

AAMA- Early Childhood Center
Childcare Center Document Checklist

All Applicants:

- 3 Recent Pictures/3 Fotos Recientes
- Enrollment Form/Formulario para Inscribir
- Medical Release/Informacion Medico
- Immunization Record/Archivo de Imunizaciones
- Social Security Card/Tarjeta de Seguro Social
- Birth Certificate/Certificado de Nacimiento
- Proof of Address/Prueba de Direccion
- Last 2 Paycheck Stubs/Ultimos 2 talones de cheques
- Parent ID/Identificacion del Padre o Madre
- Authorization for Emergency Medical Care/Autorizacion para Tratamiento de Atencion Medica
- Emergency Form/Formulario de Emergencias
- Parents Acknowledgement
- Child Profile/Perfil del Nino
- Parent-Student Contract/Acuerdo Pariente-Estudiante
- Emergency Dismissal Procedures/Procedimientos para Salida de Emergencia
- Attendance Agreement/Acuerdo para Asistencia
- Information Release Form/Formulario para XXXX de Informacion
- Parent Handbook Form/
- Proof of Address
- Last 2 Paycheck Stubs
- Proof of School Enrollment
- Medicaid Letter
- Award Letter of SNAP Benefits
- WIC Award Letter
- Or TANIF Award Letter

ADMISSION INFORMATION

Purpose: 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: AAMA Sanchez Charter School		Director's Name: KhaRaven Guevara	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> 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 childcare operation to release 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 guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and 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="checkbox"/> give consent for my child to participate in field trips. <input type="checkbox"/> 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: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds			

CONSENT INFORMATION

CHECK ALL THAT APPLY:

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

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, DFPS, Child Abuse Hotline, and DFPS 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	AM	PM
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.	Signature - Parent or Legal Guardian
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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:
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SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:	School Phone Number:
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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:

ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare 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 or she is able to take part in the day care program.

Health Care Professional's Signature:	Date Signed:
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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 childcare operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:	Date Signed:
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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

R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature:		Date Signed:	

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> 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) 1-2 months (second dose) 6-18 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 (fourth dose) 4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	

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
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 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.	
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	12-23 months (first dose) 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.

Parent's 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 childcare 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 online at <http://www.dfps.state.tx.us/policies/privacy.asp>. Negative

SIGNATURES

Child's Parent or Legal Guardian: X	Date Signed:
Center Designee: X	Date Signed:

Emergency Information

Child's Name: _____

Birth Date: _____

Address: _____

City, State, Zip Code: _____

Mother's Name: _____

Home # _____

Work # _____

Cell # _____

E-mail _____

Alternative Contacts:

Name: _____

Relation: _____

Home # _____

Cell # _____

Name: _____

Relation: _____

Home # _____

Cell # _____

Name: _____

Relation: _____

Home # _____

Cell # _____

Allergies

Allergies: _____

Other significant information: _____

I give AAMA Early Childhood Center permission to make whatever emergency (i.e.: First Aid, Disaster Evacuation Measures, etc.) that are judged necessary for the care and protection of mu child while under supervision of the Center.

In case of a Medical Emergency, I understand that my child will be transported to the nearest hospital or other hospital recommended by emergency personnel, by the local emergency unit for treatment if the local emergency resource (police, rescue) deems if necessary.

It is understood that in some medical situations the staff will need to contact the Local Emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Parent's Signature: _____

Date: _____

Child Profile

This information is for the confidential use of the Director and teacher who will be working with your child.

Child's Name: _____

Birthday Date: _____

Hours in Care _____ To _____

Days of the week: _____

Address: _____

City/ State/ ZIP Code _____

Height: _____

Weight: _____

Birthplace: _____

With whom does your child live with (Check one or both)?

_____ Mother

_____ Father

Name: _____

Name: _____

Phone number: _____

Phone number: _____

Address: _____

Address: _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

List name(s) and ages of siblings

List name(s) and ages of siblings

Parent's Signature:

Date:

Name other individuals that live in home and relationship:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Does the child visit his/her grandparents? _____ Yes _____ No

What are grandparents called: _____

Personal History:

Does your child have a history of the following:

Vision impairment or eye infection? _____ Yes _____ No

Hearing impairment or ear impairment? _____ Yes _____ No

Speech problems? _____ Yes _____ No

Does your child need help? _____ Dressing _____ Undressing _____ Neither

Does your child have a room alone? _____ Yes _____ No

If no, who shares the room? _____

Marital status of parents (check appropriate blank):

_____ Married _____ Separated _____ Stepfather/Stepmother _____ Living together _____ Divorced

How long?

