includes:
 - List of Agency Holidays
 - Fee Schedule
- Copy of free/reduced lunch rate letter from AISD (if applicable). Families receiving free or reduced lunch through the AISD are eligible for reduced childcare rate. We must have a copy of your eligibility letter from the AISD before we can charge the reduced rate. Once we have received a copy of the letter, fees will be adjusted retroactive to the date of the AISD eligibility letter.

PLEASE NOTE: If your child attends the Summer Adventure Camp at **West Elementary**, we must also have:

- Pictures for all contact people listed on the enrollment form. (A minimum of three contact people is required. Parents are included as contact people.)
- Notarized Statement form. For your convenience, we have a notary available at the administrative office.

Registration fees, first week's payment, and prior balances (if any) are due upon registration.



Summer Adventure Camp ENROLLMENT

Office Use Only
Site Attending: _____
Start Date: _____

For Office Use Only
Client Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Drop-In

Please print clearly.

Child's Last Name _____ **Child's First Name** _____

School attending: _____ School Address: _____ School Phone: _____

Date of Birth: ___/___/___ Male Female Grade: _____ Security Code: _____

Ethnicity: Caucasian African-American Hispanic Asian Other

Lives with mother father other (name) _____ Single-Parent Home Two-Parent Home

Mother/Guardian's Name _____

Mother/Guardian's address _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ E-mail address: _____

Father/Guardian's Name _____

Father/Guardian's address _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ E-mail address: _____

How did you hear about our program? _____

ALTERNATE/EMERGENCY CONTACTS:

The following are authorized to pick up my child from the program, and are to be contacted in the event of an emergency when parents/guardians are unavailable:

Name: _____

Name: _____

Address: _____

Address: _____

Phone # _____ Alt Phone# _____

Phone # _____ Alt Phone# _____

Has your child been previously enrolled in our Tarrant County Kids Program? no yes (date ___ to date ___)

My child's immunizations and TB tests are current and are on file at my child's school. yes no

My child's hearing and vision records are current and are on file at my child's school. yes no

If you checked YES, please provide the name, address, and phone number of the school where your child's records are on file:

School: _____ Address: _____ Phone Number: _____

If you checked NO, you must provide a copy of the immunization and hearing & vision records to Tarrant County Kids.

Please list any special problems/limitations your child may have. Include allergies, existing/previous illness, diet restrictions, long term medications, recent hospitalizations, behavioral/emotional conditions: _____

My child requires the following medical treatment(s) to be given: _____
(medication will be administered only from its original container and if accompanied by written permission from parent and/or physician)

Child's Doctor: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Does your child have siblings in our program? If yes, please list them:

Is any member of the family an active or retired member of the U.S. Military or the Guard/Reserve?

Yes _____ No _____ Who? _____ Branch _____

EMERGENCY MEDICAL RELEASE: If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Tarrant County Kids staff to act on my behalf in granting permission for my child to receive emergency medical treatment.

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION PERMISSION: I give permission for my child to be transported on Arlington ISD vehicles for field trips or special circumstances.

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPHIC PERMISSION: I give permission to Girls Inc. of Tarrant County & Tarrant County Kids to use photographs of my child in agency publications such as brochures, on the website, and flyers. Your child's photographs will not be used or sold to any other agencies.

Parent/Guardian Signature: _____ Date: _____

I have received and understand the Tarrant County Kids Childcare Parent Handbook and fee schedule and agree to abide by its contents. The information I have provided is true to the best of my knowledge, and I understand that all information is kept confidential and we do not disclose information without parental consent.

Parent/Guardian Signature

Date



Confidential Information Form

Please assist Tarrant County Kids and Girls Incorporated of Tarrant County in maintaining accurate statistical records on families for which we provide service by completing this form. Various funding sources such as United Way require us to maintain statistical data on those we serve to receive funding. Without these funds we would not be able to offer services on the ability to pay basis.

All information contained on this form is maintained in a file accessible only to authorized staff members. This information is not released in any part or form to anyone without your written permission.

Name of child(ren) attending: _____

Program site: _____ School child attends: _____ Race: _____

Mother's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: () _____ Home phone: () _____

Father's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: () _____ Home phone: () _____

Total annual household income: \$ _____

Number of family members residing in household: _____

Does your child receive:	Free lunch:	Yes _____	No _____
	Reduced lunch:	Yes _____	No _____

We ask for your understanding and cooperation in completing this form. Much of our funding is dependent upon your cooperation.

Signature of Parent/Guardian

Date



Discipline and Guidance Policy for Tarrant County Kids

- ◆ 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.

Print Name

Signature

Date

Child's Name (Print)

Check one:

parent employee/caregiver household member of childcare home



**WEST ELEMENTARY SCHOOL
NOTARIZATION**

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person(s) whose name(s) is (are) subscribed to the foregoing instrument and acknowledged to me that he (she/they) executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, 20__.

Signature of Notary

Notary Public in and for _____ County, _____

My commission expires on: _____

Signature of parent/guardian

Date

This form is an attachment to the enrollment form of Tarrant County Kids.