KidBridge Academy - Admission Application

Director's Name	Parent email (This will be how you and KidBridge staff will communicate after working hours)	File Updated On	Custody Documents on File	Date of Withdrawal
Veronica Rendon			☐ Yes ☐ No	

Child's Full Name	Child's Date of Birth	Date of Admission	Child Lives With:
			☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Address	City/State	Zip Code

Mother's Name	Place of Employment & Department	Driver License #	Last 4 Digits of S.S.#
			**** _ ** _

Mother's Cell #	Mother's Work #	Father's #	Work #	Other #	Other #	SNAP #

Father's Name	Place of Employment & Department	Driver License #	Last 4 digits of S.S.#
			**** _ ** _

Name of person (besides parents) to call in case of emergency	Address	City, State, Zip Code	Phone #	Relationship

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name	Address	City, State, Zip Code	Phone #	Relationship

CHECK ALL THAT APPLY:

1. ☐ **TRANSPORTATION** — I hereby ☐ give ☐ do not give - consent for my child to be transported and supervised by the operation's employees: ☐ for emergency care ☐ to and from field trips ☐ to and from school
2. ☐ **FIELD TRIPS:** I hereby ☐ give ☐ do not give - consent for my child to participate in Field Trips:
3. ☐ **WATER ACTIVITES:** I hereby ☐ give ☐ do not give - consent for my child to participate in Water Activites: ☐ water table play ☐ splashing/wading pools ☐ sprinkler/slides
   Does your child know how to swim? ☐ No ☐ Yes
4. ☐ **RECEIPT OF WRITTEN OPERATIONAL POLICIES:** I acknowledge receipt of the center's operational policies including the discipline and guidance
5. **I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:**
   ☐ None ☐ Breakfast ☐ Lunch ☐ PM Snack ☐ Super ☐ Evening Snack

6. WRITE DOWN ALL SIBLINGS ENROLLED

Name	Date of Birth

Comments / Notes:

Parent Work Schedule: You will have 1 hour, from the times you write in and out, to drop off and pick up child /children

	In:		Out:	
☐ Monday	In:		Out:	
☐ Tuesday	In:		Out:	
☐ Wednesday	In:		Out:	
☐ Thursday	In:		Out:	
☐ Friday	In:		Out:	
☐ Saturday	In:		Out:	
☐ Sunday	In:		Out:	

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:	City, State, Zip Code:	Phone #:
Name of Emergency Medical Care Facility:	**Address:**	**City, State, Zip Code:**	**Phone #:**
Valley Regional Medical Center	100 E Alton Gloor	Brownsville, Texas 78526	(956) 350-7000

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 needs that your child may have, such as environmental allergies, food intolerances, existing-illness, previous serious illness, injuries and hospitalizations during the past 2 months, limitations or restrictions on child's activities,reasonable accommodations or modifications, adaptive equipment with instruction, symptoms or indications of complications, medication prescribed for continuous long-term use, and any other information which caregiver's should be aware of: _____

Does your child have diagnosed food allergies? ☐ Yes or ☐ No **If child has allergies, click link and fill out handout WITH child's picture.** https://www.foodallergy.org/file/emergency-care-plan.pdf

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

DFPS values your privacy. For more information, read our Privacy and Security Policy at: **https://www.dfps.state.tx.us/policies/privacy.asp.**

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA) Title III. 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

School Attending:	Address:	City, State, Zip Code:	Phone #:

KidBridge Academy - Admission Application

SCHOOL AGE CHILDREN:

☐ My child attends the following school:

Name of School _____ Address _____ Phone Number _____

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: ☐ ride a bus, and/or ☐ walk to or from school or home

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 _____

☐ I have attached a signed & dated affidavit that declines immunizations for reasons of conscience, including relious beliefs, on the form described by Section 161.0041 Health and Safety Code submitted no later than 90 days after the affidavit is notorized.

☐ I have attached a signed & dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of church or religion denomination that I am an adherent or member of.

