



Child Enrollment Agreement

bcd@brockcountryday.org
741 FM 1189, Brock, Texas 76087

Directions: Parent or guardian completes the form in its entirety and returns it to the childcare provider before the child's first day of enrollment. The childcare provider keeps the form on file at the childcare facility. Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state childcare licensing regulations.

Section 1. General Enrollment Information:			
Childcare Provider: BROCK COUNTRY DAY CCL License #840221 Director's Name- SHANNON AULD director@brockcountryday.org			
Child's Last Name _____ Child's First 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 Primary Home *Address _____			Planned Start Date: _____
Name of Parent or Guardian Completing Form Primary Caregiver (circle): Yes No		Address of Parent or Guardian Completing Form (if different from the child's)	
List Primary family information (name & cell numbers) below where parents/guardian may be reached while child is in care. Parent/Guardians listed below are permitted regular pick up and emergency notification and pickup unless Custody Documents state otherwise, and are on file at Brock Country Day			
Parent/Guardian 1 same *address: Name: Cell Number:	Parent/Guardian 2 same *Address: Name: Cell Number:	Parent/Guardian (not primary) Name: Cell: Address:	If applicable, Custody Documents on file @ BCD: <input type="radio"/> Yes <input type="radio"/> No
AUTHORIZED PICKUP PERSONS (ALTERNATE and/or EMERGENCY): Should Parent/Guardians listed above not be able to pick-up child from our center (non-emergency), the authorized Alternate Person will be permitted to pick up your child. from If in an Emergency, and we are unable to contact Parent/Guardian(s), we will release information of emergency and/or release child at pickup to authorized Emergency Person. <i>Parent/Guardian to instruct Authorized Pickup Person to bring their Driver's License or valid State ID at time of pick up.</i>			Please remember to notify Alternate and/or Emergency Pickup Contacts about your child's enrollment at our Center & their role.
I authorize the childcare operation to release my child to leave the childcare operation 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. It is the Primary/Guardian responsibility to ensure that authorized pickup person(s) provide safe transportation, including car seat or booster seat to meet Texas Department of Public Safety. You must indicate if they are Regular Pick up or Emergency Pick up; if both- check both. It is Authorized Alternate or Emergency Pickup Person's responsibility to inform BCD Front Door Staff who they are, and present proper ID. Your child may be released without prior authorization.			
Name list below- select one or both Emergency Pick up _____ Regular Pick Up _____		Phone Number _____	
Name list below- select one or both Emergency Pick up _____ Regular Pick Up _____		Phone Number _____	
Name list below- select one or both Emergency Pick up _____ Regular Pick Up _____		Phone Number _____	
Name list below- select one or both Emergency Pick up _____ Regular Pick Up _____		Phone Number _____	

Parent/Guardian must sign/date bottom of each page and initial as indicated on the Child's Enrollment Form. I state that I am authorized to enroll child in childcare and the child's legal parent/guardian.

➤ Parent/Guardian that is signing below- please print your name: _____

Family Parent/Guardian Signature: _____ Date: ____/____/____

Director Initials: _____

Reference: Brock Country Day aka BCD or Center herein
DFPS Child Care Licensing may be referred to as CCL, CCR or Regulating Bodies



Child Enrollment Agreement

bcd@brockcountryday.org
741 FM 1189, Brock, Texas 76087

Section 2. School Age- Hang 10 Program Permissions: Check or Initial all that apply.

Transportation- School Age ONLY (all others should this section not apply, skip to next section):

I give consent for my school-age child to be transported and supervised by the Center's employees:

_____to and from BISD school _____to and from field trips (Hang 10- school age)

Parent/Guardian will discuss with their child about appropriate and safe behaviors on the bus as follows for the safety of all:

- Sit where asked to by bus driver and explain this may not always be by a friend.
- To listen and follow bus driver and/or teacher's instructions when loading and unloading.
- To make sure they have all belongings before getting off the bus.
- To sit on their bottom (not legs tugged under them) with seat belt properly fastened.
- Not to undo seat belt and/or to get out of their seat until instructed to do so by bus driver.
- No hitting or horse playing on bus and to for them to follow the bus driver's instructions.
- No eating or drinking on the bus and to keep their back packs closed during bus ride.
- Not to hide on bus when unloading.

Field Trips are for our School Age- Hang 10 (school age) Programs:

Should a child car seat be required; family is required to provide child car seat that meets Texas DPS regulations.

