

Things To Remember

Thank you for your interest in God's Grace Learning Center Tomball. We know that tours/registration can be overwhelming with the amount of information being given to you at one time. Therefore, we are providing you this tip sheet to touch on a few important items.

Tuition

- The estimated weekly tuition for your child(ren) is \$_____/week.
- The weekly tuition rate will be the same regardless of whether your child is absent. You pay for their spot, not their attendance.
- After one year of enrollment we offer one week of tuition-free vacation per year.
- All tuition is automatically drafted each Monday from the bank account or card on file. All payments must be paid in advance of services rendered.
- Payments are considered late on Tuesday. Accounts not paid in full will incur a \$15 late fee Tuesday and Wednesday. If tuition is not paid by close of business on Wednesday, your child will not be allowed to attend until your account is current.
- If a payment is returned you will be charged a fee of \$35. Please let us know immediately if your bank account or card info has changed.

Illness

- Children with a temperature of 100.3 or higher will be sent home and are not allowed to return until they have been fever free, ***without fever reducing medicine***, for 24 hours. The 24 hour rule also applies to children who are vomiting and/or have severe diarrhea.
- If your child or a family member has tested positive for COVID-19 or are awaiting test results, your child must not attend for the full quarantine requirement or until a doctor releases them to return to childcare.
- Children who have symptoms of any contagious illness must not return to daycare until symptoms are gone or they have a doctor's note allowing them to return.

Essentials

- We provide breakfast, lunch and an afternoon snack. **Please let staff know if there are certain dietary concerns and fill out an allergy form for any food allergies including dairy intolerance.**
- Parents are required to provide the following: Diapers and wipes (if your child is not potty trained), two sets of extra clothes including underwear and socks, and a cot size pillow and blanket (not allowed for infants under one year old). Sippy cup if under 2 years old. For infants : Formula or breastmilk, baby food if needed, 2 bottles to be kept at daycare, a pacifier, diaper cream, and a bulb syringe.
- Please **label all items** sent to school(backpacks, jackets, cups, diapers and wipes, extra clothes, blankets, pillows, etc.). Please refrain from bringing toys from home. We are not responsible for lost items.

God's Grace Learning Center Family Registration Form

Parent / Guardian Information

Registration Date _____

Mother /Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: _____

Employed By: _____ Office Phone: _____

Work Address: _____ Cell Phone: _____

Religion: _____ () Custodial Parent (If married, mark both parents)

Mother's SS#: _____ Driver's License # _____

Email Address: _____

() I give GGLC permission to add my email address to the monthly parent newsletter email list.

Marital Status: () Married () Single () Divorced () Separated () Widowed () Other

Father / Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: _____

Employed By: _____ Office Phone: _____

Work Address: _____ Cell Phone: _____

Religion: _____ () Custodial Parent (If married, mark both parents)

Mother's SS#: _____ Driver's License # _____

Email Address: _____

() I give GGLC permission to add my email address to the monthly parent newsletter email list.

Marital Status: () Married () Single () Divorced () Separated () Widowed () Other

Child Information

We require a copy of a current shot record as well as a copy of any and all inoculation as soon as they are given. (NOTE: If any medical diagnosis and treatment and/or immunizations conflict with your religious beliefs or would be injurious to your child or family, you must sign and affidavit to that effect and attached to this form)

1st Child

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called : _____ Grade / Class _____

Child's Address: _____

Gender: () Male () Female Date of Birth: _____

List any existing medical condition, medications and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone : _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? () Yes () No

2nd Child

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called : _____ Grade / Class _____

Child's Address: _____

Gender: () Male () Female Date of Birth: _____

List any existing medical condition, medications and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone : _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? () Yes () No

3rd Child

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called : _____ Grade / Class _____

Child's Address: _____

Gender: () Male () Female Date of Birth: _____

List any existing medical condition, medications and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone : _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? () Yes () No

4th Child

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called : _____ Grade / Class _____

Child's Address: _____

Gender: () Male () Female Date of Birth: _____

List any existing medical condition, medications and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone : _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? () Yes () No

Emergency Contacts & Authorized Pickup Persons:

(Please understand we will not release your child without specific permission from the parent.)

