

CREATIONS CHILD CARE

& Learning Center

Welcome to Creation Child Care and Learning Center!

Creations is located at

2111 E. Hwy. 377, Granbury, TX 76049

Phone number is 817-573-2808

&

3015 James Rd, Granbury, TX 76049

Phone number is 817-326-5330

Hours of Operation:

Monday-Friday 6am-6pm

Infants under 18 months 7am-6pm

Transportation is available for most area schools.

Preschool program for ages 3 and 4,

Fall and summer programs available as well.

Bible and Language classes for students ages 2-PreK 4

Basic Information Regarding Rates & Holidays

Weekly Rates

Infants -Preschool		School-age Children	
6 weeks - 17 months	\$235	Before & After School care	\$ 85
18 months - 24 months	\$225	After-School Care	\$75
2 years - 3 years	\$220	\$20 /day on Holidays & Breaks	
3 years - 5 years	\$195	Full Time Care	\$145
After-School Pre-K	\$90		
Before/After Pre-K	\$100		

Various Rates

Registration Fees-\$50.00 per family

Supply Fees- \$40.00 every January and every July for students 2 years and up.

Late Fees- All fees are due by Monday. Services may be interrupted if payment is not made.
An automatic \$15 late fee will be applied to accounts not paid by close of business Wednesday.

Returned check fees- A \$45.00 Return check fee will be charged should a check come back for any reason. The return check fee must be paid in cash prior to services continuing.

Late Pick-Up Fee- \$1.00 per minute/ per child will be applied to your account after 6pm if a child is not picked up. These late fees must be paid in full before the child/ren can return to care.

Other Information

All activities are included in the weekly tuition, with the exclusion of special activities noted in advance. This includes field trips for the school-age students.

Full Day attendance does require a bagged lunch to be provided for school-aged students.

All fees are subject to change with a 30-day notice.



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 Creations Child Care and Learning Center		Director's Name Samantha King	
Child's Full Name	Child's Date of Birth	Child Lives With <input checked="" 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 call in case of an emergency if parents/guardian cannot be reached			Relationship
I authorize the child care operation to release my child to leave the child care operation ONLY 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

Check All That Apply:	
1. Transportation	
I give consent for my child to be transported and supervised by the operation's employees:	
<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. Field Trips	
<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.	
Comments	

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	6	6
Tuesday	6	6
Wednesday	6	6
Thursday	6	6
Friday	6	6
Saturday	X	X
Sunday	X	X

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.

Signature — Parent or Legal Guardian

Child's Additional Information Section

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).

Signature — Parent or Legal Guardian

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:

1. ☐ 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.

Signature — Health Care Professional

Date Signed

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 submit it to the child care operation.

Name _____

Address of Health Care Professional

Signature — Parent or Legal Guardian

Date Signed

Requirements for Exclusion

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/	Left Eye 20/	<input type="radio"/> Pass	<input type="radio"/> 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	

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	See Attached
	1-2 months (second dose)	
	6-18 months (third dose)	
Rotavirus	2 months (first dose)	See Attached
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	See Attached
	4 months (second dose)	
	6 months (third dose)	
	15-18 months (fourth dose)	
	4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	See Attached
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Pneumococcal	2 months (first dose)	See Attached
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	12-15 months (fourth dose)	
	2 months (first dose)	See Attached
	4 months (second dose)	
	6-18 months (third dose)	
	4-6 years (fourth 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.	See Attached
Measles, Mumps, Rubella	12-15 months (first dose)	See Attached
	4-6 years (second dose)	
Varicella	12-15 months (first dose)	See Attached
	4-6 years (second dose)	
Hepatitis A	12-23 months (first dose)	See Attached
	The second dose should be given 6 to 18 months after the first dose.	

Physician or Public Health Personnel Verification

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

Signature

Date Signed

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

Signature

Date Signed

Additional Information Regarding Immunizations

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

TB Test (If Required)

☐ Positive ☐ Negative

Date: _____

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.

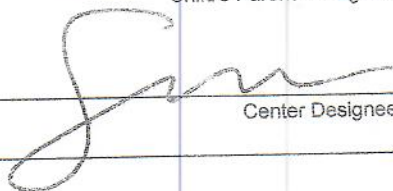
Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at [http://www.hhs.gov/privacy](#) or call 1-877-696-8774. #security

Signatures

Child's Parent or Legal Guardian

Date Signed



Center Designee

Date Signed



OPERATIONAL DISCIPLINE AND GUIDANCE POLICY

Purpose: This form provides the required information per minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

DISCIPLINE AND GUIDANCE POLICY

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 or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES (ONLY APPLIES TO BAP/SAP PROGRAMS THAT OPERATE UNDER CHAPTER 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).



SIGNATURE

This policy is effective on the following date:

Signed by:

X

Role:

- ☐ Parent ☐ Caregiver/Employee
☐ Household Member (Ch. 747 only)

MINIMUM STANDARDS RELATED TO DISCIPLINE

- Title 40, Chapter 746 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y)
- Title 40, Chapter 747 Subchapter L
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y)
- Title 40, Chapter 744 Subchapter G:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)

ACKNOWLEDGMENT OF RECEIPT OF FAMILY HANDBOOK

The Family Handbook contains important information about the company, and I understand that I should consult a member of management regarding any questions not answered in the handbook.

Since the information, policies, and benefits described herein are subject to change at any time, I acknowledge that revisions to the handbook may occur. All such changes will generally be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

I have had an opportunity to read the handbook, and I understand that I may ask any member of management any questions I might have concerning the handbook. I accept the terms of the handbook. I also understand that it is my responsibility to comply with the policies contained in this handbook, and any revisions made to it. I further agree that if I remain with the company following any modifications to the handbook, I thereby accept and agree to such changes.

I have received a copy of the company's Family Handbook on the date listed below. I understand that I am expected to read the entire handbook. I understand that this form will be retained in my personnel file.

Signature of Parent

Date

Student's Name - Printed



Company Representative

Date

MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

Creations Child Care & Learning Center

In order for a child to have their photograph published, they must have a consent form on file at Creations Child Care & Learning Center. If you do not want your child's photograph published, please do not hesitate to indicate this in the section below.

As the parent/guardian of a child/children at Creations Child Care & Learning Center, I agree to the following:

- I understand that my child, listed below, may be photographed at Creations during normal daycare hours, field trips, or activities.
- I understand that with my agreement, photos of my child will be posted outside of our center. This includes, but is not limited to: Creations Facebook Page, Newsletters, Brochures, and/or Creations Website
- I understand that with my agreement, my child's first name and last initial will be used outside of our center. This includes, but is not limited to: Creations Facebook Page, Newsletters, Brochures, and/or Creations Website.

Child's Name: _____

() Yes, I confirm that I have read and understood the above, and agree to my child's photos being published outside of Creations Center.

() No, I do not wish to have my child's photographs published outside of Creations Center.

Parent/Guardian Name: _____

Signature : _____

Date: _____

Emergency Information

Father: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Other: _____

Email: _____

Drivers License: _____ Date of Birth: _____

Mother: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Other: _____

Email: _____

Driver License: _____ Date of Birth: _____

Please list any person and phone number that is authorized to pick up your child below: