

## Admission Information

Operation Name  
Rainbow Connection

Director's Name  
Pam Williams

Child's Name

Date of Birth

Child's Home Address

Date of Admission

Date of Withdrawal

Full-time or Part-time (circle one)

Parent/Guardian's Name

Mother's Phone #

Father's Phone #

Emergency Contact – need name, address, and phone number (person to call only if parents cannot be reached) Relationship

I hereby authorize Rainbow Connection to allow my child to leave the childcare operation ONLY with the following persons. Please list NAME and PHONE NUMBER for each. Children will be released only after verification of ID.

1.

2.

3.

### Check all that apply:

1. I give permission for my child to be transported for \_\_\_\_\_ emergency care \_\_\_\_\_ to and from public school
2. I give permission for my child to go on field trips (3 yrs and up) \_\_\_\_\_ (individual forms sent out before each trip)
3. I give permission for my child to participate in these water activities \_\_\_\_\_ sprinkler play \_\_\_\_\_ water table play
4. I have received a current parent's handbook and agree to abide by ALL aspects of the manual \_\_\_\_\_

Please list any **ALLERGIES** your child might have to food or other products (please write N/A if none)

Please list any existing illness, previous serious illness, injury, or hospitalization during the past 12 months.

Please list any **long-term continuous medication** which caregiver should be aware of (N/A if none)

**School Age Child**

My child attends the following school

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**Name and address of school**

**School phone #**

\_\_\_\_\_ My child's immunization record is on file at the school and all required immunizations and/or TB tests are current, including vision and hearing screening.

**Admission Requirement:** ONE of the following MUST BE PRESENTED when your child is admitted to Rainbow Connection or within ONE WEEK of admission.

\_\_\_\_\_ 1. Health-care statement. I have examined this child within the past year and find that he/she is able to take part in the day care program.

\_\_\_\_\_  
Physicians 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 religions 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 ONE month of admission, I will obtain a health care professional's signed statement and will submit it to Rainbow Connection.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

**Immunization Record**

\_\_\_\_\_ I have provided Rainbow Connection with a copy of my child's current immunization record.

**Child Abuse Prevention**

\_\_\_\_\_ I have received a copy of the Recognition and Prevention of Child Abuse Policy listing various websites for reporting abuse and the recognition and prevention of abuse.

## Discipline and Guidance Policy for \_\_\_\_\_

- ◆ Discipline must be:
  1. Individualized and constant 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;
  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. Punishing 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

## **Recognition AND Prevention of Child Abuse Policy (effective 3/1/2012)**

To maintain an ongoing safe environment for all children, Rainbow has made available additional information involving responsibilities and procedures for reporting child maltreatment. This includes physical abuse, neglect, sexual abuse, and emotional abuse. With this purpose, we will now provide annual training on this subject to all employees and any interested families and make many resources available which can offer valuable assistance for reporting abuse and the recognition and prevention of such neglect and abuse. This community resource listing is not exhaustive but can be a useful tool for keeping our children safe. These resources are both preventative and educational in nature/ whether it be warning signs of a victim or to increase employee and parent awareness of prevention techniques.

### **Websites**

[www.childabusetexas.org](http://www.childabusetexas.org)

Texas Department of Family and Protective Services ([dfps.state.tx.us](http://dfps.state.tx.us))

Prevention and Early Intervention ([dfps.state.tx.us](http://dfps.state.tx.us))

What does child abuse really look like ([dfps.state.tx.us](http://dfps.state.tx.us) "It's up to you")

What is neglect? ([dfps.state.tx.us](http://dfps.state.tx.us) (It's up to you"))

### **Emergencies and Hotlines**

Immediate emergencies dial 911

Child Abuse and Neglect Hotline 800.252.5400

Texas Runaway Hotline 888.580.HELP

National Domestic Violence Hotline 800.799.SAFE

Baby Moses Hotline 877.904.SAVE

Texas Poison Center Network 800.222.1222

Texas Dept. of State Health Services Substance Abuse hotline 877.9NO.DRUG

### **Prevention of Child Maltreatment**

Texas Council on Family Violence 512.794.1133

Child Help USA 800.4ACHILD

Kids in Cars 636.390.8268

National Safety Council 630.285.1121

National Center for Missing and Exploited Children 800.THE.LOST

Prevent Child Abuse Texas 512.250.8438

Many other resources are listed as Resource Links at [dfps.state.tx.us](http://dfps.state.tx.us) including Disabilities, Parenting, Special Education, and Legal Issues.

# Infant Care Instruction Sheet

(12 months and under)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Formula – Rainbow Connection provides Good Start

\_\_\_\_\_ I would like Rainbow Connection to provide formula

\_\_\_\_\_ I will provide my own formula

Juice – Rainbow Connection provides apple juice when the infant is ready for juice

\_\_\_\_\_ I would like my infant to get apple juice

\_\_\_\_\_ My child is not ready for juice yet

Diet – please check the baby food you want provided for your infant

\_\_\_\_\_ rice cereal

\_\_\_\_\_ vegetables #1 \_\_\_\_\_ or #2 \_\_\_\_\_

\_\_\_\_\_ fruit #1 \_\_\_\_\_ or #2 \_\_\_\_\_

\_\_\_\_\_ meat/mixes #1 \_\_\_\_\_ or #2 \_\_\_\_\_

Allergies

Food:

Skin:

Other:

Skin Care \_\_\_\_\_diaper rash ointment allowed \_\_\_\_\_ baby powder allowed

Sleeping position \_\_\_\_\_ back \_\_\_\_\_stomach (only if old enough to turn over) \_\_\_\_\_ side

Pacifier \_\_\_\_\_ yes \_\_\_\_\_ no (if yes, please leave one at Rainbow with child's initials on it)

Anything else you would like to share: \_\_\_\_\_

Note: Please update this monthly in infant room

Parent Signature and Date