Field Trip information will be provided (at least) 1 week prior to field trip. Family may decide at that time of notice of field trip to withdraw their consent for that field trip with Procure message to Director. Your child will stay onsite and not attend field trip. Please discuss with your child your decision.

_____ I give consent for my child to participate in field trips as these are apart of the curriculum for Schoolers- Hang 10 Program.

_____ I *do not* give consent for my child to participate in field trips. Your child will be provided childcare in an alternate classroom during field trip. If not providing field trip consent; we will offer your childcare in an alternate classroom. Please talk with your child about this decision.

Schooler Age- Hang 10 Program attendance at BCD:

A child enrolled in our before/after school program will have a childcare slot reserved for them for before and/or after (depending on family selection), early release, and full days as family reserves for ISD school closure as indicated on the approved annual school calendar.

Summer program will have a full-time childcare slot reserved for your child. Should your child only require part-time care, you will need inquire with Center Director regarding our Flex Time Program.

Exception for care- Should the ISD close school or have an early release due to sports or other event not the approved ISD school calendar; BCD will NOT be able to provide care prior to regular scheduled pick-up time. In these circumstances, the ISD will offer care for children, and it is the family responsibility to notify ISD that their child will need care. BCD will not provide care for a child that is under quarantine by the BISD, any ISD, or by doctor's order. Inclement ISD weather days, typically BCD will be closed when BISD is closed. However, should we decide to open, we may or may not have space for a schooler- Hang 10, this will be based on RSVP with non-schoolers and staff availability to drive safely to Center.

Family Parent/Guardian Signature: _____ Date: ____/____/____

Director Initials: _____

Reference: Brock Country Day aka BCD or Center herein
DFPS Child Care Licensing may be referred to as CCL, CCR or Regulating Bodies



Child Enrollment Agreement

bcd@brockcountryday.org
741 FM 1189, Brock, Texas 76087

Section 3. General Permissions: Please INITIAL as indicated.

Sunscreen and Insect Repellant Application Permission:

Family must apply sunscreen before child is dropped off at Brock Country Day. BCD does not reapply sunscreen when at the center, only during field trips or special outdoor onsite activity. Should a child attend a field trip, Brock Country Day will use "BCD House" supply.

___ I give permission for BCD House supply of sunscreen and/or insect repellant (safe for children) be provided and applied by BCD staff should my child be attending a field trip or special outdoor onsite activity.

___ I DO NOT give permission for BCD staff to use BCD House supply of sunscreen and/or insect repellant. If your child is allergic and needs specific brand/type of sunscreen or insect repellant; family MUST provide sunscreen and ensure sunscreen and/or insect repellant with a valid expiration date, and it must be labeled with my child's first name and last initial (or full name).

Water Activities AUTOMATIC OPT IN no approval required-

Water Activities are considered a part of curriculum and consent for my child to participate is given with signature on this enrollment form. *Onsite slip n Slide requires separate Special Activity Consent. I understand I must OPT OUT if I do not want my child in the following water activities on-site at center: Onsite Water Activities include table play, sprinkler play. splashing/wading pools, sensory play IS AUTOMATIC OPT IN CONSENT:

*OPT OUT: X ___ Initials I am electing to OPT OUT and my child will have alternate classroom activity during this Family will need to discuss with child about your decision for them not to participate.

Walking Excursions or walking between buildings AUTOMATIC OPT IN no approval required:-

Walking Excursions and walking between buildings are always properly supervised/escorted by staff from Main Building and Red Barn and/or playgrounds when and if needed during the day as needed for their enrolled classes/programs. Walking excursions are considered a part of curriculum and/or required center activity.

If I do not want my child to participate in Walking Excursions or walking between buildings, please discuss with Director and if we are able to accommodate care without walking between buildings when needed you MUST OPT OUT.

*OPT OUT: X ___ Initials I am electing to OPT OUT of Walking Excursions or walking between buildings. BCD Director has approved that care is able to be provided with this exclusion. Child will be provided an alternate activity; and may be placed in another classroom during the Walking Excursion or to prevent walking between buildings. Please discuss with your child about your decision for them not to participate.

Displaying of Pictures/Info Permissions AUTOMATIC OPT IN no approval required:-

Our classroom curriculum includes children sharing family pictures and general information. We will request pictures to post in the classroom and/or for your child to share at circle time or special activity. Your child picture is used as their Profile Picture on ProCare for face-to-face safety checks, and for child to easily identify their assign spaces in classroom. We may use your child's picture in classroom group or gathering with other children to share on their ProCare Classroom. Additional information may include child's name, birthdate, and family member's name may be shared during classroom activity. Pictures taken of classroom activity or special event that may or may not include your child may be posted to Brock Country Day's our ProCare app sent as group message to classmate's' families, and to the BCD social medial post and/or website for extended family and friends to view. BCD will not use for advertising without special consent. Please discuss with your child about your decision if you OPT OUT.

