

BASTROP ISD DISTRICT DAYCARE PROGRAM PARENT HANDBOOK 2011-2012

Family Friendly Schools and a Culture of High Achievement

BISD MISSION: To ensure the academic success of all students by fostering a commitment to excellence in teaching and learning.

GOAL: We strive to give each child the love and nurturing they need in the absence of their parent(s), as well as create a positive learning experience where they can grow physically, emotionally, socially and cognitively by offering a large variety of activities to each child. This will ensure that during their time spent away from home they will be happily engaged. We believe that communication between staff and the parent(s) is essential. We ask that you please inform us of your goals for your child (ren) and we will work towards those goals. Each day, the children will be engaged in various activities.

We take pride in our BISD District Daycare Program and our staff. Bastrop ISD District Daycare Program facilities are licensed through the state of Texas and they follow all state regulations relating to childcare. The Department of Family Protective Services (DFPS) inspects the District Daycare centers on a regular basis. Bastrop ISD District Daycare Programs have to meet all Minimum Standards of Texas. All staff members are trained in First Aid and CPR. In addition, child development training of 20-40 hours per year is also required.

Parents are encouraged to visit the center at any time. As a parent, you are encouraged to observe and to participate in activities and events. If you ever have any suggestions or concerns, please feel free to talk about them openly to the staff and management. The management and staff are eager to know if there are ways our program might better serve your needs.

TUITION: The tuition rate for the 2011-2012 school year is \$4800.00 per child which includes the annual supply fee of \$50.00. Tuition will be deducted from each paycheck @ \$240.00 beginning with the end of August pay day and ending with the mid June pay day in 2012. (See attached Pay Deduct Schedule). If for any reason you must withdraw your child, a written notice must be submitted to Rhonda Renfro at the Service Center. A 30 day written notice must be given when withdrawing a child. The tuition fee will be prorated at a daily rate of \$25.

ENROLLMENT: Before your child can be admitted to our program, the following steps must be taken:

1. Enrollment forms completed (copy of current shot record) with all signatures.
2. Payment of all Registration and Tuition fees for the District Daycare Program, excluding Wee Bears.
3. Parent Handbook read with acknowledgements signed and returned.
4. Verification of legal custody (when indicated), parent or legal guardian must provide a signed copy for file.
5. Signed Payroll Deduction forms.

HOURS OF CARE: The Centers are open from 6:45 a.m. to 5:30 p.m., Monday through Friday during the fall and spring semesters. There will be a late fee of \$1.00 per minute per child for those children left at the center after the above stated closing time.

Our calendar will be the same as the Bastrop Independent School District calendar. We will be open on staff preparation and in-service days. If weather conditions warrant the closure of the public school system (BISD), the centers will also be closed. We do not wish to endanger our staff or our students. Parents must pick up children within one hour after an early closure for the district.

ARRIVAL AND DEPARTURE: It is the parent's responsibility to take the child into the center, sign the child in, and leave them with a BISD District Daycare staff member. It is also the policy of the center for an adult, either the parent, or someone on the authorized list of persons, to pick up the child inside the center or from the playground. If someone other than the parent and/or preauthorized persons is to pick up your child, the center must be notified in writing prior to pick up time. If parent arrives at the facility when the campus' main office is open, parent is required to sign in at the main office before going to the daycare center. If main office is closed, parent can go directly to the daycare center. Picture identification will be required in both cases. The individual will be asked to sign the child out at the center. If a court order exists that denies an absent parent access to a child, the custodial parent must provide a signed court order for our files. Without this document, the center cannot keep an absent parent from contact with the child.

PARENT NOTIFICATION: When signing your child out daily, please look for any notifications and communications. They will be posted near the sign in/sign out sheet or in your child's cubby. Any policy changes or amendments to the parent's handbook will be delivered in writing to you and a signed acknowledgement will be required. Daily parent communication sheets will be located in your child's cubby.

