



Dear EEC Families,

We are super excited that you have chosen St Barnabas Early Education Center as your child's Preschool. We have your child/children _____ enrolled to start with us on _____ for our Summer/Fall 2024-2025 school year.

Attached you will find the required enrollment paperwork that needs completed and returned to us by _____.

We must get all forms filled out completely and returned to us by the deadline listed above. Childcare licensing requires that we have all forms before your child can start. They also require that all spaces are filled in and nothing is left blank on these forms. In addition to these forms, we will also need to get a current copy of your child's immunization record and a signed statement from your child's doctor stating they have been seen in the last year and well enough to attend school.

Please make sure you have all information listed below before returning the forms to us:

- Enrollment form-Page 1
- St Barnabas EEC Pick-Up Authorization-Page 2
- St Barnabas Emergency Medical Authorization- Page 3
- St Barnabas EEC Health Statement-signed by healthcare professional-Page 4
- Parent Handbook Agreement-Page 19
- Copy of your child's current immunization records
- Copy of Hearing and Vision Screening for all children 4 years of age or older
- Payment Authorization Form
- Food Allergy Emergency plan (if any type of food allergy)
- Special Care Needs Form/IEP or Individualized Family Service Plan (IFSP) (if applicable)
- Infant Safe Sleep (all infants)

Please feel free to contact me by emailing me at angela@sbumc.org or call me at 817-476-6174 if you have any questions. When you have these forms completed please drop them off in person at the EEC door between 7:30 am to 5 pm or you can scan and email them to me.

Sincerely,

Angela Purselley
St Barnabas Early Education Center Director



Child's Name (First/Middle/Last) _____

Preferred Name _____ Admission Date _____

Date of Birth _____ Age on Sept. 1, 2024 _____ Sex _____

Home Address _____

City _____ Zip Code _____

Parent #1 Name _____ DL# _____

Employer _____ Cell Phone # _____

Employer Address _____

E-Mail Address Parent #1 _____

Parent #2 Name _____ DL# _____

Employer _____ Cell Phone # _____

Employer Address _____

E-Mail Address Parent #2 _____

Does your child have any special care needs? _____ YES/ _____ NO

*Please note a separate special care needs form MUST be filled out and signed by your child's health care provider with an Individualized Educational Program (IEP) or Individualized Family Service Plan (IFSP) attached.

Does your child have diagnosed food allergies? _____ YES/ _____ NO

Food Allergy to: _____

*Please note a separate Food Allergy Plan must be filled out and signed by your child's health care provider.

I give _____/do not give _____ my consent for my child to participate in sprinkler play/ water activities.

I give _____/do not give _____ my consent for my child's photograph to be used for public information on the EEC and/or St. Barnabas website, Facebook page or for other promotional materials.

Please make all checks payable to "St. Barnabas EEC".

"I agree to pay the registration/supply fee at the time of enrollment. I understand the registration and supply fees are **NON-REFUNDABLE**. I agree to pay tuition on the 1st day of every month per signed agreement with Vanco Services, to be automatically deducted from my checking account. A fee of \$25.00 will be assessed for any NSF."

Parent/Guardian Signature _____ Date _____

St. Barnabas EEC Pick-Up Authorization

The safety of the children enrolled in this program is of utmost importance to us. Please inform the school by phone, or in person, if one of the authorized persons will be picking up your child.

Who will usually pick up your child? _____

Is there anyone who, because of divorce, etc., may never pick up your child? If so, give name and explain (provide documentation if necessary): _____

Complete the following for each person, **including parents**, to whom the staff may release your child:

Name _____
Address _____
Phone _____
Relationship _____
DL# _____

Name _____
Address _____
Phone _____
Relationship _____
DL# _____

Name _____
Address _____
Phone _____
Relationship _____
DL# _____

Name _____
Address _____
Phone _____
Relationship _____
DL# _____

Important Note to Parents:

The following is a standard set by the City of Arlington. When emergency conditions require that a child be released to a person not identified in the release form, the Center shall require the parent's prior approval which may be submitted by telephone. The parent, identified for security by the last four digits of their social security number, shall designate the person to whom the child may be released. The person to whom the child may be released must, in turn, provide the parent's four-digit number as identification, and shall be photographed by the Center and provide a signature on the photograph, which shall be retained by the Center for at least three months.

Parent's Signature _____ Date _____

St. Barnabas EEC

EMERGENCY MEDICAL AUTHORIZATION

Child's Name _____ Date of Birth _____

Address _____ Phone # _____

Insurance Company _____ Group # _____

Name of Insured _____

Parent #1 or Guardian _____

Employer _____ Phone # _____

Parent #2 or Guardian _____

Employer _____ Phone # _____

Person to notify other than parents in case of emergency:

Name _____ Phone # _____

I grant permission for the Director or acting director to take whatever steps necessary to obtain emergency medical care if I cannot be reached at the time of an illness or accident. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. If the Director or acting Director cannot contact either of the above, they may do any or all of the following, as needed:
 - a. Call another physician or an ambulance, or
 - b. Have the child taken to the hospital located at 3301 Matlock Road, Arlington, Texas, in the care of a staff member.
4. The student's family will pay any and all expenses incurred under #3 above.
5. St. Barnabas EEC is not responsible for false emergency medical information given at the time of enrollment.
6. I will ask my doctor to accept a call from the school in case emergency care is needed.

I also authorize St. Barnabas EEC to contact:

Dr. _____ Phone # _____

Address _____

Parent/Legal Guardian Signature _____ Date _____

St. Barnabas EEC Health Statement

Admission Requirement One of the following must be presented when your child is admitted to St. Barnabas EEC.