1st Contact / Pick Up

Name: _____ Phone : _____

Address: _____

Relationship to the child: _____ TDL#/TID# _____

() Able to pick up all children in the family

() Not able to pick up the following children: _____

2nd Contact / Pick Up

Name: _____ Phone : _____

Address: _____

Relationship to the child: _____ TDL#/TID# _____

() Able to pick up all children in the family

() Not able to pick up the following children: _____

3rd Contact / Pick Up

Name: _____ Phone : _____

Address: _____

Relationship to the child: _____ TDL#/TID# _____

() Able to pick up all children in the family

() Not able to pick up the following children: _____

4th Contact / Pick Up

Name: _____ Phone : _____

Address: _____

Relationship to the child: _____ TDL#/TID# _____

() Able to pick up all children in the family

() Not able to pick up the following children: _____

***** AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION *****

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child(ren) to:

Name of Doctor: _____

Address: _____ Phone: _____

Name of Hospital: _____

Address: _____ Phone: _____

I give my consent for God's Grace Learning Center to secure any and all necessary emergency medical care for my child.

Parent's Signature _____ **Date:** _____

Transportation:

I hereby () give () do not give- my permission for my child to be transported and supervised by child care staff () on field trips () to and from school.

Water Activities:

I hereby () give () do not give- my permission for my child(ren) to participate in water activities () Wading pool () Swimming pool Exclusions: _____

School Children Only:

Name: _____ attends the following school _____
() His/Hers immunization record is on file at the school and current. Current vision and hearing screening records are also on file.

Name: _____ attends the following school _____
() His/Hers immunization record is on file at the school and current. Current vision and hearing screening records are also on file.

Name: _____ attends the following school _____
() His/Hers immunization record is on file at the school and current. Current vision and hearing screening records are also on file.

Name: _____ attends the following school _____
() His/Hers immunization record is on file at the school and current. Current vision and hearing screening records are also on file.

Movies:

I hereby () give () do not give my permission for my school age child(ren) to watch rated -PG movies.

Tuition / Payment Information

Please outline below who is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment is the responsibility of an adult other than the parents listed above.

() I acknowledge receipt of the operations policies and the Discipline and Guidance Policies.

Parents Signature _____ Date: _____

God's Grace Learning Center Financial and Operational Policy Agreement

All tuition is auto-drafted on Monday afternoon. You are charged a weekly rate to reserve a spot for your child(ren); the charges are not based on their attendance. This fee includes breakfast, lunch, and an afternoon snack. If your payment is returned, a \$35 service fee will be applied to your account. All accounts must be paid in full by Tuesday or a \$15 late fee will be applied to your account. An additional \$15.00 late fee will be added to your account if your tuition is not paid by Wednesday morning. If your tuition is not paid by Wednesday at close of business, your child will not be able to attend until your account is current, unless you have made arrangements in writing with administration through email or print form.

Should your account become 90 days delinquent, you will be referred to a licensed collection agency and this will affect your credit. Returned checks that are not paid for will be turned over to the local court for collection.

I have read and fully understand all of the above information including my financial responsibility and accept and agree to this Policy Program Statement and Financial Agreement.

I have received a copy of the Operational Policy and fully understand all of the information that was provided.

Date

Signature of Parent(Mother)/Guardian

Date

Signature of Parent(Father)/Guardian

Field Trip Permission Form

Dear Parents,

In order for us to transport your child on field trips, we are required by TDFP to have a signed permission form. This form serves two purposes. First, it will be carried on the bus to any and all places we transport your child to. Second it gives us current information for our records. It is extremely important that we have all areas of this form completed and returned immediately. Please PRINT all information. We do require that the doctor's name, full address, and phone number be filled out completely. If more space is needed, please use the other side. Failure to return this completed signed form may prevent your child from attending certain activities. Return immediately to the front office.

