



1200 W. Spring Valley Rd. Richardson, TX 75080 (972) 231-6998
14045 Waterfall Way Dallas, TX 75240 (972) 437-3880

Student Background

Note to parents: The information below is confidential. It will help your child’s teacher understand his/her behavior better, and therefore will make his/her adjustment easier and enable your child to gain more from their experience here. We sincerely appreciate your cooperation.

Child’s Full Name: _____ Date of Birth: _____

Name to be called at school _____

Has the child been in a daycare situation before? _____ When? _____ Where? _____

How long? _____ Was this a successful experience? _____ If no, please explain _____

Mother’s Name _____ Employment _____

Father’s Name _____ Employment _____

Marital status of parents (please check one)

() Together () Separate () Divorced () Widowed () Single

If parents are separated, who has custody of the child? _____

(Note: Little Scholars Academy prefers NOT to get involved with custody disputes. Little Scholars Academy will follow a court order exactly as written. If your family has a court order on file, please provide us with the most recent copy. *PLEASE NOTE: PER STATE LAW, IN THE ABSENCE OF A COURT ORDER, BOTH PARENTS HAVE EQUAL RIGHTS.* With this being said, it is imperative that all enrollment forms are completed with both parent’s information).

Brothers and sisters (name and ages) _____

Eating conditions _____

Medical conditions _____

Food or other allergies _____

Do you know what the allergy is caused by? _____ Please list: _____

Is the child reliably toilet trained? _____

Does your child have any fears? (Dogs, cats, height, darkness, going to the bathroom by self, storms, etc.)

What method of behavioral control is used in your home?

Please describe your child's personality? _____

Does your child speak a second language? _____

Are there any special problems or concerns that will help us to understand your child better?

Describe: _____

What do you hope your child will gain from attending Little Scholars Academy? _____

Signature: _____ Date _____



OPERATIONAL POLICIES

1. LSA (Little Scholars Academy) is open Monday through Friday 6:30am to 6:30pm year round with the exception of the following holidays: New Year's Day, Martin Luther King's Day, Memorial Day, Juneteenth Day, Independence Day, Labor Day, Thanksgiving and the following Friday, Christmas Eve and Christmas Day.
2. Children will be released to parents or other individuals designated by the parent, only with proof of identification; we always ID those that we are not familiar with.
3. If you are sick you may not come to our school. (Enclosed is a child development center wellness policy.)
4. Medication is only dispensed with a doctor's note (RX label) doses must be clearly labeled and a parent signature must be on the medication log.
5. Procedures for handling medical emergencies are as follows: For major emergencies, 911 will be called. For minor emergencies, staff certified in First Aid will administer safety procedures in the child's best interest. Parent will be notified by the Director directly after the "incident".
6. Parental notifications are only done through the director. Parent is notified by phone for all emergencies.
7. Discipline and guidance practices are enclosed.
8. We reserve the right to warn, suspend, or dismiss any child that harms, disrupts, distracts and/or disrespects another student or teacher. Additional factors considered in student dismissal may include the following: late pickups, late payments, disrespectful parents. All efforts will be made to educate the child/children on acceptable and unacceptable behavior while they are under LSA custody of care. Parents will be given as much advance notice of concerns and issues as soon as reasonably possible but given the uniqueness of each infraction, LSA reserves the right to immediately terminate service for any child when necessary.
9. All staff, substitute staff, and volunteers at Little Scholars Academy will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):
 - Always put infants to sleep on their backs unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2427 and §747.2327].
 - Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the

CPSC federal requirements for full size cribs and for non-full size cribs [§746.2409 and §747.2309].

- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415 and §747.2315]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415 and §747.2315].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing. Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must *not be attached* to a stuffed animal or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2415 and §747.2315].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2426 and §747.2326].
- Our program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2428 and §747.2328].

10. Meals are prepared in the kitchen and brought to the classroom to be served "family style". Children are allowed to say grace before eating. (Children with certain religious beliefs are excused.)

11. Immunization records MUST be kept current at all times. A copy of the current immunization record MUST be provided to Little Scholars Academy as new immunizations are administered.

12. Hearing and vision screening is required for all four year old children. (Test is offered in February to parents as a convenience.)