*OPT OUT: X ___ Initials- I am electing to OPT OUT of: _____
Family is encouraged to discuss your decision to OPT OUT with your child as they may be asked gently to step aside during photos being taken during classroom and/or activities.

*OPT OUT: X ___ Initials- FOSTER CHILD/FAMILY We are a foster family, and this child may not have their picture on social media.

Family Parent/Guardian Signature: _____ Date: ____/____/____

Director Initials: _____

Reference: Brock Country Day aka BCD or Center herein
DFPS Child Care Licensing may be referred to as CCL, CCR or Regulating Bodies



Child Enrollment Agreement

bcd@brockcountryday.org
741 FM 1189, Brock, Texas 76087

Section 4. Child's Family Dynamics:

Please be sure and list this information in Section 3 Child's Family Dynamics below and include individual information about your family that would help your Child feel more comfortable. For example, a child may have two dads (stepparent and biologic dad), or a parent who has passed. Or other situations that requires our staff to be mindful when creating holiday and other special art, crafts, or other items for children and/or families.

___ Traditional family, please list parents, sibling name/ages:

___ Modern Family- Please describe your child's family dynamics (co-parenting, stepparents' siblings, alternate address, anything that helps us with your child when making holiday items, drop off/pick up; etc.:

Section 5. Child's Additional Information Section:

List any special needs that your child may have, such as environmental allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and any other information which caregivers should be aware of (may attach information as well):

School Age Child:

If your child is enrolled in ISD, are they assigned to a 1 on 1 while in school?

If your child is older 2 or older:

Is your child verbal? ___N ___Y If yes, describe how/why/often

Does your child have swallowing issues? ___N ___Y

If yes, describe how/why/often:

Do you have concerns about speech? _N ___Y If yes, is your child currently receiving speech therapy?

Do you have to use all your locks or other safety protocols to keep your child safe at home due to their behavior or inability or lack of following instructions? ___N ___Y If yes, describe how/why/often:

Does your child bite or hit you or others without being provoke? ___N ___Y If yes, describe how/why/often:

Does your child require a 1 on 1 when being cared for by others, or when outside of the home for safety of their being?

Do you have concerns about growth and development, and/or about milestones not being met?

Has your child been evaluated by therapist or diagnosed? ___N ___Y If yes, please provide Plan of Care documentation.

General (all ages):

Has your child had injuries that required medical care or hospitalization that will affect her/him from safely attending childcare? Seizure?

___N ___Y If yes, describe how/why/often

The Director will review any concerns with the following as applicable for best Plan of Care- Brock Country Day's Professional Consultant's Registered Nurse and/or Registered Dietitian. Texas Rising Star Mentor, Program Manager and/or Classroom Teacher to ensure safe care will be provided and to provide community resources to family. Director will discuss options, referrals, resources with parent/guardian during a one-on-one meeting. Childcare 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 (TT).

Family Parent/Guardian Signature: _____ Date: ____/____/____

Director Initials: _____

Reference: Brock Country Day aka BCD or Center herein
DFPS Child Care Licensing may be referred to as CCL, CCR or Regulating Bodies



Child Enrollment Agreement

bcd@brockcountryday.org
741 FM 1189, Brock, Texas 76087

Section 6. NUTRITION- FAMILY IS RESPONSIBLE FOR PROVIDING ALL NUTRITION FOR INFANTS -23 months and 2 & up- MEALS & AFER NAP SNACK.

Brock Country Day does not participate in any food program for reimbursement. CCL permits Center the option of OPT OUT of providing meals and/or snacks with notification in Center's Parent Handbook.

Does your child have diagnosed food allergies? _____N _____Y _____

If yes, submit a Physician approved Plan of Care to Center Director.

Is food allergy life-threatening that requires an Epi-Pen? _____N _____Y _____

If yes, an Epi-Pen (to always stay onsite) with physician instructions must be provided for Center.