COMMUNICATION: Bastrop ISD District Daycare Centers encourage home and school cooperation. Parents are asked to inform staff and/or management of anything happening in the child's life that might affect his or her behavior at the center. Pertinent information will be beneficial for successful care of your child. Please do not hesitate to communicate to us any concerns you may have regarding your child, a peer, or staff member. Please remember to update your enrollment forms with your child's BISD District Daycare staff if any of the information changes.

FIRE AND SEVERE WEATHER: In case of severe weather conditions which threaten the children's health and well being, the director will instruct all staff to place the children in an interior room (inside main building) and cover their heads with mats. Children and staff will remain there until otherwise instructed. Fire drills and tornado drills will be conducted on a regular basis. In case of toxic fumes or other severe circumstances, the facility will be evacuated immediately. The daycare centers will be participating in the crisis intervention plan used by the Bastrop Independent School District.

ILLNESS: For the protection of all children, ill children will NOT be kept in the center. If a child is brought in ill or becomes ill at the center, they will be immediately removed from the group. The child will be laid on a mat and kept as comfortable as possible while a staff member calls the parents. **The child should be picked up immediately.** The center is not equipped to deal with ill children. The learning environment of our center is designed to work with children who feel well enough to participate in group activities and with group level supervision. Please remember children do not necessarily have to have a fever or vomit during periods of sickness. Common symptoms for which a parent is called: fever- (100.3 or higher), diarrhea (3 times in the course of 2 hours), vomiting, contagious skin or eye infection, profuse bodily discharge of any kind. **Children are not to return to the center until they have been free of fever, diarrhea, and vomiting for 24 hours and can function normally in the school's daily routine.** If it is state mandated that a child visit a doctor we must receive a written notice, signed by the doctor that states the diagnosis and a determination that the child can return to school. We must receive this before the child can return to the center.

MEDICATIONS: Bastrop ISD District Daycare Centers have chosen to help parents by administering medication when necessary. In order for this to be done, parents **MUST** complete a medication consent form for each medication to be given. **All** medications must be clearly labeled with the child's name and the date it was brought to the center. **All** medications must be in the original container. The center must administer it according to the label

directions. If the label states to consult a physician for your child's size and age to determine the dosage we must have a written statement signed by a licensed health professional stating what dosage to administer.

INJURY: Every effort will be made to ensure the safety of your child. Unfortunately minor accidents sometimes occur. In the event of an accident, you will be provided with an accident report. You will be asked to sign the report to acknowledge that you have been informed. The report will be kept on file and you will be provided a copy upon request. In case of serious accident or injury, we will make every attempt to contact you for instructions. If you cannot be reached, the person indicated on your registration form will be contacted to make emergency medical decisions. Your signed medical release will also assist us in getting prompt medical attention.

NUTRITION: If you choose to provide your child's meals, including drinks and/or snacks from home, please understand that the center is not responsible for its nutritional value or for meeting the child's daily food needs. If you wish to purchase the lunches prepared by the cafeteria, please notify the day care management to set up an account that parents will fund electronically via the district website. The centers do not provide meals or snacks.

ACTIVITIES: Children will participate in planned activities that encourage social, physical, creative, and academic growth. Children are encouraged to be creative and to think on their own. We also encourage the development of peer relationships including interacting appropriately with others and character development. Children's input is used to determine activities and all activities are designed to be developmentally appropriate. The BISD District Daycare program is a Parent Funded licensed Group Childcare Center. No electronic devices or personal items are permitted. (Example: game boys, cell phones, mp3 players, electronic games, etc.)

HYGIENE: Proper hygiene is taught starting with **hand washing upon entering each classroom**, before and after each meal and after each bathroom use. Parents are expected to direct their child and/or help them to wash their hands at drop off time.

PLAYGROUND: Each class will use the playground upon availability, if the weather permits, according to the staff's schedule for the day. Staff/child ratio set forth by the Minimum Standards will be adhered to at all times. By signing the parent handbook acknowledgement, I understand that my school's playground does not meet the Texas Minimum Standards for a childcare facility. However, I will allow my child to use the school's playground facilities.

ANIMALS: Animals are not allowed at the BISD District Daycare centers.