TRANSPORTATION PERMISSION FORM - PLEASE PRINT

Child's Name : _____ Birth Date: _____

Child's Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Sex: _____ Age: _____

Mother's Name: _____ Work: _____ Cell: _____

Father's Name: _____ Work: _____ Cell: _____

Please list any allergies or medications: _____

Is your child sensitive to sun, pool water, ect? Yes _____ No _____ If yes, be specific: _____

Emergency Contact if parent /guardian can not be reached:

Name: _____ **Phone:** _____

Address: _____

Please check all that apply:

1. Transportation: I hereby ☐ give ☐ do not give - my permission for my child to be transported and supervised by child care staff

☐ On field trips ☐ to and from school

2 Water Activities : I hereby ☐ give ☐ do not give - my permission for my child to participate in water activities:

☐ wading pools ☐ swimming pool

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION(Please fill in ALL information)

In the event I cannot be reached to make arrangements for emergency medical attention; I authorize the child care director or person in charge to take my child to:

<u>Name of Doctor:</u>	<u>Address:</u>	<u>Phone Number:</u>
<u>Name of Hospital:</u>	<u>Address:</u>	<u>Phone Number:</u>

Signature _____ Date _____

Child Emergency Information

Full Name: _____ DOB: _____

Emergency Contact Information

1.)

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

2.)

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

3.)

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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God's Grace Learning Center

Family Questionnaire

Help us become better acquainted with your family so that we can make this year a wonderful experience for your child. This information will help us to meet your child's needs and plan a program that will be fun and filled with learning that is appropriate to his or her development. Thank you for your cooperation with this important process.

Child's Name: _____ Child's Birthdate: _____

Nickname: _____

Please list all adults living in your household:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Please list each child in the family with their age and gender:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Is a language other than English spoken in the home? _____ Which one(s)? _____

What holidays does the family celebrate that are special to their ethnic/ cultural heritage?

What are you hoping to have your child gain from his/ her preschool experience?

What are your child's interests and at-home play activities?

What kind of pets does your child have? _____

What food does your child dislike? _____

Does your child nap or rest regularly in the afternoon? If so, for how long? Does your child have difficulty going to sleep at night?

Does your child have any food allergies or sensitivities? _____

Does your child have any chronic conditions or take medication regularly? _____

Does your child have fears? (e.g., storms, animals, insects, etc.)? _____

Does your child have a physical disability? _____

Do you have any concerns about your child's speech or learning? _____

Is your child receiving any special services such as physical therapy, speech therapy, or behavioral therapy?

If yes, which service(s) and who is providing the service? _____

How well does your child follow rules and expectations within the home? _____

What methods do you use at home to motivate your child to follow rules and meet expectations? _____

Please describe recent family events or changes (e.g., death, divorce, new sibling, move, etc.) _____

Has your child attended pre-school before? Describe the experience and your child's reaction to it. _____

What else would you like us to know about your child? _____

If you ever need to schedule a parent/ teacher conference, please feel free to let us know. Our goal is to provide the best quality care for your child and to help them succeed.

God's Grace Learning Center

411 Oxford Street – Tomball, Texas 77375 – 281-351-5333

Health Statement

This form must be filled in by the doctor and presented when the child is admitted to the childcare facility or within one week of admission.

Date of last examination _____

Child's Name _____ has been examined by

me within the past year and find that he/she is physically able to take part in the childcare program.

Physician's Signature _____

Phone Number _____

Address _____

We require a copy of the child's immunization record and all updates to that record while enrolled here. Please attach a copy of the immunization record to this form.

Required immunizations for children ages infancy to four (4) years.

1. DPT (Diphtheria, Pertussis (Whooping Cough), Tetanus series & booster (4)
2. Polio (Trivalent OPV) series and booster (3)
3. Measles, Mumps and Rubella (by 16 months)
4. Hib (Haemophilus influenza type b) (4)
5. Hepatitis B (3)
6. Varicella (chickenpox) (after 12 months of age)
7. PCV7 (2 months through 59 months)
8. Hepatitis A (2 years and older)
9. RV (Rotavirus) (Recommended, not required)

Required inoculations for children ages four (4) to six (6) years.

1. DPT Booster (1)
2. Polio Booster (1)
3. MMR (1)

ALL IMMUNIZATIONS ARE SUBJECT TO THE DOCTOR'S DECISION AS TO WHICH INOCULATIONS ARE GIVEN AND WHEN. ANY MEDICAL CONTRAINDICATIONS MUST BE SUBSTANTIATED WITH AN AFFADAVIT OR CERTIFICATE SIGNED BY THE PHYSICIAN. ANY RELIGIOUS CONFLICTS MUST BE SUBSTANTIATED WITH AN AFFADAVIT (NOTARIZED) SIGNED BY THE PARENT.

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No


NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____


THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.


FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS




LUNG
Shortness of breath, wheezing, repetitive cough




HEART
Pale or bluish skin, faintness, weak pulse, dizziness




THROAT
Tight or hoarse throat, trouble breathing or swallowing




MOUTH
Significant swelling of the tongue or lips



SKIN
Many hives over body, widespread redness



GUT
Repetitive vomiting, severe diarrhea



OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE
Itchy or runny nose, sneezing



MOUTH
Itchy mouth



SKIN
A few hives, mild itch



GUT
Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

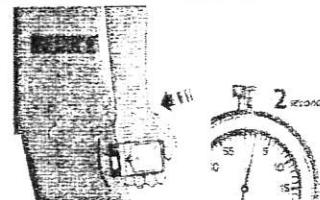
Other (e.g., inhaler-bronchodilator if wheezing): _____

**FARE**

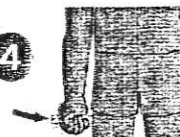
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO**

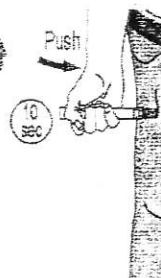
1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

3**HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN**

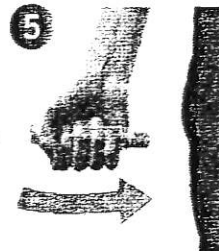
1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3**4****HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES**

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

5**HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES**

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5**ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:**

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

Operational Policy and Parent's Guide

Revised July 2023

Welcome to God's Grace Learning Center!

Our Purpose: The purpose of God's Grace Learning Center is to stimulate the children's growth and educational development during the adult's workday by giving them the affection, care, and guidance that they need. We also strive to promote the child's educational development spiritually, physically, emotionally, socially, and intellectually by providing children with a happy, wholesome, and healthful schedule of group activities.

Hours of Operation: Monday-Friday, 6:30 a.m.-6:00 p.m. All students should arrive at the center before 9:30 a.m. A fee of \$10 will be applied to students that arrive late and an additional \$1.00/ minute after the 10 minute mark. If tardiness becomes excessive, we have the right to not accept your child for the day or permanently dismiss your family. An additional fee of \$1.00 per minute per child, will be added to your account if your child is picked up after 6:00 p.m. Excessive late pick-ups may result in dismissal from our program.

No Phone Calls: We ask that all phone calls are completed before entering the building.

Daily Check in/out: Please bring your child(ren) to the front door at drop off. A staff member will walk them to their classroom. Please check in with the front office for pickup. Please remember to clock your child in and out on the procare app each day.

Release Of Children: The Parents are the authorized persons to pick the child up each day. In the event of an emergency or your child's illness, your emergency contacts or other authorized persons will be allowed to pick your child up.

If you are requesting additional people to pick up, please notify the Director, in writing, via email or text for documentation purposes, 24 hours in advance of the pickup or as soon as you can. All pickup persons, including emergency contacts are required to show a current state issued picture identification/driver's license &

receive approval from administrative personnel & the parents, prior to pick up. The photo id can be copied & placed in your child's personal folder.

Illness Policy: We will conduct health & temperature checks on each child when they come to the preschool & throughout the day. We do this to ensure they are healthy and safe.

If your child becomes ill during the school day, parents will be notified & expected to pick up their child. If the parent cannot pick up in the required time, an emergency contact must be able to pick up. All students must be picked up within 1 hour so we can minimize additional exposure to the children and staff.

If your child becomes ill while at home, please notify the center early that morning of the illness and keep your child home. If your child has a fever of 100 degrees or more or if they show signs of communicable sickness, keep them at home at least 24 hours before returning to care and bring a physician note upon their return.

Definitions of Illness:

- Fever 100.3 degree or higher
- Diarrhea or 2+ loose stools
- Vomiting
- Headaches
- Irritability
- Sore throat
- Rash
- Fatigue or any other symptoms

Once your child is fever or illness free, without medication for 24 hours or more, they can return to care. If the illness required a physician visit, they could return upon the release of the physician with a return to school notice.

