

Flowers in the Garden Child Development Center #1

ADMINISTRATIVE PACKET

Child's Name _____

Child's DOB _____

Admission Packet

- ☐ Admission Information
- ☐ Consent Information
- ☐ Medical Information
- ☐ Policy Checklist
- ☐ Health Statement
- ☐ Liability Statement
- ☐ Childcare Contract pg.1&2
- ☐ Acknowledgement Checklist and Signatures
- ☐ Vaccine Records Copy
- ☐ CACFP
- ☐ Parent and Emergency Contact IDs
- ☐ Allergy Plan (If applicable)
- ☐ ASQ Consent/Referral Acknowledgement



Procure Access

Full Name: _____

Relationship: _____

Email: _____

Phone #: _____

Full Name: _____

Relationship: _____

Email: _____

Phone #: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Breastfeeding mommas! Please let us know if you need any accommodations.

"Education is not the filling of a pail, but the lighting of a fire." ~ William Butler Yeats



Texas Mandated Information

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information			
Operation's Name: Flowers in the Garden Child Development Center #1		Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With: ☐ Both parents ☐ Mom ☐ Dad ☐ Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian 1:	Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:	Address of Parent or Guardian 2 if different from the child's:		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: ☐ Yes ☐ No
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact:	Relationship:	Area Code and Phone No.:	
Address:			
I authorize the child care operation to release my child to leave the child care operation only with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:	Relation to Child:	Area Code and Phone No.:	
Name:	Relation to Child:	Area Code and Phone No.:	
Name:	Relation to Child:	Area Code and Phone No.:	

Authorization For Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Parent 1 Signature	Parent 2 Signature	Date

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3331 Idalia Ave, El Paso, TX 79930 • (915) 207-0189 • aide@flowerzinthegarden.com

4910 Dyer Street, El Paso, TX 79930 • (915) 353-0102 • fgdcadmin@flowerzinthegarden.com

Welcome to our program! We use the Procare Connect app as our primary source of communication with families, so please download it and check it regularly. Through Procare Connect, we'll share updates, including photos of your child's activities. You may also reach the **Director, Ms. Aide, at 915-207-0189**. Additionally, please like and follow our Facebook page, *Flowers in the Garden Child Development Center*, to stay connected with our community!

Consent Information

Check all that apply:

Transportation

I give consent for my child to be transported and supervised by the operation's employees:

- ☐ for emergency care
- ☐ on field trips
- ☐ to and from home
- ☐ to and from school

☐ I understand I will be receiving field trip permission slips for trips the center will plan.

Comments:

Photographing

Will you allow us to post photos of your child on Facebook, or other kinds of social media?

☐ YES ☐ NO

Will you allow us to post photos on our newsletter?

☐ YES ☐ NO

Do you want us taking photos for activity time (ProCare) and child portfolio?

☐ YES ☐ NO

CCS Pre-Screening

☐ Have CCS ☐ Don't Have CCS

- Yearly Household Income \$ _____
- Number of people in Household _____
- Benefits? SNAP TANF FDPIR ☐ NO BENEFITS

Water Activities

I give consent for my child to participate in the following water activities:

- ☐ water table play
- ☐ sprinkler play
- ☐ splashing/wading pools
- ☐ swimming pools
- ☐ aquatic playgrounds

Is your child able to swim without assistance?

☐ Yes ☐ No

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

Do you want your child to wear a life jacket in or near a swimming pool?

☐ Yes ☐ No

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

☐ Yes ☐ No

If Yes, your child is required to wear a life jacket while in or near a swimming pool.

Meals

I understand that my child will be served nutritious meals and snacks while in our care:

☐ MY CHILD WILL PARTICIPATE

☐ MY CHILD WILL NOT PARTICIPATE

*If your child will not be participating in our Food Program please provide ALL snacks and foods your child will need.

Days and Times in Care

See child care contract and make sure times listed are accurate. If there are any changes please notify your child's teacher.