VISION	R 20/ _____	R 20/ _____	☐PASS ☐FAIL

Signature _____ Date _____

HEARING	1000 Hz	2000 Hz	4000 Hz	☐PASS ☐FAIL
R				
L				

Signature _____ Date _____

Signature - Parent or Legal Guardian _____ Date _____

KidBridge Academy Health Requirement Form

Name of Child: **Date of Birth**:

Vaccine ▼	Vaccine Schedule	Date Child Received
Hepatitis B	Birth (first dose) 1 - 2 months (second dose) 6 - 8 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15 - 18 months (forth dose) 4 - 6 years (fifth dose)	
Haemophilus Influenzae Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12 - 15 months (forth dose)	
Pneumococccal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12 - 15 months (forth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6 - 18 months (third dose) 4 - 6 years (forth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12 - 15 months (first dose) 4 - 6 years (second dose)	
Varicella	12 - 15 months (first dose) 4 - 6 years (second dose)	
Hepatitis A	12 - 15 months (first dose) Second dose should be given 6 to 18 months after the first dose.	
	TB Test (if required)	
TB Test (if required)	☐ Positive ☐ No	

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above.

_____ _____

Signature Date

Varicella (Chickenpox)

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 (chickenpox) on or about (date): _____ and does not need varicella vaccine.

_____ _____

Parent Signature Date

Additional Information Regarding Immunizations

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

KidBridge Academy
Financial Agreement

Child's Name: _____

1. **REGISTRATION FEE:** A $70.00 non-refundable registration fee and the 1st week tuition must accompany the registration form before we can reserve the child's place in the center.

2. **TUITION PAYMENT:** Tuition must be paid on Monday of each week and considered past due Wednesday. Due dates apply regardless of attendance. If your child is absent the due date still applies. Tuition payments received after 6:00 pm on the due date are considered late.

3. **LATE FEES:** Additional charges are applied for late tuition payment or children staying past the contracted hours. The following fees will automatically be applied to the next billing cycle:
   - **$10.00** if payment is not received within **two (2) business days** of the due date.
   - **$20.00** if payment is not received within **four (4) business days** of the due date.
   - Service will be **suspended** if payment is not received within **six (6) business days** of the due date. A $70.00 registration fee will be required for reinstatement. A second suspension will result in termination.
   - There is a **$35.00** fee for **returned checks**. Acceptable forms of payment are check, money order, cashier's check, credit card or cash.
   - For pick-ups **after your assigned pick up time**, there will be a charge of **$1.00 a minute for up to 10 minutes and $2.00 per minute** thereafter. All fees are non-refundable.

4. **ABSENCES/HOLIDAYS/VACATIONS:** The center is open on its regular business hours, except for holidays and emergency closings. Full tuition is charged for all of these closings. If your child is out on vacation, tuition is still due. KidBridge Academy will give all parents one week vacation tuition free

5. **PAYMENT INCREASES:** KidBridge Academy will give clients 30 days written notice prior to rate increases.

6. **WITHDRAWAL:** A three week (21 days) advanced notice is required when child is withdrawn from center. I have read and understand the parent handbook. I/we have been given a copy of the Parent Handbook and a copy of this financial agreement. I agree to all terms and conditions and agree to abide by the policies and procedures. I understand that our child may not start at KidBridge Academy until all required documents are in place and complete.

_____ _____

Parent or Guardian Signature Authorized Personnel

_____ _____

Date Date

KidBridge Academy
Operational Policies

I _____ (Parent Name), _mother_ (Relationship) of _____ (Child's Name) have received a copy of the parent handbook, have read it and will comply with the policies and procedures reviewed.

I/We understand that the following items must be received prior to first day of attendance.

- Medical permission forms must be completed and returned to KidBridge Academy BEFORE your child's first day.

- We must have an up-to-date record of your child's immunizations prior to his/her starting at the center.