FIELD TRIPS AND WATER ACTIVITIES: Parents will be notified at least 48 hours in advance as to the date, time, location, and any supplies needed. The staff/child ratio set forth by the Minimum Standards will be adhered to at all times.

BEHAVIOR: All children are expected to behave appropriately while attending the center. The following incidences are examples of behavior that will result in a report to parents:

1. Biting, hitting, and kicking or any other malicious act will result in a Notice of Major Behavioral Incident Report
2. Any incident that endangers your child, a peer or an adult in the facility

A copy of all reports sent home would be kept in the child's folder. Bastrop ISD District Daycare Centers reserve the right to drop any child from the roll who becomes incorrigible or detrimental to the welfare of the group.

DISCIPLINE: 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 developmental level, 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

Each District Daycare Licensing Binder is located on the Parent Table. It contains the Minimum Standard Rules for Licensed Childcare Centers and current facility inspections. Contact information: Department of Family Protective Services (512)834-3241 www.dfps.state.tx.us
Child Abuse Hotline (800)252-5400 BISD Service Center Office (512)321-2292

**Bastrop ISD District Daycare
Enrollment Information Sheet**

_____-_____-_____
(Date of enrollment)

Child's name (please print)

_____-_____-_____
Date of Birth

I hereby authorize Bastrop ISD District Daycare to allow my child to leave the facility **ONLY** with the following persons: (Your child cannot be released to anyone who is not on this list. Be sure to name anyone who might pick up your child.)

_____ Name	_____ Relationship	() - _____ Phone #
_____ Name	_____ Relationship	() - _____ Phone #
_____ Name	_____ Relationship	() - _____ Phone #

My Child's Biography

(Please circle yes or no or fill in the blanks)

Do you give permission to use?

Desitin (for diaper rash)	YES	NO	First Aide Cream	YES	NO
Vaseline (for diaper rash)	YES	NO	Bug Spray	YES	NO
Powder (for diaper rash)	YES	NO	Sun Screen	YES	NO

Does your child use the toilet? YES NO TRYING Child's terminology _____

Does your child need assistance with toileting? YES NO Child's terminology _____

Does your child need reminding about going to the bathroom? YES NO Any other toileting issues _____

Does your child take a nap YES NO If yes, at what time _____

Other children in the family (give names and ages) _____

EATING HABITS

Is there any food your child should not eat? _____

Is your child on a special diet? What kind? _____

Has there been a big change in your child's appetite in the last month? _____

Does your child eat or chew things that aren't food? _____

Does your child have trouble chewing or swallowing? _____

Does your child often have a) Diarrhea b) Constipation ...Comments: _____

Do you have any concerns or special requests regarding what your child eats? _____

PLAY AND SOCIAL EXPERIENCES

Has your child participated in group experiences? _____ Explain _____

How does your child relate to other children? _____

Does your child prefer to play alone? _____ Does your child have any imaginary playmates? _____

Does your child have any pets? _____ What are your child's favorite toys/activities? _____

What is your child's favorite TV program? _____ Favorite Song? _____

Favorite Book? _____

DISCIPLINE

In most circumstances my child is: Easily Managed ____ Fairly Easy To Manage ____ Difficult to Manage ____

What concerns do you presently have about your child? _____

What method of discipline do you find most effective with your child? _____

PARENT HANDBOOK ACKNOWLEDGEMENT:

I hereby acknowledge receipt of the Bastrop ISD District Daycare Center's Handbook. I agree to read the handbook and abide by the rules defined in these documents.

