



SUMMER 2020 KIDS KAMP ENROLLMENT INFORMATION SHEET

Bethany Lutheran Church Child Development Center

www.cdc@bethany.net

10101 Walnut Hill Lane · Dallas, TX 75238

Phone 214-348-9691

Janna Hopkins, Director

Melinda Bockemuhl & Dawn Gray, Office

Child's Name _____ DOB _____

[] **My child attended Bethany CDC during the 2019-20 school year and has an existing student file.**

Allergies and Pre-existing Conditions

List allergies, existing illness, previous serious illness & injuries during the past 12 months as well as medication prescribed for long-term continuous use of which staff should be aware to properly care for your child: *(Please enter NA if none exist)*

Emergency Medical Release

I acknowledge that I am responsible for all reasonable charges in connection with any emergency care treatment rendered.

Pediatrician _____ Phone # _____

Address/City/State/Zip _____

Other Emergency Contact (name/number/relationship) _____

Insurance Provider _____ Policy/Group# _____

Date of Last Tetanus Booster _____

Discipline Policy

Discipline must be:

Individualized and consistent for each child; Appropriate to the child's level of understanding; and 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:

Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior; Reminding a child of behavior expectations daily by using clear, positive statements; Redirecting behavior using positive statements; and 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 & guidance are prohibited:

Corporal punishment or threats of corporal punishment; Punishment associated with food, naps, or toilet training; Pinching, shaking, or biting a child; Hitting a child with a hand or instrument; Putting anything in or on a child's mouth; Humiliating, ridiculing, rejecting, or yelling at a child; Subjecting a child to harsh, abusive, or profane language; Placing a child in a locked or dark room, bathroom, or closet with the door closed; and Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Insurance Verification Notification

Please be informed that Bethany Lutheran Church Child Development Center maintains liability insurance coverage in excess of \$300,000.00 amount for each occurrence of negligence that is required by Section 42.0491 of the Human Resources Code for the State. The center is covered under Policy No. 0119288-02-635212 for Bethany Lutheran Evangelical Lutheran Church through Church Mutual Insurance Company in Merrill, Wisconsin. If you have any questions concerning this insurance please notify the director.

A Little More About Your Child

Is your child potty trained? _____ Does your child nap? _____

Is there anything we should know to make your child's day better? _____

Physicians Statement				Date of Birth:	
Name of Child:					
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / booster	Date / booster
DTP / DtaP / DT					
POLIO IPV OR OPV					

MEASLES Rubeola/Serampion					
Mumps					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Varicella (see below)					
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/Guardian's Signature _____			Date _____		

Signature of Health Care Professional _____ Date _____

Signature of staff making handwritten copy of record _____ Date _____

ADMISSION REQUIREMENT: One of the following must be presented when your child (under the age of 5 years) is admitted to the day care facility or within one week of admission. Check to indicate the option you select: <input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program. <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Health Care Professionals' Signature</div> <div>Date</div> </div> <input type="checkbox"/> A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated. <input type="checkbox"/> A form or written statement from a health service or clinic. If you do not have any of the above: <input type="checkbox"/> PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the day care program: Name and address of health care professional: _____ <input type="checkbox"/> Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the day care facility. _____ or <input type="checkbox"/> My child has an appointment for a physical examination: Date: _____ Name and Address of health care professional: _____ I will submit the statement, from a health care professional to the child-care facility following the examination. <div style="display: flex; justify-content: space-between;"> <div>Signature – Parent or Legal Guardian _____</div> <div>Date _____</div> </div> <table border="1" style="width: 100%;"> <tr> <td colspan="2">Hearing</td> <td colspan="3"></td> <td rowspan="4" style="vertical-align: middle; text-align: right;"> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> </td> </tr> <tr> <td>HZ</td> <td>1000</td> <td>2000</td> <td>4000</td> <td></td> </tr> <tr> <td>R</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>L</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">VISION</td> <td>Date</td> <td colspan="2">Signature</td> <td></td> </tr> <tr> <td colspan="2">R20/ _____ L20/ _____</td> <td colspan="3"></td> <td style="text-align: right;"> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> </td> </tr> </table>						Hearing					PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	HZ	1000	2000	4000		R					L					VISION		Date	Signature			R20/ _____ L20/ _____					PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
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☐ NOTE: If medical diagnosis and treatment and / or immunization and TB testing conflict your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and / or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a health care professional) to that effect and attach it to this form.