If your child has been exposed to anyone with a communicable disease or a life-threatening communicable disease, please notify the center, isolate, & contact your physician. A release statement will be required prior to returning.

Dispensing Medication:

Medical Conditions/Allergies: All medications must be in the original box and labeled with the child's first and last name. All medications must not be expired and must be administered exactly as prescribed. We require your permission to use sunscreen, insect repellents, baby powder, lotion, diaper rash ointment, gas drops, teething medication, etc.

Medical Emergencies & General Health: For all medical emergencies, we will call 9-1-1 & follow all required instructions. Parents will be notified thereafter; then we will contact our Child Care Licensing Office. If parents are unavailable, the emergency contacts will be notified.

Site Relocation: In the event we are forced to evacuate the premises, Tomball location will relocate to God's Grace Learning Center in Decker Prairie (26605 Peden Rd, Magnolia, 77355-832-521-3164) & Decker Prairie location will relocate to God's Grace Learning Center in Tomball (411 Oxford Street-281-351-5333) until we can safely return. If the evacuation does not require off premises relocation we will move to the church sanctuary at LivingStones Church located directly across from the childcare center 832-626-3895. Parents will be notified if this occurs. We will also engage the children in activities until the parent's pickup or we can return to the childcare center. Our goal is to successfully reunify the parents to the children. We will also maintain proper notification to the parent & follow our same pick up & sign out procedures.

Incident & Illness Reports: Parents will receive reports of any major incidents/illness/injuries that occur with your child. All reports must be signed and dated by the staff, parents, & the Director.

School Outbreaks: Parents will be notified of any outbreaks or communicable diseases that occur while your child is in care. If any outbreak occurs, your child will not be allowed to return until we have a Physician's release statement. We follow the CDC communicable disease chart, the chart outlines each disease, symptoms, treatment & exclusion time.

Communicable Disease: All Parents will be notified of any communicable disease outbreaks within our center. Also, your child will be kept isolated from other children as much as possible, until the parents arrive to pick them up. We require your child to be seen by a physician & to receive a medical release form prior to returning to care. By law, all communicable diseases will be reported to the Department of Public Health.

Natural Disasters & Emergency Declarations: In the event of a natural disaster or emergency declaration, we will follow the guidelines of Child Care licensing, Center of Disease & Control & our local health dept and governor guidelines. Our hours of operation & additional updates will be provided to the families & staff.

Parent Notifications: Parents will be notified via newsletters, childcare software, emails, or phone calls.

Discipline Policy: Is administered as;

1. Age appropriate (time out, redirecting and teaching acceptable behavior by making good choices)
2. Positive reinforcement of desirable behavior
3. Encouragement
4. Redirection

The goal of discipline is to teach children how to make good choices. All discipline is personalized & consistent with every child according to their needs. We **do not use** physical, mental, emotional, cruel, harsh, demeaning, & neglecting of food or basic needs nor corporal punishment to your child.

We are here to love, teach your children & train them by being an example and demonstrating biblical principles when it comes to teaching. Inappropriate disciplinary procedures are not acceptable, nor do we allow parents to administer punishment on our premises.

Aggressive Behavior: If your child displays aggressive behavior to another student or staff, or they have ongoing behavior issues at our center, the parent will be called to come pickup your child. Aggression includes fighting, biting, kicking or any uncontrollable behavior that would cause other harm to the child, staff or to another child or property. If the behavior continues, your child will be suspended or terminated from the preschool. We do not allow continuous aggressive behavior that can violate the safety of other children or the staff.

Suspension or Expulsion: If your child violates our aggressive behavior policy or there are continuous violations of the center's handbook and contract, we will verbally warn, next suspend your child from the program based on the time designated by the Director. Our last resort will be to suspend or terminate the contract. We strictly enforce a safe environment for our students, staff & families & do not tolerate aggressive behaviors or destruction of property.

Safe Sleep: Our center follows the safe sleep policy for all infants under 12 months. We place all babies on their back to sleep, on a firm mattress with a fitted sheet, all detached pacifiers are placed in their mouth & we do not allow any blankets or toys in their crib. We do not allow babies to sleep in restrictive devices.

