

Ranger College
Child Development Center
Enrollment Form

1813 West Lingleville Road
Stephenville, Texas
(254) 968-1070

Date _____ (Application expires one year from this date.) Time _____

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

Date of Birth _____ Due Date _____ Sex _____

Home Phone _____

Other Phone number where you can be reached **immediately** _____

E-mail _____

Home Address _____
(Street) (City) (State) (Zip Code)

Mother's Name _____ Date of Birth _____

Driver's License Number _____ Occupation _____

Business Phone Number _____ Cell Phone Number _____

Father's Name _____ Date of Birth _____

Driver's License Number _____ Occupation _____

Business Phone Number _____ Cell Phone Number _____

Siblings:	Name	Age	Sex
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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:

ADMISSION INFORMATION

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 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.

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

Ranger College
Child Development Center
Social Media Permission Form
1815 West Lingleville Road
Stephenville, TX 76401

- I hereby give my permission to use my child(ren)'s photo on Ranger College Child Development Center social media platforms such as Facebook, Instagram, etc., and I understand that these platforms are open and accessible to the public.
- I DO NOT give my permission to use my child's photo on social media.

In any event that you change your mind and revoke your decision to share your child's photo on social media, you must notify RCDC administration in writing and allow 30 days for center staff to comply with removal of your child's photos from Ranger College associated media platforms.

Guardian Signature

Date

Ranger College Staff Witness

Date

Student Policy Agreement

In general, students are expected to maintain classroom decorum that includes respect for other students and the instructor, prompt and regular attendance, and an attitude that seeks to take full advantage of education opportunity. The Highlander Guide describes the rights, privileges and obligations of students affiliated with Ranger College.

Students should demonstrate courtesy and respect to all instructors, guest and fellow learners. While honest discussion and debate of topics is expected and encourage, such interactions should not involve aggressive, derogatory, or hostile behaviors (verbal or otherwise). The instructor reserves the right to act to protect the decorum of the learning environment and the image of Ranger College.

I have read and understand the policies and procedures of the Ranger College lab handbook. In addition, I agree to comply with the rules and regulations of the Ranger College Child Studies and Education Department. Any infraction of the rules may result in serious consequences, including but not limited to loss of lab hours, dismissal from class or termination from the Child Studies and Education Programs.

Date

Class

Print Name

Schedule

**Ranger College
Child Development Center
Waiver & Disclosure Form**

1813 West Lingleville Road
Stephenville, Texas
(254) 968-1070

I am aware:

- Children enrolled in the Child Development Center are guided and observed by students in training under the direction of Child Development staff and that some research conducted by students may include the involvement of my child in the research activities.
- The Child Development Center has liability insurance in the amount of \$300,000.00 for each occurrence of negligence covering injury to a child.
- In the event of an accident of illness concerning a child, the Child Development Center shall attempt to contact the person immediately. If the parent is not immediately available, the Child Development Center is authorized to secure such medical attention and care for the child as Director believe necessary.

Parent/Guardian Signature

Date

Witnessed By (Signature)

Printed Name

Child Assessment Form

Child Name (last, first, middle)	Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	City	County	Zip
Mailing Address (if different) -- Street or P.O. Box	City	County	Zip
Telephone No. (include A/C)			

* If applicable.

1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		

Child Assessment Form

What position is most comfortable for your child when he/she is napping?	
--	--

4. Eating Preferences:

What are your child's favorite foods?	
Does your child use utensils, eat with fingers, feed self?	
Does your child choke easily while eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Activities:

What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
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I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent Date Signed

Additional Comments:

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Discipline and Guidance Policy for Ranger CDC
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.

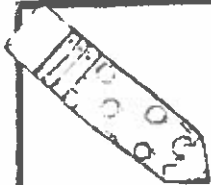
Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

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



PARENT SURVEY

This information sheet is to help me better understand your child.
Please be honest and provide details where necessary.



1. Student Name: _____ Date of Birth: _____

2. Name of Parent (s)/Guardian? _____

3. Home Address: _____

4. Contacts: Please star the best way for you to be contacted if needed

Mom's work: _____ Dad's work: _____

Mom's Cell: _____ Mom's email: _____

Dad's Cell: _____ Dad's email: _____

other: _____

5. Emergency Contact Person (This information must be on file with the front office). Contact person/relationship to student: _____

Phone number: _____

6. Are any languages other than English spoken at home? _____

7. What is the primary way your child will go home each day? _____

•Please send a note if there are going to be any changes in dismissal

8. Do you have any special concerns about your child? (academically, socially, medically, etc.)? _____

9. Please list any foods, stings, etc. that may cause allergic reactions with your child _____

10. Please list two goals you would like to set for your child this year:

•••11. On the back of this paper, please tell me, in one million words or less, if there is anything else I should know about your child