



Parent Welcome Letter

We are delighted to introduce you to a school that is quite unique.

At Daniel and Solomon Wisdom Center you can be assured we work hard to provide the best of every aspect of educating the whole child. As taken from Luke Chapter 2:52, Jesus increased in wisdom (academically), in stature (physically) and in favor with God (spiritually) and man (socially).

We also believe the success of our students requires parental involvement. With parents staying involved in the learning of their child, this would help the student to accelerate at the pace with which we are aiming. Our goal is that by age 5, our children will graduate and enter Kindergarten at a 2nd grade Mathematics and Reading level. (This is of course based on the level of parent participation and aptitude of the child.)

We look forward to growing with your child. We are thankful to Christ, who has allowed us to have a school that puts *Him* first. We are excited about what *He* is going to do through the lives of our children.

If you have any questions about this information or about our program in general; please do not hesitate to call (817) -4832 between the hours of 6:00am and 5:00pm or send an e-mail to info@danielandsolomonwisdomcenter.org.

Thankfully yours,

Directors, Linda Brown and Patricia Kilmer



120 E. Bedford-Eules Road
Hurst, TX. 76053
Tel: 817-282-4532
Fax: 817-282-8451

On-Site Pay Scale

Special Promotion: Offering 6 months reduced rates and no application fee.

AGE	REGISTRATION FEE	BIWEEKLY	MONTHLY
TODDLER 18 – 23 months	No registration fee	\$362.50 \$400.00 (with food)	\$725.00 \$800.00 (with food)
TWO	No registration fee	\$337.50 \$375.00 (with food)	\$675.00 \$750.00 (with food)
THREE (with teaching)	No registration fee	\$375.00 \$412.50 (with food)	\$750.00 \$825.00 (with food)
PRE-K (with teaching)	No registration fee	\$400.00 \$437.50 (with food)	\$800.00 \$875.00 (with food)

TWO CHILD HOUSEHOLD

AGE	REGISTRATION FEE	BIWEEKLY	MONTHLY
TODDLER 18 – 23 months	No registration fee	\$700.00 \$800.00 (with food)	\$1400.00 \$1600.00 (with food)
TWO	No registration fee	\$700.00 \$800.00 (with food)	\$1400.00 \$1600.00 (with food)
THREE	No registration fee	\$725.00 \$825.00 (with food)	\$1450.00 \$1650.00 (with food)
PRE-K	No registration fee	\$775.00 \$875.00 (with food)	\$1550.00 \$1750.00 (with food)



Registration Form

Student Name: _____ Age: _____ Birthdate _____

Daniel & Solomon Wisdom Center Information for CCMS /CCA
Licenses # 1713056

Date of Admission: _____ Date of Withdrawal _____

Hours of Attendance: _____ Days of the week: M T W TH F

Choose Learning Preference: Option 1 In-Person Learning Option 2 Remote Learning

Address: _____ Home Number: _____

Parent's information:

Mother/Guardian: _____

Work Number: _____ Cell Number _____

Father/Guardian: _____

Work Number: _____ Cell Number _____

Emergency Contact Person _____

Work Number: _____ Cell Number _____

Emergency Contact Person _____

Work Number: _____ Cell Number _____

I understand the fee schedule and agree to make all payments on time.

I also understand that if the payments are not made on time that my child will not attend the program.

I agree to provide timely transportation for my child daily. Late pick and late payment fees will be added if required.

Parents/Guardian Signature: _____ Date: _____

Parents/Guardian Signature: _____ Date: _____



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Child History

1. Has your child attended Daniel and Solomon Wisdom Center previously?
Yes _____ No _____ If yes, what year? _____
2. Has your child been enrolled in any preschool, group play or childcare program before?
Yes _____ No _____
3. Does your child play best on a one-on-one basis? Yes No or Group play? Yes No
4. Does he or she have any special needs that you feel we should be aware of?
Yes _____ No _____ If yes, explain _____
5. Is your child under any special continuing treatment for medical or behavior disorder?
Yes _____ No _____ If yes, explain _____
6. Is your child toilet trained?
Yes No (Prone to accident Yes No)
7. Does child speak another language? Yes No If so what language? _____
8. Does mother or father travel often? Yes No
9. Child's living arrangements if not with both parents? _____

10. Please indicate any additional information that will better educate our staff to your child's needs and characteristics of personality. _____



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Media/Photography: Consent and Release Form

Daniel and Solomon Wisdom Center

We would appreciate your cooperation by completing this consent form in order for children to be photographed during special events or normal day to day activities organized at Daniel and Solomon Wisdom center. In order for a child to have their photograph taken, they must have a consent form on file at Daniel and Solomon Wisdom Center.

If you do not want to have your child photographed, please do not hesitate to indicate this in the section below. If you do object, please be certain that your child is aware of the decision. As the parent of the child/children at Daniel and Solomon Wisdom Center, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at Daniel and Solomon Wisdom Center during normal business hours, field trips, or activities.
- I understand that these photographs may be used in school newsletters, social media or displayed on the Daniel and Solomon Wisdom Center website.
- I give permission for my child(ren) to be photographed, or their images recorded to be displayed on and by Daniel and Solomon Wisdom Center's website social media or newsletters. The following are the names of my children attending Daniel and Solomon Wisdom Center: (Please print child(ren)'s full name and teacher):

() Yes, I confirm that I have read and understood the above statement, and agree to have my child(ren) photos displayed on and by Daniel and Solomon's website, social media or newsletters.

() No, I do not wish to have my child(ren) photographed.

- Please initial that you understand this form is unrelated to personal photos of your child(ren) taken on occasion at the center for you to purchase if desired.

_____ (initials)

Name (please print) _____ Signature: _____

Date _____



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Discipline and Guidance Policy

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A care giver 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 upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (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; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.



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ATTENTION PARENTS

You are entitled to see the following information. You may ask the center director to see the most recent copy of:

****The minimum Standards for this Licensed Child-Care Center (these are also available on the web at www.dfps.state.tx.us or at your local licensing office.)**

****The most recent Department of Family and Protective Services Inspection/Investigation Report, (compliance information is also available on the web at www.dfps.state.tx.us or at your local licensing office.)**

****Documentation of liability insurance that complies with Human Resources Code, Section 42.0491,**

****The most recent Fire Marshal's inspection Report,**

****The most recent Health Department's Sanitation Inspection Report,**

****The most recent Gas Pipe Inspection Report,**

****The Child -Care Center's operational policies and procedures.**



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		Director's Name	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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 child care operation to release my child to leave the child care 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		Phone Number	
Name		Phone Number	
Name		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="radio"/> I give consent for my child to participate in field trips.			
<input type="radio"/> 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:

- ☐ water table play ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

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 (CCL), DFPS, Child Abuse Hotline, and CCL 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	A.M.	P.M.
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

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

School Age Children

My child attends the following school

School Phone Number

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

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

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.

Signature — Health Care Professional

Date Signed

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 child care operation.

Name

Address of Health Care Professional

Signature — Parent or Legal Guardian

Date Signed

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

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ Fail

Signature

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> 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)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	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.

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 child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed