



Dear Parent(s),

Welcome to Lil' Peas & Sprouts Learning Center. I am delighted you chose Lil' Peas & Sprouts Learning Center to be part of your child's early childhood educational development.

Our goal is to provide a high quality educational program that is engaging, nurturing, and safe for your child(ren) that will help him/her grow into a wonderful, curious, and happy child. We maintain a structured daily program with regards to scheduled meals; rest periods and activities because we believe children thrive when their lives are predictable.

Your child(ren) will be exposed to an exciting theme-based program that includes a variety of music, science, reading, arts and crafts, indoor/outdoor and free play activities, all designed to stimulate his/her physical, intellectual, social and emotional growth in a loving and comfortable environment.

As a partner in your child's educational development, we will keep the lines of communication open for parental feedback. Our interaction with you is as important as our staff interacting with your child. You are always welcome to visit and/or participate in your child's education at any time. Please feel free to call me at any time during the day or set up an appointment with me after hours to discuss any problems or suggestions you may have in regards to your child's educational development and care.

Please take the time to go over your Parent's Handbook to ensure you understand the policies that are in place to help keep Lil' Peas & Sprouts Learning Center a nurturing and caring environment. If you have any questions at all, I will be happy to go over them with you.

Thank you for choosing Lil' Peas & Sprouts Learning Center for your child's educational development we are glad to have your child(ren) joining our program.

Sincerely,

Alicia Ruby Mendoza

Alicia "Ruby" Mendoza, Owner/Director

ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:					
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:		<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:					
<input type="checkbox"/> Mondays	from:		to:		
<input type="checkbox"/> Tuesdays	from:		to:		
<input type="checkbox"/> Wednesdays	from:		to:		
<input type="checkbox"/> Thursdays	from:		to:		
<input type="checkbox"/> Fridays	from:		to:		
<input type="checkbox"/> Saturdays	from:		to:		
<input type="checkbox"/> Sundays	from:		to:		

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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

Child daycare 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).

Signature – Parent or Legal Guardian

Date

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address
School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care 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 day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian
Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

 Signature – Parent or Legal Guardian

 Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)

Positive

Negative

Date:

Signature or stamp of a physician or public health
personnel verifying immunization information above.

Signature

Date

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.

Parent's signature

Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official
notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at

www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date

Discipline and Guidance Policy for _____

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 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.

Signature

Date

Check one please:

parent employee/caregiver household member of child-care home

Child Emergency Information

Child's Name: _____ **Date of Birth:** _____

Address: _____
Street City Zip Code State

Mother's Name: _____ **Home Phone:** _____

Address: _____
Street City Zip Code State

Place of Employment: _____ **Business Phone:** _____

Address: _____
Street City Zip Code State

Father's Name: _____ **Home Phone:** _____

Address: _____
Street City Zip Code State

Place of Employment: _____ **Business Phone:** _____

Address: _____
Street City Zip Code State

Person(s) to contact or pick up child if parents are unavailable

Name: _____ **Relation to Child:** _____

Address: _____ **Daytime Phone:** _____

Name: _____ **Relation to Child:** _____

Address: _____ **Daytime Phone:** _____

Child's Physician: _____ **Phone Number:** _____

Address: _____

Hospital Preference: _____ **Phone Number:** _____

Address: _____

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment for such care or treatment.

Signature- Parent or Legal Guardian

Date

Photographs



I give Lil' Peas & Sprouts Learning Center permission to take photographs of my child.

Child's Name

Parent's Signature

Date

Social Media

PARENT PERMISSION FORM

Dear Parent(s),

I am sure you all know what Facebook is! Facebook is a website/app available to all smart phone, tablets, and internet users. It is an easy way to share pictures, posts, LIVE videos, events, and links. Plus, it is FREE! Our center would love to share updates of your children, of what we are doing in the classrooms, and class reminders with you and our other parents with our very own centers Facebook Group. Our FB Group would be in charge by the center Director, as well as other management, being the only ones allowed to post. We would personally approve only parents and teachers in our facility to be able to see the content. This centers Facebook account will provide you with the opportunity to see what we are doing in the classroom and engage in conversation with your child regarding their day at school! If you would like to participate and follow our center simply download the app or go online and create a free account! Feel free to post on our FB wall with your feedback.

Yes, I give you permission to post private pictures including my child for other parents in our center to see.

No, I do not give you permission to post private pictures including my child for other parents in our center to see.

Date: _____ Director's Signature: _____

Child's Name: _____ Parent's Signature: _____

Group Link: lilpeasnsprouts@yahoo.com

Questions and Answers

Parents are encouraged to approach the director with any questions or concerns. Parents are welcome to make an appointment with the director to review and discuss facility policies and procedures. If the director is available, you can attempt to speak with him/hear any time you are in the facility. To schedule an appointment for a specific date and time, please contact the facility at (210) 877-2092.

Visitation and Observation

Our daycare center has an "open door policy". Parents are welcome to visit and observe our group at any times. Observers are expected to respect the children and their schedule by not interrupting in their activities and lessons. If it is seen that the presence of any guest is causing a disruption to the class, you may be asked to leave.

Parental Involvement

We encourage parental involvement. If we are looking for volunteers for any special events, parents will receive a form to sign up to partake in that particular event. If a parent wishes to be involved in any other day-to-day activities, please see the director.

Licensing

Lil' Peas & sprouts Learning Center is a licensed Day Care Center through the Texas Department of Family and Protective Services (DFPS) and meets or exceeds the Minimum Standards Rules for Licensed Child-Care Centers. Licensing staff conducts inspections at least once every 12 months, and at a minimum, one inspection per year must be unannounced. The most recent compliance letter or compliance evaluation form is posted in the center.

You may contact the local licensing office, at (210) 337-3399 and view/download the minimum standards at www.txchildcaresearch.org. The DFPS website is: http://www.dfps.state.tx.us/child_care/about_child_care_licensing/

Child Abuse Hotline: 1-800-252-5400

Gang Free Zone

Lil' Peas & Sprouts Learning Center is located in a gang free zone. A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. The gang-free zone is within 1000 feet of a childcare center. For more information about what constitutes a gang-free zone, please consult sections 71.028 and 71.029 of the Texas Penal Code.

By returning your application and signing all designated forms, you are hereby agreeing to all the terms stated within the handbook.

WE ACCEPT ALL CHILDREN WITHOUT REGARD TO RACE, RELIGION, OR NATIONAL ORIGIN

Parent Signature of Acknowledgement of Handbook, Polices, & Procedures

I have received a paper copy of the Lil' Peas & Sprouts Learning Center Handbook, Polices, & Procedures.

I understand that the handbook contains information that I may need during the year regarding operational policies and procedures for Lil' Peas & Sprouts Learning Center.

Parent Signature

date

Lil' Peas and Sprouts Learning Center

9589 Braun Rd. San Antonio Tx. 78254 tel:210-681-5777fax:210-681-5777
5990 village Park, San Antonio Tx 78250 tel: 210-681-7890 fax: 210-681-7891

TUITION AGREEMENT FORM

Child's Name: _____ Date Of Birth: _____

Classroom: _____ Start Date: _____

I _____ agree to pay _____ for my child to attend Lil Peas and Sprouts. I will be paying weekly/every 2 weeks/monthly at the amount of _____. I understand there is a \$10 late fee for every day per child that my payment is made after Monday. I also understand tuition agreements are only good for one year and payment can change.

Parents Signature: _____ Date: _____

Directors Signature: _____ Date: _____