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School Age Children

(no health statement/shot records required if the child is enrolled in a School District that requires them)

My child attends the following school:

School Name

Grade

Phone Number

My child has permission to (check all that apply):

- ☐ Walk to or from school or home
- ☐ Be picked up by Flowers in the Garden and be **taken/picked up** from home (Choose One)
- ☐ Ride a bus to and from Flowers in the Garden Child Development Center
- ☐ Be released to the care of his/her sibling under 18 years old
- ☐ Participate in Transportation Program (Sign Form)

Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

- ☐ My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.
- ☐ Not Applicable

TB Test (if required)

- ☐ Positive
- ☐ Negative

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Vaccines or Exclusion

- ☐ I will provide Immunization Records
- ☐ I will provide Vision and Hearing Results
- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Admission Requirement

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached
- ☐ 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.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation

Privacy Statement

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

Additional Information

Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

We are here to help your family!

If you need anything, please feel free to reach out to us!

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Assessments

We conduct child assessments to ensure your child is meeting key developmental milestones. To do this, we use the Ages and Stages Assessment (ASQ). Upon enrollment, you will receive these assessments to complete and return. We will also conduct the same assessments to compare results and discuss them with you in a conference.

Do we have your permission to complete both assessments for your child?

☐ YES ☐ NO **PLEASE NOTE: ASQ is a developmental screening tool, and NOT a Medical Diagnosis**

Permission to apply to child

(Check all that apply) - NOTE: Parents must provide all supplies. One bottle per child even if they are siblings.

- ☐ Diaper Rash Cream
- ☐ Sunscreen
- ☐ Lotion
- ☐ Lip Balm
- ☐ First Aid for small abrasions not requiring serious medical care (neosporin, etc...) Please provide small bottle. (No Medical Authorization Needed)

☐ Other - Please specify _____

Follow-Through Acknowledgement

When FG CDC identifies a developmental/behavioral concern and recommends consultation/evaluation, the family agrees to provide an update such as: no further service recommended, referral/evaluation initiated, or another professional plan. ☐ YES ☐ NO

Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|---|--|
| ☐ Discipline and guidance | ☐ Procedures for release of children |
| ☐ Suspension and Expulsion | ☐ Illness and exclusion criteria |
| ☐ Emergency Plan | ☐ Procedures for dispensing medication |
| ☐ Procedures for conducting health checks | ☐ Immunization requirements for children |
| ☐ Safe sleep | ☐ Meals and food service practices |
| ☐ Procedures for parents to discuss concerns with the director | ☐ Procedures to visit the center without securing prior approval |
| ☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather | ☐ Procedures for supporting inclusive services |
| ☐ Procedures for parents to participate in operation activities | ☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

Child's Additional Information

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of any diagnosed allergies.

☐ N/A

☐ YES _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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) 514-0383 (TTY).

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Flowers in the Garden CDC

CHILD'S HEALTH STATEMENT

****DUE PRIOR TO ENROLLMENT****

Special Note:

If the child is enrolled in a School District that screens for vision/hearing exams, this form is not needed.



Doctor's office may use their own form or email this form to: aide@flowerzinthegarden.com & jacquelyn@flowerzinthegarden.com

Child's Name _____

Date of Birth _____

This certifies that _____ was examined on _____ and
Child's Name Date
 is in good health, with no evidence of any contagious diseases. The child is medically cleared to participate in child care and school activities.

Vision Exam Results

Right Eye - 20/ Pass Fail

Left Eye - 20/ Pass Fail

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				Pass Fail
Left				Pass Fail
_____ _____ _____				

Vaccine Information

All vaccines are current and up to date:

☐ YES

☐ NO

• If NO, Please explain: _____

Address _____

Phone Number _____

Physician Signature _____

Date _____

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Parent Signature _____

Flowers in the Garden CDC #1

CHILDCARE CONTRACT



Payment for services is due in advance, no later than Friday before the service week. A late fee of \$15.00 per week per child will be applied until the balance is paid in full. Children may not attend if payment is delinquent. If no payment arrangement is made, we reserve the right to proceed with disenrollment. If payment or a payment plan request is not received by Friday of the unpaid service week, services may be suspended, and the child may lose their spot at our Center.