Custody/ Visitation arrangements (An explanation of these arrangements enables the teacher to better understand the child and meet his/her needs.)

Parent's Signature:

Date:

Child's Play Experience

Is your child right/ left-handed?_

How much time does your child spend outside?_____

What does your child enjoy playing at home with?_____

What are child's favorite toys?_____

What are your child's special interests?_

What are your child's favorite foods?_____

Does your child have playmates of similar age?___ Yes ___ No

If no, list playmates ages_____

Name the things you enjoy doing together:_____

How often do you read to your child?_____

Habits

Please share any pertinent information regarding the following:

Toilet habits:_____

Childs words for Toileting:

Sleeping/ Nap routine:

Behavioral Habits (Thumb sucking, tantrums, etc.)

Parent's Signature:

Date:

Disposition / Temperament

How does your child feel about him/herself?

What concerns you most about your child?

What are your child's special abilities?

List your method(s) of discipline at home:

Optional

Program planning (optional) data collected in this section will be used to plan on individualize program for each child.

What languages are spoken at home? _____

Describe any cultural beliefs and/or customs that will aide in the planning of your child's individual program:

Other information you feel will assist in planning your child's individual program:

Parent's Signature:

Date:

Child Profile

*In order to serve your infant's needs in a more individualized manner,
please fill this form and return to center.*

Childcare Instruction Sheet

Name: _____ Date of Birth: _____

Type of Formula (be specific): _____

Type(s) of Juice: _____

Type of Diet: Cereal Meats

Vegetables: _____

Fruits: _____

Allergies:

Food: _____

Skin: _____

Other: _____

Symptoms Produced: _____

Skin Care: Ointment _____ Special Soap: _____

Sleeping Position: ___ On Back ___ On Side

Does your baby use a pacifier? ___ Yes ___ No

Other helpful information (please include schedule for feeding, sleeping, etc.)

Parent's Signature: _____

Date: _____

Parents Acknowledgement Form

This is to acknowledge that AAMA Early Childhood Center has provided me with the Childcare Handbook and has discussed its contents with me. I have also received a personal copy of the operational policies.

Parent's Signature:

Date:

As part of a non-profit organization, AAMA Sanchez Charter School is not financially capable of purchasing insurance to cover accidents or injuries in the Early Childhood Center.

Parent's Signature:

Date:

I, _____, acknowledge that my spot in the childcare will be given to another student if I do not comply with all the rules and regulations. My attendance must remain 95% in all classes (including 1st period).

Parent's Signature:

Date:

I give permission for my child to be photographed by staff and by the news media. I give permission for the photograph to be displaced in the early childhood center, TV broadcasts and fliers or brochures.

Parent's Signature:

Date:

Diaper Ointments, sunscreen and bug repellent. Parents who would like diaper ointment, bug repellent and/or sunscreen applied to their child are asked to bring the brand of their choice in the original container, labeled with the child's name. An authorization form will need to be completed before the ointment, sunscreen and/or bug repellent can be applied.

Parent's Signature:

Date:

Child Care Parenting Contract

Our goal is improved health and quality of life for both the student and child where they would not only be safe and love, but also learn.

The purpose of GIS having a childcare is to give students with children an opportunity to attend classes and graduate. Therefore, all students who are parents or expect parents are requires to be enroll in the Work Force Solution program. As you know, space is limited and only those students that are willing to follow the childcare policies will be allowed to keep their child enrolled. It is my sincere desire that you are successful in completing your high school education.

I have read the above information and agree to attend the required information.

Parent's Signature: _____

Date: _____

Income Base Fee Structure



6001 Gulf Freeway
Houston Texas 77023
Phone: 713-929-2441
Email: childcare@aama.org
Aama.org/childcare

Program	Monday to Friday	Fees: Weekly/ Monthly
Infants 6 Weeks to 23 Months	Full Time	\$130.00
Toddlers 2 Years of Age	Full Time	\$120.00
Primary 3 Years of Age	Part Time	\$65.00
	Full Time	\$115.00
Pre-Kinder 4 Years of Age	Part Time	\$65.00
	Full Time	\$100.00

Registration Fee: \$45 Student/\$75

Family

Sibling Fee Discount: 5% for all
siblings

Essential Workers: 10%

AAMA/Sanchez Staff: 20%

Drop-in Rate is 30 dollars daily.