Parent/Guardian Signature

Date

BASTROP ISD DISTRICT DAYCARE 2011-2012 ENROLLMENT FORM

School Name (Emile or Cedar Creek) :		Parent's campus:	Child's Home Telephone No
Child's Name		Date of Birth	Alternate cell Phone No.:
Street Address(No P.O. Box)		City:	State/Zip:
Date of Admission	Date of Withdrawal	E-mail address:	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:		Mother's Telephone No.	Father's Telephone No.
		Guardian's Telephone 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 facility to allow my child to leave the childcare facility ONLY with the following persons. (NAME and PHONE NUMBER)			

CHECK ALL THAT APPLY:

1. **TRANSPORTATION:** I hereby give do not give – my consent for my child to be transported and supervised by facility's employees:
 Check box for emergency care on field trips to and from home to and from school

2. **WATER ACTIVITIES:** I hereby give do not give – my consent for my child to participate in water activities:
 sprinkler play splashing/wading pools swimming pools water table play

3. **FIELD TRIPS:** I hereby give do not give – my consent for my child to participate in Field Trips:

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES.**
 I acknowledge receipt of the operational policies including those for discipline and guidance. I accept all conditions and terms.

Signature - Parent or Legal Guardian

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 immunizations and tuberculosis test are current. Current Vision and Hearing screening records are also on file.

Names of Siblings:

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician:	Address : City:	Ph.# :
Name of Hospital:	Address : City:	Ph.# :

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

WHAT TO BRING FOR YOUR CHILD

Please be sure to label everything with your child's name.

Infants (6 weeks to 18 months)

Wipes

Diapers

Prepared bottles (brought each day) or formula and bottles to be left at school

Diaper rash ointment (if needed)

Powder (if needed)

Baby food (if eating)

2 Extra sets of seasonal clothing to be left at school

2 sippy cups to remain at school if applicable

3 large boxes of Kleenex

Travel pillow and blanket (if needed) ***NO Sleeping Bags**

**Please also send a daily schedule for your infant: include changing, sleeping and normal feeding times and amounts, so that we can keep as close to their routine as possible.

Toddlers and Preschoolers (19 months to 5 years)

Wipes (if needed)

Diapers/pull-ups (if needed)

Extra set of seasonal clothing (brought each day or to be left at school – including underwear for potty-trained children).

Food and drink **TBA**

Daily snack **TBA**

1 sippy cup to remain at school

3 large boxes of Kleenex

Travel pillow and blanket (if needed) ***NO Sleeping Bags**

HEALTH REQUIREMENTS 2011-2012

Name of Child:				Date of Birth :	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / booster	Date / booster
DTP / DTaP / DT					
POLIO IPV or OPV					
MEASLES Rubeola / Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date :		
Varicella (see below)					
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	

Signature of Health Care Professional _____ Date _____

Signature of staff making handwritten copy of record _____ Date _____

ADMISSION REQUIREMENT: One of the following must be presented when your child (under the age of 5 years) is admitted to the day care facility or within one week of admission. Check to indicate the option you select:	
<input type="checkbox"/>	HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

Health Care Professional's Signature _____ Date _____	
<input type="checkbox"/>	A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.
<input type="checkbox"/>	A form or written statement from a health service or clinic.
If you do not have any of the above:	
<input type="checkbox"/>	PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the day care program:
Name and address of health care professional:	
<input type="checkbox"/>	Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the day care facility.
OR	
<input type="checkbox"/>	My child has an appointment for a physical examination:
Date:	Name and Address of health care professional:
I will submit the statement, from a health care professional to the child-care facility following the examination.	

Signature - Parent or Legal Guardian _____ Date _____	

HEARING	DATE	SIGNATURE			
Hz	1000	2000	4000		PASS <input type="checkbox"/>
R					
L					FAIL <input type="checkbox"/>
VISION	DATE	SIGNATURE			
R20/	L20/				PASS <input type="checkbox"/> FAIL <input type="checkbox"/>

NOTE: If medical diagnosis and treatment and / or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and / or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a health care professional) to that effect and attach it to this form

**Bastrop ISD District Daycare
2011-2012
Payroll Deduction Form**

Name of Child _____
Emile
CCE

Date of Enrollment _____

Name of Employee _____

SSN _____

I, _____ give consent to a payroll deduction for my child/ren to attend the Bastrop ISD District Daycare for the amount of \$ _____ per pay period. The tuition fee is \$240.00 for the first child per pay period and \$228 per pay period for each additional child.

My payroll deduction will begin on _____.

My last deduct will be taken on June 15, 2012.

Employee signature _____ Date _____