Does your child have food intolerances that will be addressed while in our care? _____N _____Yes _____ If yes, Plan of Care completed with medical professional and Brock Country Day

A Plan of Care for Child's Food Allergies or Intolerances must be submitted PRIOR to Start Date at center for a Plan of Care to be approved. A child with food intolerance or allergy family is always required to provide ALL nutrition, including Special Occasions

Parent/Guardian initials below state understanding BCD's Nutrition Policy

BCD provides limited nutrition and I have read the Family Handbook Nutrition Services for Meals/Snacks.

- I understand Center offers limited nutrition services and will only provide a.m. (9-9:30 am) and late day (5-5:30 pm) snack; and offer cow's milk and filtered city water for my child. Center serves 12-23 months old whole milk and 2 & older is 1% or low-fat milk.
- **I understand Family is responsible for breakfast, lunch and after nap snack.**
- I understand I may send breakfast with my child between 6-8 am to eat at the Center; exceptions Infants 0-12 months.
- I understand BCD will not serve breakfast after 8 am and I will not ask Center to make exceptions.
- I understand staff is unable to heat up or refrigerate any items unless baby bottles.
- **I understand that I must provide a spill proof water bottle for my child's daily use.**
- **I agree to provide lunch box, utensils, thermos and/or ice pack to maintain proper food temperatures.**
- I agree that should my child arrive at Center at 8 am or later (or after lunch time), they will have been fed prior to arrival.
- I agree that should my child not prefer snacks served at Center or family desires their child to have alternate milk or bottled water; it is family responsibility to provide preferred milk, bottled water, and/or the a.m. and late day snacks.
- I agree that should my child have Food Intolerances or Food Allergies to provide ALL NUTRITION and will provide proper physician documentation and complete the BCD Allergy FARE form, please talk with Director.

Family Parent/Guardian Signature: _____ Date: _____/_____/_____

Director Initials: _____

Reference: Brock Country Day aka BCD or Center herein
DFPS Child Care Licensing may be referred to as CCL, CCR or Regulating Bodies



Child Enrollment Agreement

bcd@brockcountryday.org
741 FM 1189, Brock, Texas 76087

Section 7. Health Statement- Must select one of the following Options:

For infants and toddlers, please provide health records each time your child receives an exam and updated Immunization records.
*Usually best to ask for a copy of these records at doctor's appointment; as HIPPA prevents email or faxing of records to childcare centers.

_____ Option 1: My child attends ISD school _____ ISD Telephone # _____

_____ Option 2: My child does **not** attend ISD school away from the childcare center, and I have **provided a signed/dated copy of a health statement** by health care provider stating that my child is able to participate in childcare. This exam was within 12 months of admission to Center.

MUST PROVIDE Name of Health Care Provider _____ Telephone _____
Address _____

_____ Option 3: My child does **not** attend ISD school away from the childcare center, My child **has been examined within the past year** by a health care professional and they are able to participate in childcare. I will provide within 12 months of admission to childcare a copy of this statement of health.

MUST PROVIDE Name of Health Care Provider _____ Telephone _____
Address _____

Section 8. Immunizations Records- Request copy of records for Center at each Immunization appointment.

Reference: [Recommended Immunization Schedules for Children and Adults | Texas DSHS](#)

Please select the following response to providing immunization records for your child (may check more than 1 box):

_____ My child immunizations are up to date and on file at their ISD (listed above) for my ISD school age child.

_____ I have provided Director immunization records that meet CCL 746.623 requirements for my child at enrollment. I have provided Director consent to access ImmTrac2 portal for my child immunization records.

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: (Month/Year) _____ was on or about when my child had varicella disease (chickenpox) and does not need varicella vaccine.

_____ I understand it is my responsibility as parent/guardian to ensure my child is up to date on immunizations and provide documentation to BCD as per CCL regulations; if not, your child may not be allowed to attend childcare until up to date.

For additional information regarding immunizations or OPT OUT- visit this web site and complete appropriate forms for Center.

Reference: [Texas Immunization Exemptions | Texas DSHS](#)

Family Parent/Guardian Signature: _____ Date: ____/____/____

Director Initials: _____

Reference: Brock Country Day aka BCD or Center herein
DFPS Child Care Licensing may be referred to as CCL, CCR or Regulating Bodies



Child Enrollment Agreement

bcd@brockcountryday.org
741 FM 1189, Brock, Texas 76087

Section 9. Authorization for Emergency Medical Attention- this is a required authorization for child to attend BCD.

Authorization for Emergency Medical Attention is AUTOMATIC OPT IN.