- An Enrollment Application (with medical emergency permission), financial contract agreement, program enrollment form, emergency file card, permission slip, and personal and family history need to be completed prior to beginning of daycare.

Please sign this acknowledgment page and return to KidBridge Academy with the above paper work

_____ Parent Signature

_____ Date

KidBridge Academy
Childcare Learning Center
A Bridge To A Brighter Future

MEDIA/PHOTOGRAPH: CONSENT AND RELEASE FORM

Parents need to complete this consent form in order to allow their children to be photographed during special events or normal day to day activities organized by KidBridge Academy. In order for a child to have their photograph taken, they must have a consent form on file at KidBridge Academy.

If you **do not** wish to have your child photographed, please indicate this in the section below. If you do object, please ensure that your child is aware of this so they do not feel excluded.

As the parent of a child or children at KidBridge Academy, I agree to the following:

- I understand that my child whose name is listed below may be photographed while attending KidBridge Academy during normal childcare hours, field trips or activities.
- I understand that these photographs may be used in centers newsletters or uploaded to the KidBridge Academy's website and Facebook pages.
- I give permission for my child to be photographed, or their images recorded to be uploaded on the KidBridge Academy's website and Facebook pages.

The following is the name of my child attending KidBridge Academy:

(Please print your child's full name)

☐ Yes, I confirm that I have read and understood the above, and agree to have photographs and videos of my child(ren) uploaded to the KidBridge Academy website, Facebook, and newsletters.

☐ No, I do not wish to have my child photographed or recorded.

Signature: _____ Name (please print): _____

Date: _____

KidBridge Academy

INCIDENT REPORTING PROCEDURE

This letter is to inform you that KidBridge Academy has updated their procedures on the centers accident/incident reporting procedure.

At KidBridge Academy, we understand that accidents/incidents will happen from time to time. We have a detailed procedure for managing accidents and incidents.

POLICY

- KidBridge Academy employees are required to report All incidents, no matter how minor, to the Director or person in charge. Some incidents will be immediately reported to Child Care Licensing Office.
- The Director or person in charge is informed of all accidents/incident (example: a child has been bitten by another child, child tripped and his/her head, child has a cut or open wound, child has a sprained, swollen, fractured, or broken limb, ect)
- The Director or person in charge is alerted and informed of all accident/incident (example: child has bitten another child, child tripped and bumped his/her head, child has a cut or open wound, child has a swollen, sprained, fractured or broken limb, etc.)

PROCEDURE

1. If necessary, First Aid will be administered
2. The director or person in charge will determine the severity of the incident and then make necessary telephone calls to 911, EMS, parent, child care licensing
3. If EMS is called, the center will provide them with the child's name, contact numbers and any known allergies/medical records. The director or person in charge will accompany the child to the emergency room if the parents are not on hand
4. Staff who witnessed the accident/incident will fill out an incident/illness form (7239).
5. If the incident does not require medical attention, then the staff will treat the injury with first aid and the teacher will complete a detailed incident report. This will be read and signed by the director or person in charge and signed by the child's parent/guardian. If parent refuses to sign incident report, the director will specify in writing that parent refused to sign and date the report
6. The incident is explained to parents of all children involved and the incident report form is signed by parent and kept in the child's file
7. If necessary, a meeting may take place (if the incident re-occurs at regular intervals) to determine the problem and solution of the incident
8. The First Aid Box is always fully equipped, easily identifiable and in a location which is known to all employees
9. All KidBridge Academy employees are required to have an up to date First Aid/CPR Certificate
10. Records of children are accessible to all relevant employees in case of an emergency
11. Minor accidents/incidents will be treated at the childcare center and parent will be called when incident occurs
12. All accidents/incidents, even minor ones, are documented with a written incident report with a detailed description of what happened to the child or children involved
13. All serious accidents/incidents must and will be reported to the child care licensing office.