13. Parents will be notified in writing of any changes to the operational policies and enrollment agreement. Parents will be required to sign the acknowledgement of any changes that have been implemented and a copy will be retained in their child's records.
14. Written permission is required for any children being transported.
15. Water activities can only be authorized by a parent. (Only child seven years old and older will be permitted to participate.)
16. Permission slips must be filled out and signed by a parent in order to participate in field trips.
17. Little Scholars Academy is a pet free facility.
18. Insect repellent (OFF!) and sunscreen (parent supplied) will be applied each time the children go outside. If your child is allergic to the products we use, you will be required to provide the appropriate supplies specific for your child.
19. If you have a concern, complaint, or suggestion, please immediately discuss them with the Director. You are welcome to do so in person, by phone, or by email ewebb@littlescholarsdfw.com (Richardson location) or jtamayo@littlescholarsdfw.com (Dallas location). Your input is very valuable to us.
20. Parents are welcome in the Center at any time to observe your child's classroom. We also welcome parent participation on field trips. We want you to feel confident that your child is getting the best care.
21. Parents may review a copy of the state of Texas "Minimum Standards" and our current Licensing Inspection Report. Report is located at the front door.
22. Parents may contact the Local Licensing Office, Hotline, and Abuse Hotline.
 - Abuse Hotline 1-800-252-5400
 - Child Care Licensing Office 1-800-582-6036
8700 N. Stemmons, Suite 104
Dallas, TX 75247
www.dfps.state.tx.us
23. Little Scholars Academy practices safety for all types of inclement weather; tornadoes, floods, hurricanes, or even intruders. Staff is responsible for moving children to designated Tornado Safer Zones and evacuating children to designated evacuation routes which are posted in each classroom.
 - Toddler Center (located on Waterfall Way)
 - Safe area for tornadoes – Laundry Room
 - Safe area in case of fire – Cotton Wood Animal Hospital (next door)
 - 14055 Waterfall Way, Dallas, TX (469) 330-0357
 - Pre-School Center (located on Spring Valley)
 - Safe area for tornadoes – Back hallway going towards playground
 - Safe area in case of fire – We will relocate to Carolyn G Bukhair Elementary
 - 13900 Esperanza Rd, Dallas, TX (469) 593-4900

24. We understand that breastfeeding is a natural process and we encourage mothers to feed their children here at Little Scholars Academy. We have set up a specific place for you to privately nurse your child with a rocking chair. We also strongly encourage those breastfeeding to bring their breast milk for us to feed their child while they are in our care.
25. At Little Scholars Academy, our staff goes through annual training to gain recognition of neglect and abuse of children. The Director will assist parents and/or children who are victims of abuse or neglect to help obtain assistance and intervention. Employee and parent awareness is key in ensuring the safety of our children; knowing the early warning signs is fundamental. Flyers are displayed at the front of the building to make the public aware.
26. Little Scholars Academy performs a visual health check assessment on each student upon arrival. The child is inspected for any signs of illness, abuse, or neglect. Teachers observe to see if the child seems out of the “norm” and are not their usual self, if so; a more in depth assessment is performed. If any signs of illness, neglect or abuse are present, they will be documented on the attendance sheet and the director will be notified right away.
27. Employees at Little Scholars Academy are required to get the Influenza (Flu) immunization at the beginning of Flu season every year. If an employee is exposed to a sick child that could potentially be contagious, the employee given Airborne Immune Booster as a preventative measure. Immunization records are retained in each employee file.
 - a. Little Scholars Academy is a gang-free zone. A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The purpose of gang-free zones is to deter certain types of criminal activity in areas where children gather. Any gang related criminal activity that takes place within one thousand feet around our facility will be immediately posted to our parents on our front door.

OPERATIONAL POLICIES:

TOPICS COVERED:
1. Hours of Operation
2. Release of Children
3. Illness and Exclusion
4. Medication Administration
5. Medical Emergencies
6. Parent Notifications
7. Discipline and Guidance
8. Suspension & Expulsion
9. Safe Sleep
10. Food Service
11. Immunizations
12. Hearing & Vision Screening
13. Policy Changes
14. Transportation
15. Water Activities
16. Field Trips
17. Animals
18. Insect Repellant & Sunscreen
19. Questions or Concerns
20. Parent Involvement
21. Licensing Standards & Reports
22. Licensing Contact Information
23. Emergency Preparedness Plan
24. Nursing Mothers
25. Abuse & Neglect
26. Daily Health Checks
27. Vaccine-Preventable Diseases
28. Gang-Free Zone

I acknowledge that I received the March 31, 2022 revision of the Operational Policies and that I have read and understand the policies.

Parent Signature: _____ Date _____

Director: _____ Date _____



Discipline Policy Acknowledgement:

I acknowledge that I have read and understand Little Scholars Academy discipline and guidance policy.

Parent Signature _____ Date _____

Permission to Photograph:

I, _____ give permission for _____
Parent/Guardian Child's Name

To be photograph and to participate in audio tapes, video tapes, bulletin boards in the hallways, classroom pictures, newsletter, website, social media and other school related activities as part of Little Scholars Academy experiences.

Surveillance cameras are located in each classroom.

