

All Paperwork & September fees are due by 8/2/19

Green Acres Baptist Church Mother's Day Out

Parent Permission 2019-2020

Child's Name _____ DOB _____

Please list persons approved to pick up your child at pick up time. This includes you, the parent, as well as others you have chosen. **A Child will NOT be released to any one not listed unless specific permission is given.**

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

4. Name _____ Relationship _____ Phone _____

5. Name _____ Relationship _____ Phone _____

Occasionally, we send a photo of our students to area newspapers or use the photos in our brochures or websites. Do you give permission for your child's photo to be used in these ways?
_____ Yes _____ No

When mosquitoes are a problem, would you give permission for Children's Off to be sprayed on your child?
_____ Yes _____ No

Do you give permission for a staff member to apply sun block to your child?
_____ Yes _____ No

I have read the 2018-2019 MDO Handbook and agree to all policy and procedures.
_____ Yes _____ No

Parent/Guardian Signature: _____

Printed Name _____ Date: _____

Child's Name _____

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Discipline and Guidance Policy for: **GABC-MDO**

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 encourages 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.

Parent/Guardian Signature

Date

Check please:

Printed Parent/Guardian Name

☐

Parent

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Green Acres Baptist Church Mother's Day Out EMERGENCY MEDICAL AUTHORIZATION

Child's Name _____ Birthday _____

Parent/Guardian #1 Name: _____

Home #: _____ Work#: _____ Cell #: _____

Parent/Guardian #2 Name: _____

Home #: _____ Work#: _____ Cell#: _____

Emergency Contacts (to whom the child may be released if guardian is unavailable)

Name #1: _____

Home #: _____ Work#: _____ Cell# _____

Name #2: _____

Home #: _____ Work#: _____ Cell# _____

Child's Preferred Sources of Medical Care: Physician's Name: _____

Address: _____ Phone #: _____

Dentist's Name: _____

Address: _____ Phone#: _____

Preferred Hospital: _____

Child's Health Insurance: Insurance Plan: _____ ID#: _____

Subscriber's Name (on insurance card): _____

Special Instructions, Allergies, Disabilities, or Medical Emergency Information:

What medications does your child take regularly? _____

Parent/Guardian Consent and Agreement for Emergencies:

As parent/guardian, I consent to have my child receive first aid by facility staff, or another licensed physician or dentist if preferred practitioner is not available; and if necessary, my child may be transported to receive emergency care. I give consent for the emergency contact person listed above to Act on My Behalf until I am available. Parents are responsible for all emergency transportation charges and any other charges not covered by their insurance.

Parent/Guardian Signature: _____ Date _____

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Green Acres Baptist Church Mother's Day Out Getting to Know Your Child

Child's Full Name: _____ Nickname: _____

Concerns & Expectations:

I am concerned about:

My child may need help with:

My child enjoys:

Does your child nap daily? ____ Yes ____ No Potty Trained? ____ Yes ____ No

Things you want your child to accomplish this year at MDO:

Please put any additional comments/questions below.

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IMMUNIZATION RECORD

Child's Name: _____ Date of Birth _____

Proof of immunizations MUST be returned to the MDO office before the start of school. If it is not turned in, your child will not be allowed to attend until we receive this form and an updated immunization record.

ALLERGIES:

Medication Taken Regularly: _____

****Please attach the updated immunization record to this form.**