Meals & Snacks: Weekly menus are posted each Friday for the coming week on the office window and sent out through email to the email address your procare app is set up with. Each class, except the Little Lambs, will be served breakfast, lunch, and an afternoon snack. You may pack your child's lunch if you prefer. Should you provide your child's lunch and/ or snacks, please understand the center is not responsible for its nutritional value or meeting the child's daily nutritional needs. Please let us know if your child has any allergies or dietary needs/ changes. All allergies require a signed physician allergy form and action plan.

Immunizations/Well Child Checkups: When your child has a birthday, you will have 2 weeks to provide us with an updated immunization record or your child will not be allowed to return until we have the form.

Hearing & Vision Screening: All students that are 4 years old as of September 1st before starting kindergarten will have to have hearing and vision screened either at the center or by their doctor and the results turned in by April 1st.

Enrollment Procedures: We require all completed documentation, immunization records or Texas immunization affidavit, physician's health statement & the complete packet prior to the first day of school. Please make sure that you complete the forms in their entirety. The Director must review the packet & approve prior to starting at the center. If at any time we need to update or revise our policies we will notify the parents via newsletter, procare, emails, and/or phone calls.

Transportation: Children who are school age are transported to and from school via public means (school bus). Decker Prairie location will provide transportation to Rosehill Elementary via our bus. Staff who drive are required to take 2 hours annual training in transportation and must maintain a good driving record and be insurable.

Water Activities: We do provide water splash days during the summer and we follow all minimum standards in relating to parents when we have those days scheduled, as well as planning for extra staff on hand to meet ratios. We use sprinklers.

Field Trips: We do field trips during the Summer months with our schoolers and follow minimum standard requirements relating to posting and ratios.

Animals: Our center does not have any animals. We may have onsite activities or field trips that may include farm animals and advance notice will be provided.

Outdoor Play: As an extension of our educational program, our students go outside daily for 30-60 minutes in the morning and in the afternoon. The outdoor activities include moderate and vigorous activities and include both structured and unstructured activities.

It is important for children to have opportunities for outdoor play to increase their overall health, mobility, creativity and to be in the fresh air.

All children are required to wear tennis shoes, crocs, or shoes that protect their ankle and support their feet. Their clothes should be flexible yet comfortable to accommodate the outdoor play.

During times of inclement weather, we will provide indoor music and movement and other physical activities for the children.

Curriculum and Developmental Milestones: We use developmentally appropriate and age-appropriate curriculum in our classrooms. Each learning goal and objective is to enhance the developmental milestones of each child. We conduct informal observation assessments and will conduct Parent-Teacher meetings several times a year. We are documenting developmental goals and potential developmental concerns in our observations.

Parent Questions & Concerns: All parents & families are an intricate part of our center's success. We embrace your feedback, questions, concerns, & compliments.

If you would like to share with the Director, have questions concerning our curriculum, contract, policies, or other concerns, you may come by the front office anytime between 9:30 a.m.- 4:00 p.m. or call the office during business hours 6:30 a.m.- 6:00 p.m. or email us at info@godsgracelc.com anytime. At any time you may request to review our licensing inspection. Also, you may access and review the minimum standards by looking online at Texas Health and Human services under the childcare tab.

Sunscreen/Insect Repellent: Parents must provide the sunscreen and/or repellent that they choose to use for their child and fill out and sign a form for the staff to apply when needed.

Emergency Evacuation Plan:

- Fire Drills will be conducted monthly & updated on our drill log.
- Tornado/Severe Weather & Lock Down Drill will be conducted every 3 months & updated on our drill log.
- Emergency evacuation plans & exit procedures are available & posted on our Licensing board.

- In case of an emergency, Parents understand the Provider or emergency personnel will have to transport your child to a safe location. When the child is in a motor vehicle, safety restraints will be worn, and the vehicle has current insurance coverage which is required by law and upheld by the State of Texas. If the state requirements are met, God's Grace Learning Center is relinquished from any liability in case of a motor vehicle accident.

