



### 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 (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to <b>call in case of an emergency</b> if parents/guardian cannot be reached			Relationship
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 telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

#### Consent Information

<p>Check All That Apply:</p> <p><b>1. Transportation</b></p> <p>I give consent for my child to be transported and supervised by the operation's employees:</p> <p> <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         </p> <p><b>2. Field Trips</b></p> <p> <input type="radio"/> I give consent for my child to participate in field trips.  <input type="radio"/> I do not give consent for my child to participate in field trips.         </p> <p>Comments</p>
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### 3. Water Activities

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

- water table play     sprinkler play     splashing/wading pools     swimming pools     aquatic playgrounds

### 4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- |  |   |
|--|---|
| <input type="checkbox"/> Discipline and guidance                                       | <input type="checkbox"/> Procedures for release of children   |
| <input type="checkbox"/> Suspension and expulsion                                      | <input type="checkbox"/> Illness and exclusion criteria   |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications  |
| <input type="checkbox"/> Procedures for conducting health checks                       | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval   |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> 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:

- 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		

### 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	Phone Number
Name of Emergency Care Facility	Address	Phone Number

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

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 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies?  Yes  No Plan Submitted on \_\_\_\_\_

Child day care 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).

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

### School Age Children

My child attends the following school	School Phone Number
---------------------------------------	---------------------

My child has permission to (check all that apply):

- walk to or from school or home       ride a bus       be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

### 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.

Check **only one** option:

- 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.
- 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.
- 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 submit it to the child care operation.

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

Name	Address of Health Care Professional
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\_\_\_\_\_  
Date Signed



# FP Assistance

Feeding the Future

## Enrollment Form

Center Name: \_\_\_\_\_ Site Code: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Admission date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Classroom: \_\_\_\_\_

1. Circle the days that your child will normally attend the center:

Mon      Tue      Wed      Thu      Fri      Sat      Sun

2. Circle the meals normally served to your child in the center:

Breakfast    AM Snack    Lunch    PM Snack    Supper    Evening Snack

3. What hours will your child normally be in the center:

\_\_\_\_\_ : \_\_\_\_\_ to \_\_\_\_\_ : \_\_\_\_\_

4. Participant's ethnic and racial identities

**Ethnicity (choose one ethnic identity):**

Hispanic or Latino     Not Hispanic or Latino

**Race: (choose one or more racial identities):**

Asian                       American Indian or Alaska Native  
 White                       Native Hawaiian or Other Pacific Islander  
 Black or African American

**Parent Signature**

**Date of Signature**

**Day Time Phone Number**

1) \_\_\_\_\_                      \_\_\_\_\_                      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2) \_\_\_\_\_                      \_\_\_\_\_                      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3) \_\_\_\_\_                      \_\_\_\_\_                      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4) \_\_\_\_\_                      \_\_\_\_\_                      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

**INSTRUCTIONS FOR  
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM  
(CHILD CARE)**

**Follow these instructions, if your household gets SNAP, TANF or FDPIR:**

**Part 1:** List all enrolled children and household members.

**Part 2:** List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**If you are applying on behalf of a FOSTER CHILD, follow these instructions:**

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

**Part 1:** List all foster children. Check the box indicating that the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is **not** necessary.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

If some of the children in the household are foster children.

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

**Part 2:** If the household does not have an eligibility number, skip this part.

**Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes.** Sponsors must provide the *List of Eligible Federal/State Funded Programs (H1660)*, with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and **other deductions**. **You should be able to find it on your stub or your boss can tell you.**

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

## Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**  
 NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_  
 Check here if no eligibility number

## Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received <b>Note:</b> Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

## Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of Social Security Number: \* \* \* \* - \* \* \* - \_\_\_\_\_  I do not have a Social Security Number



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

**Part 7. Sharing Information With Other Programs: OPTIONAL**  
 The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

I do elect to allow my household information to be disclosed.

I do not elect to allow my household information to be disclosed.

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Tier I \_\_\_\_ Tier II \_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement:**  
 The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:**  
 In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.





**SCHOLARSHIP APPLICATION**  
Southeast Texas Family Resource Center

**Contact Information**

Legal Name \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

**FAMILY MEMBERS**

Please list ALL members living in your household and under your care.

Legal Name	Age	Employer/School	Relationship to Primary
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**DESCRIPTION OF NEED FOR ASSISTANCE**

In your own words, please explain why you should receive Financial Assistance. Please explain your financial situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount I can pay towards program? \$ \_\_\_\_\_ *All applicants are asked to pay their fair share.*

\_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant (Print) \_\_\_\_\_ Applicant's Signature

**Please return the application with one of the following forms of income for verification for every wage earner in the household:**

- 1040
- W2
- 3 Consecutive Check Stubs
- Statement of Benefits (SSI/Disability)

Executive Director \_\_\_\_\_

Administrative Director \_\_\_\_\_



## Discipline and Guidance Policy for S.U.C.C.E.S.S.

Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
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 includes the following:

1. Using praises 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 by 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 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, profane language
8. Placing a child in a locked or dark room, bedroom, or closet, and
9. Requiring a child to remain silent or unactive 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 that I read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date \_\_\_\_\_

Check one please: Parent Employee/caregiver Household member of child-care home



## **Southeast Texas Family Resource Center Parent Handbook & Operational Policies**

### Policy Agreement

Please Read carefully, read, sign, and return the following form to the center director.

I have read the Family Resource Center Parent Handbook and Operational Policies and agree to abide by all the policies and procedures therein. I agree to pay the following tuition amount and understand that these may change depending on schedule and rate adjustments.

Student Name: \_\_\_\_\_

Tuition \_\_\_\_\_ Weekly \_\_\_\_\_

Registration Fee \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*Policies are reviewed annually and updated if necessary



myprocare<sup>®</sup>

Dear parent/guardian,

SETX Family Resource Center is pleased to offer **MyProcure**, a free online portal for you to access account information, easily pay tuition, and choose schedules for your children. MyProcure is safe, secure and created with your convenience in mind.

**Log in today!**

1. Go to [MyProcure.com](http://MyProcure.com).
2. Enter your email address (the email you have on file with SETX Family Resource Center) and choose **Go**.
3. Enter the confirmation code sent to your email, choose a password, and press **Go**.
4. Then you may:
  - a. View your child's schedule, time card, immunizations and more.
  - b. Use the **Pay** button to make a payment with your card.
  - c. [Choose schedules for your children](#).

Thank you!

SETX Family Resource Center and MyProcure



## Pickup Authorization

Dear Parents/Guardian,

Please list the name and telephone number for three (3) people you authorize, Southeast Texas Family Resource Center, to allow your child/children to leave this childcare operation with.

Children will ONLY be released to a parent or person designated by the parent/guardian after verification of ID. If we do not have this information your child/children cannot be released with anyone not listed below.

Thank you in advance with your help in this matter.

### **AUTHORIZED PERSON**

### **PHONE NUMBER**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Date



**SOUTHEAST TEXAS**  
**Family Resource Center**

2060 IRVING ST.  
BEAUMONT, TX 77701  
(409) 659-4155

## **TRANSPORTATION INFORMATION FORM**

(THE FORM IS TO BE COMPLETED BY THE PARENT AT THE TIME  
OF ENROLLMENT)

DATE: \_\_\_\_\_

CHILD'S FIRST AND LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

CHILD'S HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PARENT'S PRINTED NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **OFFICE USE ONLY:**

BOOSTER SEAT REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_



## Media Permission

Dear Parents/Guardian,

Our school suggests a parental permission for your student to view movies that are used in our curriculum, or that are selected by our teachers, which are rated above G. This is a permission slip to allow your child to view PG-13 movies.

Thank you for taking the time to read this permission form.

Sincerely,  
Southeast Texas Family Resource Center

\_\_\_\_ Yes, I give my son/daughter permission to view curriculum and school approved full-length movies rated PG-13.

\_\_\_\_ No, I do not give my son/daughter permission to view curriculum and school appropriate full-length movies of the types mentioned in this letter. I understand alternate learning experiences will be provided for my child while the movie is being watched.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_



## Photography Permission

I, \_\_\_\_\_ give permission for the Southeast Texas Family Resource Center to photograph my child, \_\_\_\_\_ for the following purposes:

Please Check One:

	Grant Permission	Decline Permission
Give photographs to current clients		
Display in facility's bulletin boards		
Shown to current clients or prospective clients		
Display still photos on the facility's websites and Facebook page		
Use Photos in promotional materials, (ex: newspaper, brochure)		

Only first names and possibly last initial or last name will be displayed. In the event of two or more children with the name first name will be displayed.

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

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Printed Name

Date \_\_\_\_\_





## Charlton Pollard Park Field Trip Permission

Dear Parents/Guardian,

This is a permission slip for the children to go to the Charlton Pollard Park every day during recess time (if weather permits). The park is next door to the center.

\_\_\_\_\_ Yes, my child can attend the field trip to the park.

\_\_\_\_\_ No, my child cannot attend the field trip to the park.

Student's name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_





## Acceptable Use Policy for Technology in our Classroom

This document is for the clarification of acceptable use of the technology in our classroom. We will be discussing this policy and following it closely throughout the year. Any misuse of the following guidelines will result in the loss of the privileges with the use of technology in our classroom.

### Expectations:

1. Students will use the computers/technology as instructed to do so by the teacher.
2. Students will treat the computers/technology with respect. Students will not be permitted to run in the room, physically misuse the equipment, or any other form of misuse.
3. Students must stay/work with the group and only go the site(s) that they are instructed to access.
4. Researching topics related to a school project is the only appropriate use of the Web. (Students are not permitted to check sports scores, go to entertainment sites such as music, TV, movie, or band sites, go to game sites, etc)
5. Students may not go to chat rooms or use Instant Messenger programs.
6. The teacher will check all-in and out-going e-mail messages before students will have access to them should use e-mail in the classroom.

### Consequences:

1. Depending on the circumstances, you will not be allowed to use the computer for a day, a week, a month, or the entire school year. However, you will be required to complete any projects using paper, pencil, pencil, and books.
2. A letter will go home to the parent from the student and the teacher explaining the error in judgment and consequence.

The student may not use the computer at the end of the consequence time period if the letter has not been signed by a parent and returned to the teacher.

I accept these expectations and consequences and have discussed them with my family.

\_\_\_\_\_ Student's signature

\_\_\_\_\_ Teacher's signature

\_\_\_\_\_ Parent's signature