ONE OPTION MUST BE CHECKED AND SIGNED IF NECESSARY.

****A signed statement from your child's healthcare professional is required BEFORE they start at EEC.**

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the named child within the past year and find that he/she is able to take part in the St. Barnabas EEC program.

Health Care Professional's Signature

Date

2. A signed and dated copy of a health care professional's statement is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. My child has been examined within the past year by a health care professional and is able to participate in the preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to St. Barnabas EEC.

Name and Address of Health Care Professional:

Signature—Parent / Guardian

Date

*******Hearing and Vision:** All 4 year olds, Kindergarten, 1st, 3rd, 5th, & 7th grades must have a copy of hearing and vision on file. You must provide our program with one from your health care professional.

St BARNABAS EARLY EDUCATION CENTER
PARENT HANDBOOK AGREEMENT
SUMMER 2024/2024-2025 SCHOOL YEAR

Initial next to each line that you understand and agree to the policies listed below.

- _____ The Covid-19 response plan will supersede the policies listed in the Parent Handbook where applicable until such time that the Covid-19 plan is terminated.
- _____ Medical and personal information must be kept current.
- _____ Hours of operation are from 7:30 a.m. to 5:30 p.m. for Toddlers-Pre-K and 7:30 a.m. to 5:00 p.m. for Infants 6 weeks-17 months Monday through Friday.
- _____ Tuition is due by the 1st of each month. Late fees will be charged after the 5th.
- _____ School year tuition is paid on a 10-month payment plan from August 1st through May 1st.
- _____ Understand the tuition and fees financial policies and agree to be responsible for payments as stated.
- _____ There is a \$25.00 charge for each returned check.
- _____ Children are to be picked up promptly at 5:30 p.m./5:00pm for infant and must be signed out. Late fees of \$10 for the first 5 minutes and \$2 per minute thereafter will apply after that time.
- _____ EVERY CHILD in care **MUST** have at least one set of play clothes at the Center. Children 2 years and younger should have two sets. (Sets should include shirt, pants, underclothes and socks. All items should be labeled.)
- _____ All personal articles brought into the Center must be labeled (clothing, jackets, blankets, etc.).
- _____ Must provide my child with a lunch and snacks each day.
- _____ EEC classrooms open at 8:55 a.m. It is important that children arrive as close to 9:00 a.m. as possible because teachers have planned morning activities.
- _____ Full tuition is charged for absences, regardless of illness, vacation, holidays or inclement weather and emergency closings, or COVID-19 quarantines/class closures. No refunds, tuition allowances or substitution of days will be made for vacations, sick days or school holidays, including emergency closings or COVID-19 quarantines/class closures.
- _____ If your child is to be withdrawn, a full two-week written notice is required for termination of childcare services. Tuition will be charged regardless of whether your child is in attendance his/her final two weeks.
- _____ We follow the Arlington ISD School Calendar for holidays and closings. Our academic calendar begins the same day AISD's start date and ends the same day as AISD. Tuition is not prorated during holiday weeks or for bad weather days or emergency closings.
- _____ Parent/Guardian has been informed of the Gang/Drug Free Zone.
- _____ I am aware that each classroom is equipped with internal use only security cameras
- _____ By signing this, I am stating that I have been informed of the Parent Rights, Center policies regarding immunization, vision/hearing screening, water activities, animals, discipline and guidance and parent procedures for viewing licensing rules and regulations, as well as contacting DFPS.

****Please sign, date and return this page to the EEC Director.***

I, the Parent/Guardian for _____ have read the St Barnabas Early Education Center
(Child's Name)
Parent Handbook. I acknowledge and understand all policies contained therein.

Parent/Guardian Signature

Date



Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at _____ and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

Safe Sleep Policy

All staff, substitute staff, and volunteers at _____ will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/ animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing _____ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

Signatures

This policy is effective on: _____ Child's name: _____

Signature — Director/Owner

Date Signed

Signature — Staff member

Date Signed

Signature — Parent

Date Signed

SPECIAL CARE NEEDS FORM

***This plan must be filled out, signed and dated by your child's Health Care Professional; also, an Individualized Educational Program (IEP) or Individualized family Service Plan (IFSP) must be attached.*

Child's Name: _____ Date of Birth: _____

Health Care Professional: _____

Address: _____

Phone: _____ Fax: _____

Does this child have any special care needs? _____ YES/ _____ NO

What are the child's special care needs?

(A) Any limitations or restrictions _____

(B) Special care of the child requires, _____

(C) Any reasonable accommodations or modifications _____

(D) Any adaptive equipment provided for the child by the parent

(E) Instructions for how to use the equipment _____

(F) Symptoms or indications of potential complications related to physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care

(G) Any medications prescribed for continuous, long-term use _____

By signing below, the parent or guardian of this child gives St. Barnabas UMC Early Education Center the permission to share this plan with the employees that care for the child.

Doctor's Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

St Barnabas Early Education Center

Food Allergy Emergency Plan

This plan must be signed and dated by your child's Health Care Professional

Child's Name: _____ Date of Birth: _____

Doctor: _____

Address: _____

Phone: _____ Fax: _____

Please complete one form FOR EACH known Food Allergy

Food child is allergic to: _____

Possible Symptoms if exposed to this food:

Specific steps to take if the child has an allergic reaction to this food:

By signing below, the parent or guardian of this child gives St. Barnabas UMC EEC the permission to post the child's food allergy in the food serving and food preparation areas.

Doctor's Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

For licensed center use:

- _____ Food Allergy Emergency Plan has been posted in the classroom and food service area
- _____ Food Allergy Emergency Plan has been posted in the food preparation area
- _____ Food Allergy Emergency Plan has been included in your emergency evacuation binder