



South Campus 1906 2nd St. Galena Park, TX 77547
Phone 832386-2090 Fax 832386-2091

North Campus 325 Barbara Mae St Houston, TX 77015
Phone 832386-2090 Fax 832386-2091

District Parent Enrollment Checklist

Parent Name _____

Parent Phone Number _____

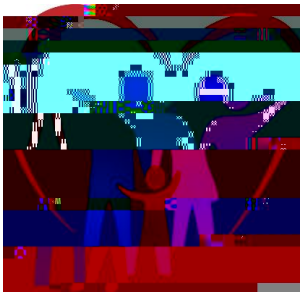
Copy of Birth Certificate or Birth Facts with hospital stamp

Parent Signature _____
Date _____

Emergency Contact Form

Nutritional Intake Form

Getting to Know Your Child Form



GALENIA DADK I.C.D.

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CALIFORNIA PARKIST CARE CENTERCHILD

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GATEWAY PARKLIST CARE CENTER CHILD

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Is he/she a light sleeper? _____

Are there any routines that are particularly helpful at naptime? _____

Behavior:

Does your child have any special fears? _____

How does your child communicate his/her needs? _____

Are there any special words your child uses that might not be readily recognized? _____

When your child gets upset, what helps him/her calm down? _____

Family History:



CALENIA PARK I.C.D.

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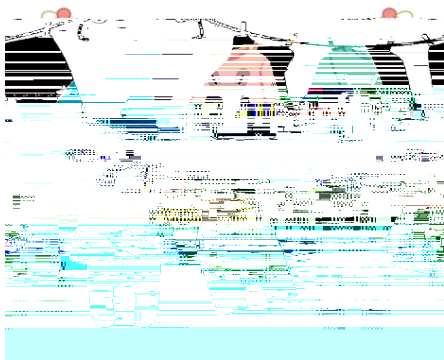
PARENTALPERMISSON TO TAKE PICTURES



Clothing Permission Form

As you may know, learning, eating, and using the restroom can be messy for young children. Please send two complete changes of clothing for your child, so we can be prepared for a messy situation school. Put these items

Thank you!



It is the responsibility of the parent to provide clean, gently used clothing for their child. If the child does not have a change of clothes, the parent will be responsible for providing one at the center.

How would you like the center to address a need for emergency clothes in the event your child does not have extra at the center? Please select the option below.

You have my permission without a prior authorization to provide clean, gently used clothes from the center, and I will return them the next school day.

You have my permission with a prior authorization to provide clean, gently used clothes from the center, and I will return them the next school day.

You do not have my permission to use other clothes for my child. I will provide an extra set of clothes for my child at all times. If my child does not have a change of clothes; I can be at the center within 15 minutes with a change of clothes or to pick them up.

I understand, as a parent, it is my responsibility to ensure my child has all items needed at the center for their toileting and dressing needs and to check in with staff to see if additional items are needed.

Signature lines with labels 'print)' and 'Date'.



GALENA DADK I.C.D.

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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: Galena Park ISD Childcare Center	Director's Name:		
Child's Full Name:	Child's Date of Birth:	Child Lives With?	
Child's Home Address:	Date of Admission:	Both parents	Mom Dad Guardian
			Date

Child's Special Care Needs (check all that apply)

Environmental allergies

Limitations or restrictions on child's activities

Food intolerances

Reasonable accommodations or modifications

Existing illness

Adaptive equipment (include instructions below)

Previous serious illness

Symptoms or indications of complications

Injuries and hospitalizations (past 12 months)

Medications prescribed for continuous long-term use

Other: _____

Explain any needs selected above:

Does your child have diagnosed food allergies? Yes No Food Allergy Emergency Plan Submitted Date:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. 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

Home Language/Ethnicity

What is the primary language spoken in the child's home? _____

Parental Notification of Lack of Liability Insurance

Directions: An operation may use this form to notify each child's parent that the operation does not provide liability insurance. The operation must keep on file any notification to the parent.

Operation's Responsibility to Notify Parents of the Lack of Insurance

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As the parent/guardian of the child(ren) listed below, I acknowledge that the operation caring for my child(ren) does not have liability insurance coverage.

Signature of Parent/Guardian

Date Signed/Notified

Printed Name of Parent/Guardian

Name(s) of Parent/Guardian's Child(ren) in the Operation's Care

Name of Operation



GALENA PARK ISD CHILD CARE CENTER

South Campus

I understand the Galena Park I.S.D. Childcare Center reserves the right to deny services due to aggressive and/or unsafe behaviors of a parent or adult without prior approval.

I understand that it is my responsibility to keep the center advised of changes of addresses, phone numbers, and authorized pickup information.

I understand that if ... I understand that if ... home, that the childcare center is not responsible for its nutritional value or for ... Please do not bring items that require refrigeration or heating.

I understand that Galena Park ISD Childcare Cen5 (ar <0094>5 <0003008B>-4 <00900003008