



Christian Academy of Little Saints

1520 Witte Rd. Houston, TX 77080

Emergency Contact Information

Child's Name _____ Date of Birth _____

Mother _____ Email _____ Cell _____

Father _____ Email _____ Cell _____

***Emergency contact persons if parents cannot be reached. (Need copy of Driver's License) (**REQUIRED**):**

Name _____ Relationship _____ Cell _____

Address _____ Driver's License # _____

***Following individuals can pick up my child from school: (Provide copies of Driver's License.)**

Name1 _____ Relation _____ Cell _____ Driver's License # _____

Name2 _____ Relation _____ Cell _____ Driver's License # _____

Name3 _____ Relation _____ Cell _____ Driver's License # _____

Permission and Agreement

Video/Picture/Media Permission

I give permission to CALS and CALS staff to use my child's image for posting pictures and videos for Instagram, School website, and presentations at school without releasing the child's name.

YES

NO

Initial _____

Water Activity Permission

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

Water Table

Splashing/Wading pools

Water Playground

Initial _____

I give permission for my child to participate in all activities at CALS. I understand and agree that in case of illnesses or accidents requiring immediate medical attention, and if I cannot be reached by CALS staff, the school can contact my child's doctor. If the aforementioned doctor cannot be contacted, I give permission for a doctor to administer treatment and agree that I will be responsible for all medical expenses for the medical treatment for my child.

Insurance Co. _____ Phone No. _____

Insurance Group ID _____ Policy No. _____

Doctor's Name: _____ Phone No. _____

Doctor's Address: _____

Parent or Guardian Name Date

X _____
Parent/Guardian Signature



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Medical Statement

Child's Name _____ Date of Birth _____ Gender: Male Female

Parent's Name _____

Physician's Name _____ Phone _____ Email _____

Physician's Address _____

****Record of Immunization****: Please attach a copy of the child's immunization records. If you do not immunize your child, please attach your "Affidavit for Exemption of Immunizations by State of Texas."

1. Please list **any special problems or needs** including **allergies**, illnesses, previous illnesses, injuries, and hospitalizations during the last 12 months.

2. Please list any **medications** and **medical treatments** that the child is currently taking.

3. Please list any limitations in activities that the child should avoid or is not able to participate.

4. Does your child have allergies? YES NO Diagnosed? YES NO

****IF your child has any food allergies, you MUST SUBMIT a "Allergy Action Plan" completed and signed by your doctor.****

DOCTOR STATEMENT

(THIS SECTION TO BE COMPLETED ONLY BY A DOCTOR)

I have examined the above-named child within 12 months and certify that it is true and find that the child is physically able to participate at Christian Academy of Little Saints. (Physician's Office: Please attach the Vision and Hearing test results is the child on this form is 4 years old by September 1st).

X _____

Physicians' Signature

Date



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Child Developmental Assessment

Please fill out the blanks with information as much as you know.

Child's Name _____ Date of Birth _____ Gender : Male Female

Child's preferred name at center: _____

1. General Information: My child... (Please check all that apply)

- Plays well with others Likes to play independently Is Outgoing Is Shy
- Enjoys playing actively Enjoys playing quietly and calmly
- Is Left handed Is Right handed Has not yet been observed if left/right handed

Favorite activity: _____ Favorite Things (Ex: Shark/ Dinosaur / Etc.) _____

Does your child have any fears? _____

What helps your child calm down when they are upset? _____

2. Communication

Can your child express themselves verbally? Yes No

If they can't communicate, how do they express their needs? _____

Language mostly spoken at home: _____

What words do your child frequently use, and what do they mean? _____

3. Social Experience

Preschool Experience: Yes No If yes, how many year? _____ Reason for leaving? _____

Can your child separate from parents well? Yes No

Who takes care of the child when the parents are away? _____

4. Eating Habits: :

- Can eat independently (can use spoon and fork) Will eat when fed
- Will eat only when hungry Eats limited number of foods (picky/selective eater)

Does your child need any specific help? _____

5. Toileting Habits:

- Wears diapers Is in training Can use the toilet independently

Words your child uses to express bathroom needs _____

If your child needs any specific help with toileting, what would it be? _____

6. Sleeping Habits:

- Does nap (What time? _____) Does not nap

Please explain any sleeping habits your child may have. (Bottle, pacifier, posture, blanket, etc.) _____

Other important facts or comments: _____

Parent or Guardian Name _____

Date _____

X _____
Parent/Guardian Signature



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Discipline and Guidance Policies

- ◆ 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.

X _____
Signature Date

Check one please:

- parent employee/caregiver household member of child-care home