Full Time (25-50 Hours)

Infant (0-17m) - \$219.15

Toddler (18-23m) - \$203.35

Toddler (2yo) - \$201.15

Toddler (3yo) - \$195.70

Preschool (4yo) - \$194.60

Preschool (5yo) - \$193.50

School Age (6-13yo) - \$189.15

Part Time (25 hours or less)

Infant (0-17m) - \$192.40

Toddler (18-23m) - \$186.95

Toddler (2yo) - \$185.85

Toddler (3yo) - \$170.55

Preschool (4yo) - \$168.40

Preschool (5yo) - \$164.00

School Age (6-13yo) - \$161.80 - Blended→(4y -\$172.25) (5y -\$168.30) (6-13y -\$165.80)

CCS (If applicable)

WEEKLY FEE \$ _____

****Hours after your total hours per week will be charged at \$10.75 an hour.****

Wrap-Around Care (For Anthony ISD Pre-K Students Only)

Morning Wrap-Around

5:30am - 7:30am

\$40 per Week

Afternoon Wrap-Around

3:30pm - 6:00pm

\$60 per Week

Bundle Wrap-Around (Morning and Afternoon)

5:30am - 7:30am AND 3:30pm - 6:00pm

\$90 per Week



****Weekly rates are charged regardless of usage. If you only use 2 days of wraparound, weekly charges still apply.**

Wrap-Around - I understand that I am financially responsible for wrap-around if I drop off my child before the scheduled time or pick up my child after the scheduled time. I will use Procure to accurately reflect the times I drop off and pick up my child. I also agree to communicate any changes in my schedule ahead of time to prevent loss of wrap around privileges.

Initials _____

A two-week notice is required for both private pay and subsidy families before disenrollment. If applicable, parents are responsible for notifying their caseworker. All outstanding balances must be paid by the parents in full prior to the child's disenrollment. Subsidy families are required to make their weekly payment PRIOR to the week of services. Non-payment will be reported to CCS.

Late Pickup. If the Parent(s) is going to be late picking up their child(ren), every effort must be made to contact the Child Care Provider. A **late pickup fee of \$1.00 per minute after scheduled pick-up time will be charged.** The Late Pickup Fee shall be applied for each child that has not been picked up.

Holidays - Please see the **Tuition** (pg. 11) and **Hours of Care** (pg. 3) sections of the Parent Handbook for more information on payments due to holiday closures, dates the center will be closed, fees incurred, and much more information for parents.

Closures - Please see **Tuition** (pg. 11) and **Weather and Cleaning Closures** (pg. 14) in the Parent Handbook for more information on closures due to severe weather and payment information.

Payment Amount must be made on a weekly basis.

1. Zelle

2. Cash

It is the responsibility of the PARENT to keep up with CCS Fees

Enrollment Fee - There will be a **\$150.00 fee** per child for registration **annually on enrollment anniversary month.** The registration fee must be paid to save your child's enrollment spot.

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Parent Signature _____

Pg. 007

Vacation Times - Private Pay families can take one tuition-free vacation week per year for up to two children. Once used, it will be noted on the family's account. Scholarship families must pay 25% of their regular tuition during vacation. CCS families must follow CCS vacation rules. All vacation requests must be *submitted in writing at least 14 days in advance*. If a request is not submitted on time, full tuition will still be charged. Vacation weeks must run from *Monday to Friday*, and children *cannot attend* during a tuition-free vacation. *Accounts must be up to date to use vacation benefits*.

Damages - If any of the Child(ren) while under the Child Care Provider's supervision cause any damage to the premises other than normal wear and tear on toys, furniture, or any other damage, the parent(s) shall be responsible for repairing any said damage caused by the Child(ren).

Initials _____

Responsibility - Flowers In the Garden Child Development Center is not responsible for any of the child's personal belongings. However, the center's staff will cooperate in every way to assist a parent in locating a misplaced article.

Initials _____

Attendance - If my child is absent for one week or more for the days contracted to attend, I agree to pay the tuition fee. This fee must be paid in advance or your child's enrollment will be discontinued.

Initials _____

Cleaning Supplies - Parents may choose to pay a \$25 monthly cleaning/classroom supplies fee or provide the following items instead: Floor cleaner (Fabuloso), Lysol spray, Clorox wipes, Baby Wipes, a box of crayons, a box of markers, & a ream of construction paper. This helps ensure classrooms remain clean, safe, and well-stocked for learning.

Initials _____

Agreement - This Agreement constitutes the entire understanding between the Parties regarding its subject matter and supersedes all prior agreements, representations, and understandings, whether written or oral. No supplement, modification, or amendment to this Agreement shall be valid or binding unless made in writing and signed by all Parties.