Fee schedule details:

1. Registration fee (non-refundable) are to be paid during admission process
2. Weekly tuition fee will be due on Monday for that week. A late fee of \$ 35 will be charged for payments made after the close of business on Tuesday.
3. If your child is on a Grant you must maintain 95 percent attendance rate to continue to be a part of the program.
4. 2 weeks written notice is required for admission withdrawal.
5. Pick up after 6.30 pm will incur a \$ 25 charge plus

*Please ask about out income base tuition, and grant opportunities.

Income Qualifications for Sliding Scale Tuition Program

Family Size – Number of Persons in the Family	Gross Monthly Income	
	Initial Eligibility 200% FPG	Sustaining Eligibility 85% SMI
Two	\$2,873	\$3,954
Three	\$3,620	\$4,884
Four	\$4,367	\$5,814
Five	\$5,113	\$6,744
Six	\$5,860	\$7,675
Seven	\$6,607	\$7,849
Eight	\$7,353	\$8,024
Nine *	\$8,100*	\$8,198
Ten *	\$8,372*	\$8,372
11 *	\$8,547*	\$8,547
12 *	\$8,721*	\$8,721
13 *	\$8,896*	\$8,896
14 *	\$9,070*	\$9,070
15 *	\$9,244*	\$9,244

Parents will need to qualify for our sliding scale tuition by meeting the initial income qualifications. This will cover them under our program for one full year. They would then have to reapply and would fall under the Sustaining Eligibility qualifications to continue our income base scale.

If my child is attending AAMA Early Childhood center under a grant, ninety (90) day scholarship or income base fee structure. I must be employed for the entire duration of my eligibility. Failure to maintain employment will result in my child being dismissed from the program. Documentation is required through the duration of the eligibility period. I understand that I will need to reapply and will be placed on a waiting list.

Parent's signature: _____

Parent Name: _____

Child's Name: _____

Date: _____

Sustaining Fee Structure



6001 Gulf Freeway
Houston Texas 77023
Phone: 713-929-2441
Email: childcare@aama.org
Aama.org/childcare

Program	Monday to Friday	Fees: Weekly/ Monthly
Infants 6 Weeks to 23 Months	Full Time	\$165.00
Toddlers 2 Years of Age	Full Time	\$145.00
Primary 3 Years of Age	Part Time	\$80.00
	Full Time	\$135.00
Pre-Kinder 4 Years of Age	Part Time	\$80.00
	Full Time	\$130.00

Registration Fee: \$45 Student/\$75

Family

Sibling Fee Discount: 5% for all
siblings

Essential Workers: 10%

AAMA/Sanchez Staff: 20%

Drop-in Rate is 30 dollars daily.

Fee schedule details:

1. Registration fee (non-refundable) are to be paid during admission process
2. Weekly tuition fee will be due on Monday for that week. A late fee of \$35 will be charged for payments made after the close of business on Tuesday.
3. If your child is on a Grant you must maintain 95 percent attendance rate to continue to be a part of the program.
4. 2 weeks written notice is required for admission withdrawal.
5. Pick up after 6.30 pm will incur a \$ 25 charge plus

*Please ask about out income base tuition, and grant opportunities.

AAMA Early Childhood Center Attendance Policy

Children who fall below 80 percent attendance throughout the academic year will lose their place in our program.

Parent's Signature: _____ Date: _____

I do understand that I must recertify my eligibility to be on the income base fee structure every six months. Failure to provide requested documentation in 3 business days from my notice will result in me losing my eligibility and I will be responsible for the full tuition cost.

Parent's signature: _____

Parent Name: _____

Child's Name: _____

Date: _____

Upon enrollment at AAMA

I give the Association for the Advancement of Mexican Americans, its designees, agents and assigns, unlimited permission to use, publish and republish in any form or media, information about me and reproduction of my likeness (photographic or otherwise) and my voice with or without identification of me by name.

Student Name: _____ Parent Signature: _____

I have read, understood and will abide by AAMA Early Childhood Center Childcares policy handbook. I understand the sections regarding Attendance, Medications and Illness. I understand that by signing the acknowledgement form I am bound by its contents. In the event that I do not abide by these polices I understand that my child (ren) will not be able to attend and will be asked to find other childcare arrangements. I understand that these policies are subject to change and you will be notified.

Parent's signature: _____

Parent Name: _____

Child's Name: _____

Date: _____

I do understand that I must recertify my eligibility to be on the income base fee structure every six months. Failure to provide requested documentation in 3 business days from my notice will result in me losing my eligibility and I will be responsible for the full tuition cost.

Parent's signature: _____

Parent Name: _____

Child's Name: _____

Date: _____