



## Consent Information

Mark All That Apply (1-6):

**1. Transportation**

I give consent for my child to be transported in an emergency and receive medical care:

Yes  No

**2. Diaper Rash Cream**

I give permission to *The Little School* to apply diaper rash cream to my child as needed, using only the cream that I provide from home.

Yes  No

**3. Photo Permission**

I give my consent for my child's picture to be taken at The Little School.

Yes  No

**4. REACH Escort Permission**

My child has permission to be picked up by the REACH coaches at the Little School and be transported to the REACH class they are registered for.

My child DOES NOT have permission to be picked up by the REACH coaches at the Little School and be transported to the REACH class they are registered for.

**5. Meals**

I understand that the school does not provide any snacks or meals. All meals and snacks will be provided by me and given to my child while in care. I understand that by signing below, I am responsible for meeting my child's daily food needs and nutritional value.

\_\_\_\_\_  
**Signature - Parent or Legal Guardian**

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

**I have received a copy of The Little School Parent Handbook (Operational Policies) and agree to abide by the policies contained therein, including the following:**

Discipline and guidance; Suspension and expulsion; Emergency plans; Procedures for health checks; Procedure for parents to discuss concerns with the director; Promotion of indoor and outdoor physical activities including criteria for extreme weather conditions; Procedures for parents to participate in operation activities; Procedure for release of children; Illness and exclusion criteria; Procedures for dispensing medication (if applicable); Immunization requirements for children; 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.

\_\_\_\_\_  
**Signature - Parent or Legal Guardian**

\_\_\_\_\_  
**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 Number**

## Medical History (may be completed by parents or guardian)

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illnesses, previous serious illnesses, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have any **diagnosed** food allergies?

Yes  No

If yes, what are they, and the reactions? \_\_\_\_\_ Allergy Action Plan submitted on: \_\_\_\_\_

Does your child require any limitations or restrictions for activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child require any adaptive equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child require any medications prescribed for continuous, long-term use? Yes \_\_\_\_\_ No \_\_\_\_\_

Childcare 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 the Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

## Admission Requirement

One of the following must be presented when your child is admitted to The Little School within one week of the start of school. Mark one option:

- 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.

## 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 90<sup>th</sup> day after the affidavit is notarized. **The Little School office requires the original copy to be kept on file.**

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

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 vaccines.**

**A COPY OF YOUR CHILD'S MOST RECENT IMMUNIZATION RECORD MUST ACCOMPANY THIS FORM AND BE SUBMITTED TO THE LITTLE SCHOOL OFFICE PRIOR TO THE FIRST DAY OF SCHOOL.**

**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](http://www.dshs.state.tx.us/immunize/public.shtm).

**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 relate 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://hhs.texas.gov/policies-practices-privacy#security>

**Signatures**

\_\_\_\_\_  
**Signature – Parent or Legal Guardian**

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

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

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

## 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 childcare facility has the right to:**

- (1) enter and examine the childcare facility during the facility's hours of operation without advanced notice.
- (2) review the childcare facility's publicly accessible records.
- (3) receive inspection reports for the childcare facility and information about how to access the facility's online compliance history.
- (4) obtain a copy of the childcare 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 childcare 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 childcare 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 childcare facility's local Child Care Regulation office.
- (10) file a complaint against the childcare facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the childcare 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>

**The Little School at MDPC  
11612 MEMORIAL DRIVE  
HOUSTON, TEXAS 77024  
713-490-9267**

**INTRODUCTORY INFORMATION**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Tell us about your family (siblings, grandparents, and other extended family).

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Does your family have any pets? \_\_\_\_\_ What kinds? What are their names? \_\_\_\_\_

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What are some of your child's favorite toys and activities? \_\_\_\_\_

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Does your child have any fears? If so, what are they? \_\_\_\_\_

What prompts your child to lose their temper? \_\_\_\_\_

Have there been any memorable events in your family recently? \_\_\_\_\_

If yes, please describe them briefly \_\_\_\_\_

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Has your child had any previous school experience? \_\_\_\_\_

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How would you describe your child's personality? \_\_\_\_\_

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What is your child's general attitude about eating? \_\_\_\_\_

Does your child feed him/herself? \_\_\_\_\_

Does your child take regular naps? \_\_\_\_\_