

**Blessed Sacrament Child Development Center**  
**New Student Orientation Checklist**

Welcome to Blessed Sacrament Child Development Center! This is your orientation checklist. We will be sharing information with you about our center and we are also providing you with a copy of the center's policies and procedures. This orientation is intended to help you understand what you need to know as you leave your child in our care. We plan to cover all areas listed below with you. If an area is not covered or if you do not receive a copy of the policies and procedures, please be sure to let us know.

- Tour of the Facility**
- Introduction to Teacher(s)**
- Parent and Student Extended Classroom Visit**
- Overview of the Parent Handbook**
- Tuition and Payment Schedule, Parent Refunds**
- Health Policy**
- Importance of Daily Attendance, Timeclock, and Late Arrival**
- Drop-off and Parking**
- Parent Conferences, Participation, and Communication**
- Release of Children to Authorized Persons**
- Withdrawal Procedures**
- Cell Phones and Electronic Devices**
- Late Pick-up**
- Immunizations and Health Assessment**
- Text Reminders**
- Explanation of The Texas Rising Star Program**
- Encouragement to Share Elements of My CCS Enrollment so that the Provider May Assist, if applicable**
- Family Support Resources and Activities in the Community**
- Child Development and Developmental Milestones**
- Expectations of Families**
- The Significance of Consistent Arrival Time, including:**
  - Before the Educational Portion of the School Begins**
  - Impact of Disrupting Other Children's Learning**
  - The Importance of Consistent Routines in Preparing Children for the Transition to Kindergarten**

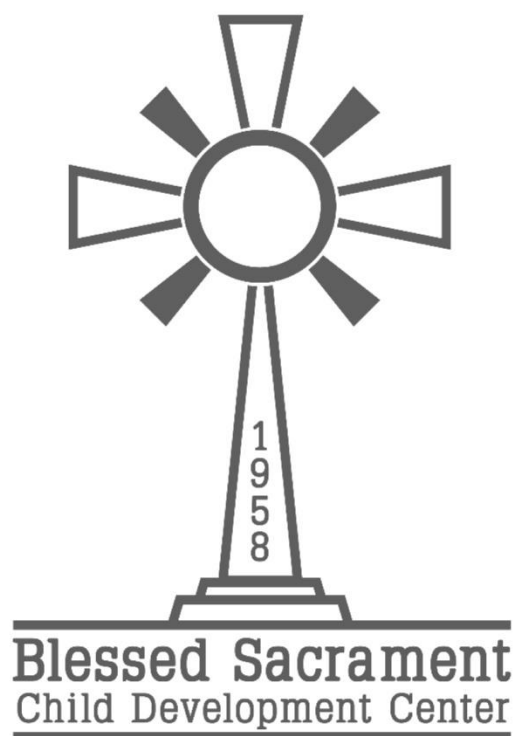
**My signature below indicates that I have received a copy of the Center's policies and procedures and an orientation was conducted with me which covered all areas outlined in this orientation plan.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director Signature**

\_\_\_\_\_  
**Date**



# Parent Handbook Policies & Procedures

Revised August 2024  
Please Sign and Return to school.

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Student's Name

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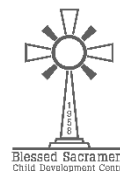
Parent's Name

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Parent's Signature



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Blessed Sacrament Child Development Center  
**ENROLLMENT AGREEMENT**

Please read an initial each section below, then sign and date the last page.

**TUITION AND FEES**

**REGISTRATION FEE:** I understand that payment of a non-refundable bi-annual registration fee of \$\_\_\_\_\_ for one child and \$\_\_\_\_\_ per family is due every Spring and Fall.

\_\_\_\_\_

**TUITION FEE:** I understand that tuition is due and payable every Monday for the current week with a rate of \$\_\_\_\_\_ for the program I have chosen.

\_\_\_\_\_

**LATE PAYMENTS:** If payment is not received when due, I agree to pay a late fee of \$25 per week that tuition is not received. If any payment is more than two weeks, a suspension of services will occur and the child will not be able to attend until the balance is paid in full.

\_\_\_\_\_

**LATE PICK UP FEES:** Blessed Sacrament CDC is open Monday through Friday from 7:30 a.m. until 5:30 p.m., year-round except for holidays. I understand that if I pick-up my child after the scheduled closing time, I will be charged \$10 for the first 5 minutes plus an additional \$2 per minute after.

\_\_\_\_\_

**DISCOUNTS:** I understand that if I have more than one child enrolled, the youngest sibling pays the full tuition rate and each additional child's tuition is discounted at 10%. The CDC also offers a 10% discount for active duty military, police, fire, or parent/guardian employed by the Archdiocese of San Antonio. The discounts do not stack.

\_\_\_\_\_

**RETURNED CHECKS:** I understand that a processing fee of \$28 will be charged to my account for any returned check, and this fee is in addition to any charges my bank or financial institution may charge me. I understand that any checking account returned due to non-sufficient funds will automatically be resubmitted electronically up to three times.

\_\_\_\_\_

## ATTENDANCE

**DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the Procure attendance app. If I neglect to do so I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. Texas Licensing Standard (746.631) requires the Center to keep strict time and attendance records.

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**DAILY ATTENDANCE:** I understand that drop-off time is between 7:30 a.m. and 9:00 a.m. and that children will not be admitted after 9:00 a.m. unless they have a doctor's note or if previous arrangements have been made for the day with the Director or person in charge.

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**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly and within one hour of initial contact. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will only be re-admitted according to the policies listed in the Parent Handbook.

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**AUTHORIZED PICK-UPS:** I understand that my child will only be released to me, the parent/guardian. I understand that I must notify the office in writing if who is not on the authorized pick-up list will be picking up your child.

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## SCHOOL CLOSURES, ABSENCES, EMERGENCIES

**SCHOOL CLOSURES:** I have received a list of school closures and a school calendar and I understand that I will still be responsible for payment of tuition during school holidays.

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**ABSENCES:** I understand that I must call the school if my child will be absent on any day or if they will be in late due to doctor's appointments or any other appointment. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences. A reservation fee of 50% off my regular weekly tuition will be due for each absence of one full school week, Monday through Friday, with advance notice to the Director or person in charge.

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**VACATIONS:** I understand the center gives one week free tuition for children enrolled in our program for one full year. This vacation week is useable during the current year only and cannot be carried over into the next calendar year. Children may not attend during their vacation week.

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**HOLDING FEE:** I understand that if my child will be out for an extended period of time such as summer break, I will need to pay a holding fee of \$200 per month to reserve their space. If the reservation fee is not paid, I understand that re-entrance to the program will only be allowed if there is space available and a new registration fee will be required upon return.

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**EMERGENCY CLOSURES:** I understand it is Blessed Sacrament CDC's intention to be open and provide child care every weekday of the year, excluding school closures and half-days, but that inclement weather, natural disaster, major building issue, or staff shortage may disrupt service from time to time. I understand that I am still responsible for tuition in the event of an emergency school closure. The center will send out alerts via ClassDojo, email, and social media in the event of an emergency closure.

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**COMMUNICATION:** I understand the Center utilizes ClassDojo, email, and social media accounts to keep parents up to date with important school information, class calendars, curriculum, and special events. School and class calendars or other important information is also posted in the front of the school. I understand that parent teacher conferences are offered twice year and upon request at any time.

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**Child's Name**

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**Date of Birth**

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**Parent or Guardian's Name**

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**Date**



## Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

**Directions:** Parents will review these rights upon enrolling their child.

### Rights of Parent or Guardian

**A parent or guardian of a child at a child care facility has the right to:**

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
  - (A) staff training records; and
  - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
  - (A) video recordings of the alleged incident are available;
  - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
  - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

### Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>

## Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

### General Information

Operation's Name:		Director's Name:	
Child's Full Name:		Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian <i>(if different from the child's)</i> :	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
<b>In case of an emergency, call:</b>			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

### Consent Information

#### 1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees (Check all that apply).

for emergency care    on field trips    to and from home    to and from school

#### 2. Field Trips:

I give consent for my child to participate in field trips.    I do not give consent for my child to participate in field trips.