Note: If a child has an accident/incident at KidBridge Academy, no matter how minor the incident, and the parent does not bring the child back to the center the following day nor does the parent communicate with the center when following up on the child, KidBridge Academy will notify child care licensing office so that child care licensing can determine if they will further investigate the child's accident/incident.

_____
Parent or Guardian Signature

_____
Authorized Personnel

_____
Date

_____
Date

KidBridge Academy
Child Abuse Neglect Statement

I _____ mother of _____ have received a copy
(Parent Name) (Relationship) (Child's Name)
of child abuse & neglect prevention flyer. I understand that KidBridge Academy provides two hour training to all staff members annually to prevent and how to report child abuse. I am aware that the center conducts daily health routine checks to ensure the safety of each child in their care. I am also aware that the two hour training is a regulation mandated by Texas Department of Family and Protective Services and will be given to every caregivier that works with children. As a parent and member of the child care center, I have also been provided with the abuse hotline number, website and community organization address and phone number, this will also help me prevent, detect, and report abuse with my child or and report abuse with my child or any other child I may suspect abuse from. I understand the importance in communicating any concers to ensure that all children are safe from harm.

_____ _____
Parent Signature Date

KidBridge Academy

Sunscreen and Insect Repellent - Permission

Sunscreen and insect repellent should be applied to a child at least once at home to test for any allergic reaction. Aerosol sprays are prohibited.

Sunscreen/sun block must provide UVB and UVA protection with an **SPF of 15 or higher**. Sunscreen **may not** be used on infants under **6 months** of age unless accompanied by a doctor's note.

Insect repellent may only be used if recommended by public health authorities or requested by a parent/guardian. The repellent must contain a concentration of **30% DEET or less.** Insect repellant **may not** be used on infants under **2 months** of age. Oil of lemon eucalyptus and para-methane products may not be used on children under the age of three.

All sunscreen/sun block and insect repellent provided by a parent/guardian must be:

- provided in the original container;
- clearly labeled with the child's full name;
- within the expiration date;
- appropriate for the age of the child; and
- free of nut ingredients.

I give KidBridge Academy permission to apply (*name of sunscreen*) _____ and/or (name of insect repellant) _____ when outdoor conditions warrant and consistent with package instructions (subject to any special instructions below) to my child,

_____

Special Instructions

Sunscreen/Sun Block: _____

_____

Insect Repellent: _____

_____

_____ _____

Parent/Guardian Signature Date

KidBridge Academy
Weekend Care Contract

Dear Weekend and Night Care Parents,

Our weekend care has shown such a success that we now need to know how many children will arrive on the weekend so that we can be prepared with staff ratios, materials, and food. KidBridge Academy will be asking for your weekend work schedule by Thursday before 10:00 PM to be written on the weekend binder. This schedule will be needed in order to have weekend care for your child. Unless you are drop in care or private paying clients, then you will just need to sign in your child before Friday and pay before care is rendered.

Also, please bring all necessary supplies that your child might be needing for the weekend such as diapers, wipes, formula, change of clothes, etc. Even though your child might attend during the week, no one will be allowed in the other class rooms to get any of their belongings. So make sure you come prepared.

The reason for this policy is so we can better serve you and your child's needs. We have had difficulties accommodating all children on the weekends. Some parents drop in at the last minute, making us under-staffed and having to call employees to come in at the last minute to accommodate the staff/child ratio. This situation has become a problem, so in order to prevent this from happening time and time again; we need to know beforehand when you will be needing weekend care. Parents with only 5 day service are **not** allowed to drop off their children on the weekends if their children attended all week (Mon-Fri). CCMS only allows you 5 days so please do not sign them in if they already attended their 5 days during the week, unless you will be paying private for them.

