

# Registration Packet

After carefully reading the Parent Handbook and becoming aware of the policies and guidelines of Crosspoint Clubhouse, please complete the following pages of the Registration Packet. **Do Not Leave Any Blanks** on the Registration Form. Be sure to include a **Doctor's Signature** on the Registration Form along with a **current Shot Record**. Do not turn in the Registration Packet until **all the forms are completed including the Doctor's signature and shot records**.

**All paperwork must be turned into either the Assistant Director or the Director.**

**Below is a list of the forms needed:**

- Registration Form ( 2 pages)
- Acknowledgement page from the Parent Handbook
- Nutrition Waiver
- Discipline and Guidance Policy
- Parent's Acknowledgement Page from the State Parent Guide
- Student Information Sheet
- Authorization for Emergency Medical Care

**Include with the packet:**

- Current Shot Records
- Doctor's Signature on page 2 of the Registration Form

If you have questions, please contact the Assistant Director or the Director at (972) 562-2210.

**ENROLLMENT INFORMATION**  
**Crosspoint Clubhouse, Director: Judy Sparkman**

**Child's Information:**

_____	_____	_____	Sex: M   F (circle one)
Child's Last Name	Child's First Name	Birth Date (mm/dd/yy)	
_____	_____	_____	
Child's Street Address	City, State, Zip Code	Home Phone Number	
_____	_____		
Email Address			

**Parent's Information:**

_____	_____	_____
Mother's Last Name	Mother's First Name	Mother's Work/Cell Number

\_\_\_\_\_  
 Address, if different from child's

_____	_____	_____
Father's Last Name	Father's First Name	Father's Work/Cell Number

\_\_\_\_\_  
 Address, if different from child's

I give my permission for my child to participate in water table activities and/or sprinkler activities.     yes     no

<b>I authorize Crosspoint Clubhouse to allow my child to leave the facility ONLY with the following persons.</b>		
1. _____	_____	_____
Name	Phone	Complete Address
2. _____	_____	_____
Name	Phone	Complete Address
3. _____	_____	_____
Name	Phone	Complete Address
4. _____	_____	_____
Name	Phone	Complete Address

**Person to call in case of emergency, if parents/guardian cannot be reached:**

_____	_____	_____
Name/Relationship to Child	Phone Number(s)	Complete Address

**Child's Medical Information:** (Must be complete)

_____	_____	_____
Physician's Name	Complete Address	Phone Number

_____	_____	_____
Insurance Company	Policy Number	Group Number

_____	_____	_____
Insured Name	Relationship to Child	

**Please list any special needs that your child may have, such as allergies, existing illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of. If none, please write "none".**

\_\_\_\_\_  
 \_\_\_\_\_

I give consent for Crosspoint Clubhouse to secure any and all necessary emergency medical care for my child.	
_____	_____
Signature – Parent or Legal Guardian	Date

Current immunization records for each child must be obtained and maintained. Each immunization record must include:

<b>Child's Name:</b>	<b>Date of Birth:</b>
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**Admission Requirement:**

Current immunization records for each child must be obtained and maintained. Each immunization record must include:

1. the child's birth date;
2. the number of doses and vaccine type;
3. the rubber stamp or signature of the physician or health personnel OR a machine or handwritten copy of the record.

A doctor's statement is required annually to insure the child is healthy and able to attend school. Please have your doctor complete and sign this statement.

\_\_\_\_\_ **DOCTOR'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 Clubhouse program.

\_\_\_\_\_ Physician's Signature                      \_\_\_\_\_ Date

Hearing Date: _____		Signature: _____	
<b>Hz</b>	<b>1000</b>	<b>2000</b>	<b>4000</b>
<b>R</b>			
<b>L</b>			

\_\_\_\_\_ Pass      \_\_\_\_\_ Fail

Vision Date: _____		Signature: _____	
R20	L20	Pass	Fail

**Note:** If medical diagnosis and treatment and/or immunization conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this Form. If immunization would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Return this page to the Clubhouse Office**

## **Acknowledgement Page from Crosspoint Clubhouse Parent Handbook**

I have read and understand all policies in this handbook. In signing this form, I agree to abide by the policies written within.

\_\_\_\_\_  
Child's Name (Please print)

\_\_\_\_\_  
Parent's Name (Please print)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

# Return this page to the Clubhouse Office

## NUTRITIONAL WAIVER

According to the State of Texas Minimum Standards for Child-Care Centers, children are to receive 1/3 of their daily food needs while at school. Below you will find a statement to sign indicating that you will not hold Crosspoint Clubhouse responsible for your child's nutritional needs.