Comments:

**3. Water Activities:**

I give consent for my child to participate in the following water activities (Check all that apply).

water table play     sprinkler play     splashing or wading pools     swimming pools     aquatic playgrounds

Is your child able to swim without assistance:  Yes  No

If no, what type of assistance is needed: \_\_\_\_\_

**4. Receipt of Written Operational Policies:**

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- Discipline and guidance
- Suspension and expulsion
- Emergency plans
- Procedures for conducting health checks
- Safe sleep
- Procedures for parents to discuss concerns with the director
- Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
- Procedures for parents to participate in operation activities
- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medications
- Immunization requirements for children
- Meals and food service practices
- Procedures to visit the center without securing prior approval
- Procedures for supporting inclusive services
- Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

**5. Meals:**

I understand that the following meals will be served to my child while in care (Check all that apply):

None     Breakfast     Morning snack     Lunch     Afternoon snack     Supper     Evening snack

**6. Days and Times in Care:**

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		



### Vision Exam Results

Right Eye 20/      Left Eye 20/       Pass       Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

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

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### 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.

- Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.
- A signed and dated copy of a health care professional's statement is attached.

\_\_\_\_\_  
Name of Health Care Professional

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature — Health Care Professional

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**HEALTH CARE PROFESSIONAL STAMP**

Child's Special Care Needs (check all that apply)	
<input type="checkbox"/> Environmental allergies	<input type="checkbox"/> Limitations or restrictions on child's activities
<input type="checkbox"/> Food intolerances	<input type="checkbox"/> Reasonable accommodations or modifications
<input type="checkbox"/> Existing illness	<input type="checkbox"/> Adaptive equipment ( <i>include instructions below</i> )
<input type="checkbox"/> Previous serious illness	<input type="checkbox"/> Symptoms or indications of complications
<input type="checkbox"/> Injuries and hospitalizations ( <i>past 12 months</i> )	<input type="checkbox"/> Medications prescribed for continuous long-term use
<input type="checkbox"/> Other: _____	
Explain any needs selected above:	
Does your child have diagnosed food allergies? <input type="radio"/> Yes <input type="radio"/> No    Food Allergy Emergency Plan Submitted Date: _____	
Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <a href="https://www.ada.gov/resources/child-care-centers/">https://www.ada.gov/resources/child-care-centers/</a> . 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 Signed _____

**Gang Free Zone**

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**Privacy Statement**

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

**Signatures**

Child's Parent or Legal Guardian _____	Date Signed _____
Center Designee _____	Date Signed _____



# Permission to Photograph

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian name) (Child Care Provider)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)

## Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards Sections 746.501(9) and 747.501(6) for the safe sleep policy.

**Directions:** Parents will review this policy upon enrolling their infant at \_\_\_\_\_ and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

### Safe Sleep Policy

All staff, substitute staff, and volunteers at \_\_\_\_\_ will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2427 and 747.2327].
- Place infants on a firm mattress, with a tight-fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non full-size cribs [Sections 746.2409 and 747.2309].
- For infants who are younger than 12 months old, cribs play yards should be bare except for a tight-fitting sheet and a mattress cover or protector. Items that should not be placed in a crib or play yard include: soft or loose bedding, such as blankets, quilts or comforters; pillows; stuffed toys and animals; soft objects; bumper pads; liners; or sleep positioning devices [Sections 746.2415(b) and 747.2315(b)]. Also, infants must not have their heads, faces or cribs covered at any time by items such as blankets, linens, or clothing [Sections 746.2429 and 747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [Sections 746.2415(b) and 747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [Sections 746.3407(10) and 747.3203(10)].
- If an infant needs extra warmth, use sleep clothing \_\_\_\_\_ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [Sections 746.2415(b) and 747.2315(b)].
- Place only one infant in a crib to sleep [Sections 746.2405 and 747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [Sections 746.2415(b) and 747.2315(b)] or the infant's clothing by a string, cord or other attaching mechanism that might be a suffocation or strangulation risk [Sections 746.2401(6) and 747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2426 and 747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [Sections 746.3703(d) and 747.3503(d)].
- Actively observe sleeping infants by sight and sound [Sections 746.2403 and 747.2303].
- If an infant can roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [Sections 746.2427 and 747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [Sections 746.2427 and 747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2428 and 747.2328].

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

### Signatures

This policy is effective on: \_\_\_\_\_ Child's name: \_\_\_\_\_

\_\_\_\_\_  
Signature — Director or Owner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Staff member

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Parent

\_\_\_\_\_  
Date Signed