Please sign in no later than Thursday before 10:00 pm for weekend care. Everyone should know his or her work schedule by this time. In addition, we will only give you half an hour to drop off your child at the given time on the schedule. [For example: If you wrote down you work at 8:00 am, we will expect you by 7:00 am to 7:30 am to do so. Anytime after 8:00 am, we will not accept your child/children for that day.] Please understand that we will not be prepared for your child if you do not notify us ahead of time that that they will be attending daycare. In addition, if you signed your child up for the weekend and you will not bring them in afterall, it is important that you call and let us know that your child/children will not be coming in. The office managers are instructed not to make any exceptions so please do not ask them to.

KidBridge Academy will now be having our night care in our back room. From now on, anytime after 7:00 pm, you will be picking up your child on the side entrance of our building. We will have a doorbell and intercome by the gate to ask for your child.

VERY IMPORTANT: If you are picking up your child after 9:00 pm and the caregiver does not recognize you or someone you have sent, be ready to show your ID and if you are not able to show us your ID or you are not listed as an authorized person to pick up the child, we will **NOT** release the child to you. Also if after 9:00 pm you are to arrive with another person we do not recognize, please make them wait in their car because we will not open the door until they go back to their vehicle. These arrangements are for us to be able to serve you and your children better. Please let us know if you have vany questions or concerns regarding this matter.

By you signing this contract, you understand that the rules stated must be followed and that we will not allow your child child to stay if they are not signed in.

Parents Printed Name	Parents Signature	Date

KIDBRIDGE ACADEMY
TRANSPORTATION RULES

Child's Name: _____ Date: _____

KIDBRIDGE WILL NOT TRANSPORT ANY CHILD WITHOUT THE PROPER ENROLLMENT FORMS ON FILE AND WITH OUT WRITTEN PERMISSION ON TRANPORTATION AUTHROIZATION.

Considering that we service a hand full of schools it does take time for all the vans to return to the center. One van will seat 13 children and 2 adults. The van is equipped with seat belts, a first aid kit, and a fire extinguisher. Your child will not be picked up in the classroom, your child will be taken along with the rest of the children to the school's cafeteria or authorized waiting area where a day care employee will walk over and pick up the group. All parents are asked to please be patient with our staff. Transporting children safely usually takes an average of 1 hour or hour and a half. Parents need to take into consideration that we cannot control the traffic weather, or accidents. All vans are equipped with a radio to communicate with the front office. In the situation parents will be notified immediately. In the situation of bad weather, for example a flood, we will call all parents to inform them if we will continue transporting for the day. If you do not agree with with the time frame that the vans are out on route, then please do not sign your child up for pickup.

TRANSPORTATION RULES: When transporting children everyone involved, including parents, must be extra careful and follow all rules to help insure safety.

1. If your child will not need pick up after school, it is the parent's responsibility to call the facility before 2:00 pm to inform us.
2. DO NOT send a friend or family member to pick up your child at the same time that we are picking them up, if your child is already in our custody, even if they are not physically in the van yet, they will have to wait and pick them up at the center.
3. If your child is not at the school's designated pick up area, we will page your child and call the facility for any information of your child's where bouts. We will wait only 10 minutes for your child, before leaving the school.
4. We will not return for any children who stayed behind due to tutorial, detention, extracurricular activities, or because he or she was just simply not where they were so supposed to be.
5. Children must keep all belongings in their back packs while on the van.
6. There will be **no eating** or **drinking** on the vans.
7. There is no fighting, yelling, pushing, or horse playing of any sort on the vans.
8. Children will be instructed to fasten their seat belts & keep them on at all times, while van is in motion.
9. We will not start the engine or leave until all children are properly secured and settled down.
10. Your child is expected to step off the van and wait in line before leaving the parking lot, he/she is not allowed to run into the building or away from staff members.

THESE RULES ARE TAKEN EXTREMELY SERIOUSLY AND WILL BE ENFORCED AT ALL TIMES. BREAKING ANY RULE, WHEATHER IT MAY BE ON THE CHILD'S BEHALF OR PARENTS BEHALF WILL LEAD TO SUSPENSION OF TRANSPORTAION SERVICES FOR THE NEXT SCHOOL DAY. AFTER 3 SUSPENSIONS KIDBRIDGE HOLDS THE RIGHT TO PERMANENTALY TAKE AWAY TRANSPORTATION SERVICES FROM THE CLIENT, IN CONSIDERATION OF YOUR CHILD'S SAFTEY, THE REST OF THE CHILDREN, AND OUR STAFF MEMBERS.