**Please sign and return it to your child's teacher by the second week of school.**

I understand that I am responsible for providing my child's lunch and that Crosspoint Clubhouse is not responsible for its nutritional value or for my child's daily food needs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

# Return this page to the Clubhouse Office

## Discipline and Guidance Policy

- Discipline must be:
  1. Individualized and consistent for each child.
  2. Appropriate to the child's level of understanding.
  3. 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:
  1. Using praise and encouragement of good behavior instead of focusing only on unacceptable behavior;
  2. Reminding a child of behavior expectations daily by using clear, positive statements;
  3. Redirecting behavior using positive statements;
  4. 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 and guidance are prohibited:
  1. Corporal punishment or threats of corporal punishment;
  2. Punishment associated with food, naps, or toilet training;
  3. Pinching, shaking, or biting a child;
  4. Hitting a child with a hand or instrument;
  5. Putting anything in or on a child's mouth;
  6. Humiliating, ridiculing, rejecting, or yelling at a child;
  7. Subjecting a child to harsh, abusive, or profane language;
  8. Placing a child in a locked or dark room, bathroom, or closet with the door Closed;
  9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, discipline and guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:

Parent    Employee/Caregiver    Household member of child-care home

Continual violent or disruptive behavior will result in immediate removal from the program for the day. Continuation of physical violence to children, teachers or property, or continual classroom disruptions may be considered grounds for permanent dismissal from the program. The director has the right to determine if a student may remain in the program at any given time. Students that place the program, classroom, teachers, or facility in an unsafe situation may be removed immediately from the program

# Return this page to the Clubhouse Office

Texas Department of  
Protective and Regulatory  
Services

## Parent's Acknowledgement

This is to acknowledge that \_\_\_\_\_  
(Name of Facility Staff)

has provided me with A Parent's Guide to Day Care and has discussed its contents with me.

\_\_\_\_\_  
(Signature-Parent) (Date)

1. Child-care facilities must provide parents with a copy of "A Parent's Guide to Day Care" and review its contents with them.
2. Parents acknowledge receiving the Parent's Guide by signing and dating this form.
3. This acknowledgement is kept in the child's record as long as the child remains at the facility.

NOTE: Failure to provide parents with A Parent's Guide to Day Care, review its contents, and obtain a signed receipt, is a violation of standard 2300.A, Day Care Minimum Standards and Guidelines

Return this page to the Clubhouse Office

# Student Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

If your child shares a home between guardians, please explain any necessary information that may help us to better assist you and your child.

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Please tell us how you found out about Crosspoint Clubhouse: \_\_\_\_\_

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**Please circle the appropriate answer and provide necessary information.**

Has your child previously attended another school or childcare? Y or N \_\_\_\_\_

Does your child have any specific fears? Y or N \_\_\_\_\_

Does your child take a nap? Y or N \_\_\_\_\_

Does your child independently use the restroom? Y or N \_\_\_\_\_

Does your child attend church regularly? Y or N \_\_\_\_\_

Does your child have a comfort item? Y or N \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_ Book? \_\_\_\_\_

Authorization to release information for **Class Directory**

\_\_\_\_\_ I authorize the release of my telephone number and address.

\_\_\_\_\_ I do not authorize the release of my information.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**  
**AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA**

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

<b>Name of Day Care Facility Owner or Director</b> Nombre del Dueño o Director del Centro de Cuidado de Niños
--

to take my child (or children):

a que lleve a mi niño (o mis niños):

<b>Name of Child (1)/Nombre del Niño (1)</b>	<b>Name of Child (2)/Nombre del Niño (2)</b>
<b>Name of Child (3)/Nombre del Niño (3)</b>	<b>Name of Child (4)/Nombre del Niño (4)</b>

to:

a:

<b>Name of Doctor/Nombre del Doctor</b>	<b>Telephone No./Teléfono</b>
<b>Address of Doctor/Dirección del Doctor</b>	

or to:

o a:

<b>Name of Hospital or Clinic/Nombre del Hospital o Clínica</b>	<b>Telephone No./Teléfono</b>
<b>Address of Hospital or Clinic/Dirección del Hospital o Clínica</b>	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

\_\_\_\_\_  
Signature-Parent or Legal Guardian  
Firma-Padre o Tutor

\_\_\_\_\_  
Date/Fecha

**Return this form to Crosspoint  
Clubhouse Office**