Emergency Relocation: In the event of an explosion, Tomball center will relocate to God's Grace Learning Center in Decker Prairie located at 26605 Peden Rd, Magnolia, Tx-832-521-3164 & Decker Prairie center will relocate to God's Grace Learning Center located at 411 Oxford, Tomball, Tx-281-351-5333. If the emergency does not require off premises relocation we will move the children across the street to the sanctuary of LivingStones Church 832-626-3895. Parents will be notified as soon as we reach our destination.

Breastfed Infants: We welcome & encourage all infants to have the bonding experience with their parents. In our infant room, we have a comfortable place, with an adult sized chair which enables a mother to breastfeed her baby. You are also welcomed to supply the childcare staff with breast milk for your child.

Preventing & Responding to Abuse & Neglect Of Children: Our Directors are constantly monitoring our staff & families to ensure all children are always safe & protected from any form of maltreatment. We require all staff to have mandatory annual training. This training includes abuse, neglect, sexual abuse, and all forms of child maltreatment.

Child Maltreatment: If any child shows evidence of abuse, by law, we are required to anonymously report suspected abuse/neglect to Texas Health and Human Services or CPS.

Health Check: We will conduct daily health to ensure the child is healthy and well to participate in the daily activities and we are required to ensure your child is safe and free of any forms of maltreatment.

Upon arrival, if you have intentionally medicated your child to cover up a fever or illness, this is grounds for immediate termination of your contract. If your child appears sick and fatigue is preventing them from participating in daily activities, you will be asked to take your child home to rest.

Vaccine Preventable Disease: We do not require employees to obtain immunizations. However, it is strongly encouraged. We leave this decision to the employee, as determined between doctor and patient. Employees are not required to have a tuberculin skin test unless their physician indicates that it is necessary or if there is an outbreak of tuberculosis within the community.

Epinephrine Auto-Injectors: We do not keep unassigned epi-pens on location.

Special Care Needs: Our center works with the parents to ensure that all children are inclusive to our program if we are able to meet their individual needs. In order to accommodate these needs we must have a recommendation in writing by a professional (i.e. physician, qualified personnel with ISD or ECI). In doing so we will work to follow the recommendations that are given by ensuring that we have activities that enhance the child's growth and development alongside their peers in the classroom. We do allow for qualified service providers to come to our center for intervention services.

Parental Visits: Once your child is enrolled, you are welcome to visit the childcare during our operational hours. You are welcome to observe your child & visit our childcare center, our childcare center program activities, the building, the premises, and equipment without prior approval while your child is enrolled. Please be advised if you drop in and leave without your child, they may become distressed, or behaviors seen during your visit may be exaggerated by your presence.

Gang Free Zone: Our childcare is a gang free zone. On our parent board, we have posted a gang free notice stating our policy. Under Texas Penal Code, any area within 1000 feet of a childcare center is a gang free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Drug/Alcohol & Weapon Free Zone: Our childcare is a drug, smoke, & alcohol-free zone. We are attentive to the staff and families to ensure this policy is strictly enforced. If we notice any concerns or suspicions, we will contact the police immediately & any parent or staff who violate will be immediately terminated.

Parent Conferences: We will conduct an in-person or virtual parent conference in the fall and spring semester. If you desire an additional teacher meeting, please submit the request to the Director.

Absentee Policy: Tuition is paid to reserve your child's spot, not based on his/ her attendance. After one year of enrollment, the Center allows one week of annual vacation at no charge.

Change of Information: You must inform the center of any change of address, place of work, authorized pick-ups, phone numbers, medical conditions, etc. within 30 days. Current phone numbers are imperative in the event of illness or emergency. The center will notify you of any changes to our Policy Handbook or any documents in writing 10-14 days prior to the change occurring.

Weather Information: In the event of unsafe weather conditions, parents will be notified via newsletters, childcare software, emails, or phone calls. If weather is forecasted to be unsafe, we will follow the same procedures as Tomball ISD, but will reopen once it is safe to do so.

Items Prohibited: guns, knives, swords, or spears (toy or real); chewing gum, toys from home except for a stuffed animal for naptime, cell phones or electronics.

Personal Items: All of your child(ren)'s personal items that come to the center must be labeled. This includes, but is not limited to jackets, hats, backpacks, lunch kits, water bottles, blankets, pillows, and naptime stuffed animals.