KidBridge Academy does not charge extra for afterschool pick up. This service is complimentary to children who attend the center. We are not obligated to provide this service. Your patience is most appreciated. And please make sure you and your child follow the transportation rules.

Parent Printed Name	Parent Signature	Date

KidBridge Academy

Parent Orientation

- ☐ Tour of the facility
- ☐ Introduction to teaching staff
- ☐ Parent visit with the classroom teacher
- ☐ Overview of parent handbook
- ☐ Policy for arrival and late arrival
- ☐ Opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable
- ☐ An explanation of Texas Rising Star Quality Certification is provided.
- ☐ Encourage parents to inform the center/provider of any elements related to their CCS enrollment that the provider may be of assistance.
- ☐ An overview of family support resources and activities in the community.
- ☐ Child development and developmental milestones provided on _____

Expectations of the family:

- ☐ Parents are informed of the significance of consistent arrival time:
  - -before educational portion of school readiness program begins
  - -impact of disrupting learning of other children
  - -importance of consistent routines in preparing children for the transition to kindergarten.
- ☐ Statement about limiting technology use on site to improve communication between staff, children, and families (e.g., refrain from cell phone use). In order to facilitate better communication between the parent(s) and teacher and the parent and child it is best if parents are not distracted by use of electronic devices while at the center/home.
- ☐ Statement reflecting the role and influence of families.

I have received the Orientation for the center. I am aware of the policies and procedures and I agree to abide by them.

_____ _____

Parent or Guardian Signature Authorized Personnel

_____

Date

KidBridge Academy

Parent Handbook/ Contract Acknowledgment

KidBridge Academy holds the right to add any new policies or rules to our contract/handbook if we feel it is in the facility and children's best interest. All updated policies will be either posted in the front office or sent out in a newsletter form. You may ask directors for a new updated copy of the contract/handbook in the front office.

I have received KidBridge Academy's Parent Handbook and Handouts. I am initialing all the items below that have been thoroughly explained to me and **ANY QUESTIONS ON THESE POLICES HAVE BEEN ANSWERED AND THE CONTENTS ARE TO MY UNDERSTANDING. I UNDERDSTAND THAT I AM FULLY RESPONSIBLE TO COMPLY WITH KIDBRIDGE ACADEMY GUIDELINES, If not followed, my child's services can be terminated.**

HHours of Operation	
Tuition	
Payments & Outstanding Balances	
Late Pick Ups Fees	
Child Care Tax Forms	
Early Dismissal	
In-Service Closure	
Upon Arrival	
Nap Timel	
Upon Dismissal	
Procedure of Release of Children	
Illness and Exclusion Criteria	
Dispensing Medication Policy 7	
Incident Reports	
Bites, Scratches, & All Those Other Ouchies	
Medical Emergency Procedures	
Parent Notifications / Conferences 7	
Discipline and Guidance Policy 7	
Suspension Polices 74	

Nutrition Policies 7	
Allergies Chapter	
Immunizations 7	
Children's Dress Code	
Transportation Polices 7	
Outdoor Play and Water Activities	
Field Trip Polices 7	
Parent Concerns 7	
Open Door Policy 74	
Parent Involvement 7	
Minimum Standards 7	
Gang-Free Zone Information 7	
Emergency Evacuation 7	
Breastfeeding	
Diapering	
Child Abuse & Neglect	
Conducting Health Checks	
Safe Sleep	
Cell Phone Policy	

I am the parent or legal guardian of

_____ _____

_____ _____

_____ _____

In order to record my understanding of my rights and responsibilities as a parent, guardian, or custodian of the above-named child(ren), who is enrolled in the facility of KidBridge Academy, I agree to abide by the requirements and polices written within the handbook/ contract that have been provided with.

In return for this promise of continual fulfillment of all of these policies, KidBridge Academy agrees to provide care for the above-named child/children, which meets the standards and guidelines as set forth within the handbook/ contract and of the Texas Department of Protective & Regulatory Services.

_____ _____

PARENT'S NAME (PRINT) DATE

_____

PARENT'S SIGNATURE

_____ _____

DIRECTOR'S SIGNATURE DATE

KidBridge Academy
Childcare Learning Center
A Bridge To A Brighter Future

Emergency Contact Form

Child's Name:

Child's D.O.B.:

Allergies:

School:

Mother's Name:

Father's Name:

Cell Phone Number:

Cell Phone Number:

Employer:

Employer:

Work Number:

Work Number:

Email:

Email:

Emergency Contact 1:

Family Physician:

Emergency Contact 2:

Family Hospital: Valley Regional Medical Center
100 E Alton Gloor
Brownsville, Texas 78526
(956) 350-7000

Emergency Contact 3:

Siblings:

KidBridge Academy
Childcare Learning Center
A Bridge To A Brighter Future

Vehicle Emergency Contact Form

Child's Name:

Child's D.O.B.:

Allergies:

School:

Mother's Name:

Father's Name:

Cell Phone Number:

Cell Phone Number:

Employer:

Employer:

Work Number:

Work Number:

Email:

Email:

Emergency Contact 1:

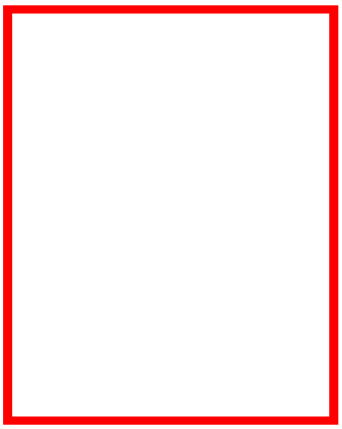
Family Physician:

Emergency Contact 2:

Family Hospital: Valley Regional Medical Center
100 E Alton Gloor
Brownsville, Texas 78526
(956) 350-7000

Emergency Contact 3:

Siblings:



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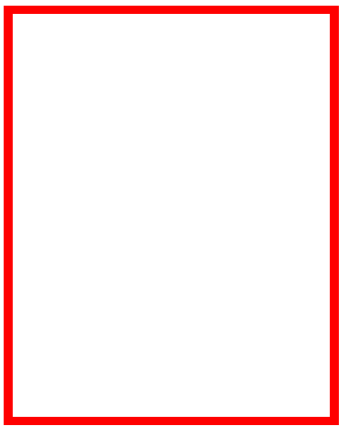

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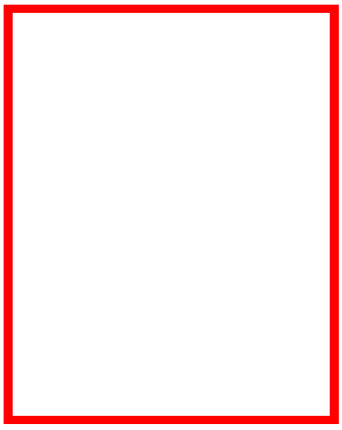

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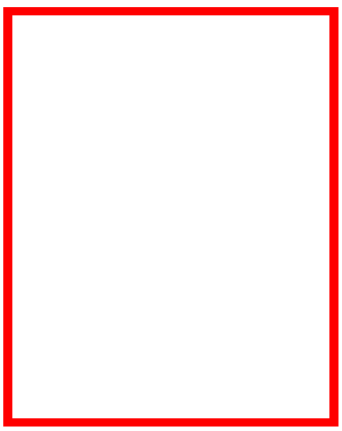

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