Parent Signature _____ Date _____

Email Address _____



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Tuition Agreement:

Child's Name: _____

Responsible Party for Payment:

Parent1 Name: _____ SS#: _____

Email Address: _____ DL#: _____

Parent2 Name: _____ SS#: _____

Email Address: _____ DL#: _____

Tuition Amount \$: _____

Registration/Supply Fees \$75.00 Yearly

Tuition Information:

- Weekly payment is due on Monday of each week
- Late fees of \$5.00 per day if not paid on Monday
- \$5.00 charge will be assessed if you forget to cancel after-school pick-up. After 3 failures to notify us, the charge will double to \$10.00 per incident.
- No checks accepted
- Tuition is due whether or not your child is present
- Late pickup is subject to payment of \$1.00 per minute
- Holidays, weather closure, vacation, or sickness does not relieve you of payment for the missing time

Parent Signature: _____ Date _____

Director Signature: _____ Date _____



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PARENT ORIENTATION

Child's Name: _____

1. Tour of facility
2. Introduction to teaching staff
3. Parent visit with the classroom teacher
4. Overview of Parent Handbook
5. Discussion of expectations of family and the needs of the child
6. Overview of available family support resources and activities
7. Interpreter available if needed
8. Opportunity for extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable in the new surroundings

I acknowledge that Little Scholars Academy has completed all the steps as mentioned above in this Parent Orientation plan.

Parent Signature: _____ Date _____

Email Address: _____

Director: _____ Date _____



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PARENT POLICIES AND PROCEDURES

Child's Name: _____

1. Admission procedure
2. Philosophy and program goals
3. Hours of Services
4. Holidays
5. Fee structure/payment plan
6. Late payment
7. Refund information
8. Drop off/pick up procedures
9. Illness policy
10. Medication administration
11. Emergency preparedness
12. Curriculum
13. Guidance and discipline
14. Statement reflecting the role and influence of parents
15. Family participation
16. Parent-teacher conferences
17. Complaint procedure
18. Withdrawal/dismissal procedure

I acknowledge that Little Scholars Academy has completed all the steps as mentioned above in this Policy and Procedures Plan.

Parent Signature: _____ Date _____

Director: _____ Date _____

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

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 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 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 or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;

- (B) What behaviors would warrant the use of these measures; and
- (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date.....

Signed by: _____

Role: () Parent () Caregiver/Employee () Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)



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CHILD DEVELOPMENT CENTER WELLNESS POLICY

If your child becomes ill at the Center, we will isolate him/her until you can pick him/her up. We are not able to care for sick children for any prolonged length of time. Please consider the health of all the children and caregivers and do not bring your child to the Center if he/she has had any of the following symptoms in the past 24 hours:

- ✓ Temperature – greater than 100 degrees F. (oral) or 101 degrees F. (rectal).
- ✓ Rash – any rash other than diaper rash or one diagnosed by a doctor as non-contagious.
- ✓ Cough – any cough due to a contagious condition.
- ✓ Discharge – from eyes or nose due to a contagious condition.
- ✓ Swelling – in any part of the body.
- ✓ Vomiting – any repeated vomiting.
- ✓ Diarrhea – of any origin.
- ✓ Head Lice – due to contagious condition.

Children should be free from any of the above symptoms for 24 hours before returning to the Center.

Your child _____ has been released from school due to _____ on _____.

He/she may return to school when free of symptoms for 24 hours, or with a physician’s release.

Physician’s Signature



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NEW STUDENT FILE COMPLIANCE CHECKLIST

Child's Name: _____

1. Child's Name and Date of Birth
2. Child's Home Address and Phone Number
3. Date of Admission
4. Name and Address of Parents
5. Phone Numbers for Parents
6. Emergency Contacts Name and Address
7. Name and Phone Numbers for Persons Authorized to Pick-Up
8. Permission to Transport
9. Permission for Field Trips
10. Permission for Water Activities
11. Emergency Care Facility or Physician's Name and Phone Number
12. Authorization for Emergency Care Transport (SIGNATURE REQUIRED)
13. Statement of Child's Special Needs
14. School Aged Children: Name, Phone Number, and Address of School
15. Shot Record in File
16. Physician's Statement in File
17. Admission Information Sheet (SIGNATURE REQUIRED)
18. Center Policies (SIGNATURE REQUIRED)

I acknowledge that Little Scholars Academy has completed all the steps as mentioned above in this Parent Orientation plan.

File Audit Completed By: _____ Date _____



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14045 Waterfall Way Dallas, TX 75240 (972) 437-3880
Admin@LittleScholarsDFW.com
Fax (972) 249 - 2058

Physician's Statement

Date: _____

(Child's Full Name) _____ has no previous history of illness and/or injuries that would interfere with participating in the school's program. The child has been examined by me, and is both physically and mentally able to participate in the school's programs.

Special injuries, illnesses, on-going health problems that the school should be aware of:

Special medication that the child is using or has used frequently:

Physician's Signature: _____ Date _____

Physician's Full Name (PRINT): _____

Street Address: _____

City/State/Zip: _____

Phone #: _____

Fax: _____

Email: _____

*** Please return this form ASAP and must be filled out by the Child's physician***