Initials _____

Hours of Operation: 6am-6pm Monday-Friday

***Closures due to Holidays or Professional Development days will still require payment for the ENTIRE week**

Schedule: The Child Care Provider shall provide their Services to the Child(ren) in accordance with the following weekly schedule: (check all that apply)

<u>Days</u>	<u>Start Time</u>	<u>End Time</u>
☐ Monday	__:__ ☐ AM ☐ PM	- __:__ ☐ AM ☐ PM
☐ Tuesday	__:__ ☐ AM ☐ PM	- __:__ ☐ AM ☐ PM
☐ Wednesday	__:__ ☐ AM ☐ PM	- __:__ ☐ AM ☐ PM
☐ Thursday	__:__ ☐ AM ☐ PM	- __:__ ☐ AM ☐ PM
☐ Friday	__:__ ☐ AM ☐ PM	- __:__ ☐ AM ☐ PM

This agreement shall only be for the following child(ren) named below:

Child's Name: _____ Date of birth: _____

Child's Name: _____ Date of birth: _____

Child's Name: _____ Date of birth: _____

Child's Name: _____ Date of birth: _____

Parent 1 Name (Print)

Parent 1 Signature

Date

Parent 2 Name (Print)

Parent 2 Signature

Date

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Parent Signature

Acknowledgement Checklist and Signatures

Please review the following policies and acknowledge your understanding and agreement by **initialing each line** and **signing** at the end.

Services will be provided for:

Child Name 1	Child Name 2	Child Name 3	Child Name 4
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="font-size: 0.8em; margin-top: 2px;">Parent Initials</div>	I acknowledge that I have received an email from Flowers in the Garden Child Development Center with my child's Orientation Information, as well as the Child Contract, Admission Information/Physician Statement/Vision and Hearing, Waiver Release Form, TB Questionnaire, and Allergy Plan. I also received the Operational Policies & Procedures (Parent Handbook)		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="font-size: 0.8em; margin-top: 2px;">Parent Initials</div>	I have gone over the Operational Policies and I understand the fees, expectations, and applicable enrollment requirements.		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="font-size: 0.8em; margin-top: 2px;">Parent Initials</div>	I have read and understand the Healthcare Professional statement and know that I must attach or submit a copy of an affidavit stating that it is prohibited by my religious practice if I prefer it.		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="font-size: 0.8em; margin-top: 2px;">Parent Initials</div>	I have read and understand that an affidavit claiming an exclusion from vaccination or from Vision and Hearing Examinations must be submitted no later than 90 days after the affidavit is notarized if I prefer to.		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="font-size: 0.8em; margin-top: 2px;">Parent Initials</div>	I have read and understand the child allergy information and the additional information. I know that I must submit in writing any allergies my child may have. I have also read and understand the Varicella (Chickenpox) Statement.		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="font-size: 0.8em; margin-top: 2px;">Parent Initials</div>	I have read and understand the sleep safe policy, located in the Operational Policies. I am familiar with the Texas regulations on sleep for infants and babies, and I am aware of the responsibilities of Flowers in the Garden employees.		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="font-size: 0.8em; margin-top: 2px;">Parent Initials</div>	I will strive to promote effective communication by limiting my use of electronic devices, such as cell phones, both at the center and at home. I understand that reducing distractions from technology fosters meaningful engagement with children and staff, strengthens relationships, and supports my child's development.		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="font-size: 0.8em; margin-top: 2px;">Parent Initials</div>	I will recognize the powerful influence I have on my preschool child's development by fostering emotional security, social skills, and a love for learning. Through my support, I will help lay the foundation for my child's future success in school and life.		

By signing below, I acknowledge that I have received the Operational Policies & Procedures and have gone over them. I understand that I am responsible for reading and complying with all applicable policies, procedures, including those not specifically written or addressed. I understand that policies and procedures are subject to change and that failure to comply may result in my child being disenrolled from the program.

Parent 1 - Place of Work/School	Work/School Address	Supervisor/Contact	Work/School Phone #
Parent 2 - Place of Work/School	Work/School Address	Supervisor/Contact	Work/School Phone #
Parent 1 Printed Name	Parent 1 Signature	Date	
Parent 2 Printed Name	Parent 2 Signature	Date	

Flowers in the Garden Administrative Approval

Administrative Director/Designee Printed Name	Administrative Director/Designee Signature	Date
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