I understand the importance for my child to receive first aid in the event of a medical emergency requiring first aid and/or CPR. I understand staff are trained in First Aid and CPR; however, they are responding as "lay responders" and not professionals. In this type of medical emergency, BCD will immediately call 911 and your child may receive treatment and/or transportation to nearest hospital by 911 First Responders. Center will contact parent/guardian or Emergency Contact that child needs urgent care. If emergency constitutes immediate transport to hospital for life-threatening emergency; Center will allow immediate transport. I understand all cost related to transportation by ambulance is at my expense.

I understand that it is against BCD policy for staff to transport my child for emergency care to doctor or hospital including with parent/guardian in the car.

Section 10. Required CCL Notification Requirement:

Gang Free Zone: Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activities are subject to harsher penalties.

No Smoking on Center Premises: People must not smoke any e-cigarette, vaporizer, or tobacco product or otherwise use any tobacco product at child-care center, on the premises, on the playground, in transportation vehicles, or during field trips.

Regarding Firearms, other weapons allowed at Childcare Center:

- Peace officers as listed in §2.12 of the Code of Criminal Procedure and security officers commissioned by the Texas Private Security Board who are trained and certified to carry a firearm on duty may have firearms and ammunition on the premises of the child-care center.
- For all other persons, firearms, hunting knives, bows and arrows, and other weapons are prohibited on the premises of the child-care center, unless the child-care center is also your residence. This prohibition does not apply to personal vehicles.
- Firearms, hunting knives, bows and arrows, and other weapons kept on the premises of a child-care center located in your home must remain in a locked cabinet inaccessible to children during all hours of operation. Ammunition must be kept in a separate locked cabinet and inaccessible to children during all hours of operation.

BCD goal is to ensure all children in our centers are safe and well cared for while they are under our care. BCD must notify the parent/guardian of a child immediately if there is an allegation that the child has been abused, neglected, or exploited, as defined in Texas Family Code §261.001, while in your care. Should your child have an injury, minor or severe, to notify parent/guardian. Center Director can provide details about the mandated reporting rules should you have concerns or questions.

- After BCD ensures the safety of the child, we will notify the parent of the child immediately under the following situations:
- Is injured and the injury requires medical treatment by a health-care professional or hospitalization.
- Shows signs or symptoms of an illness that requires hospitalization.
- Emergency anaphylactic reaction that required administration of an unassigned epinephrine auto-injector.

Family Parent/Guardian Signature: _____ Date: ____/____/____

Director Initials: _____

Reference: Brock Country Day aka BCD or Center herein
DFPS Child Care Licensing may be referred to as CCL, CCR or Regulating Bodies



Child Enrollment Agreement

bcd@brockcountryday.org
741 FM 1189, Brock, Texas 76087

Section 11. Tuition Policy Quick Overview: Refer to Family Handbook for Tuition Policy details.

Registration Fees: A non-refundable registration fee of \$35 per child or family with 3 or more enrolled children is \$30/per child; or other registration as indicated with special programs; is due at initial enrollment and with program selection changes.

Tuition Fee and Due Dates depends on the Program and Attendance option selected. I understand ALL tuition is due and payable in full and in advance of services rendered. I understand I agree to pay the full tuition fee even if my child is absent, holidays, or other center closures.

- **Tuition is NOT subject to discounts, and we will not waive tuition** for illness, unplanned absences, holidays, or emergency closures (i.e., severe or inclement weather, ice storms, pandemic, or if electrical grid is restricted or shuts down electricity) unless indicated in our Parent Handbook.
- **Late Fees** and Past Due Accounts- Refer to Family Handbook Tuition Fees.
- **Special Programs/Activities-** My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.
- **Return Payments-** All returned checks or ACH transactions (automatic debits) will be charged a fee of \$25 each occurrence. ACH or Checks will be processed only once and then a POS (Point of Sell) credit/debit card or cash payment must be provided. Late fees will apply. Refer to Family Handbook Tuition Fees for further details.
- **End of Year Tax Statement-** A receipt for income tax purposes is provided on www.myprocare.com; set-up instructions are listed in Family Handbook or will be provided by Center.
- **Late Pickup from Center** (after closing time): Brock Country Day is not able to provide childcare before or after operating times approved by Child Care Licensing. If you know that you will not be able to pick up your child(ren) by our closing time, you must make advance arrangements for Emergency Pickup. Refer to Family Handbook Tuition Fees for further details.
- **Disenrolling-** A 2-week written notice is required for any child being withdrawn from the program to stay in Good Standing with Center. Failure to provide notice in writing by email to bcd@brockcountryday.org will result in forfeiture of deposit if applicable; or 2 weeks further will be added to account and processed for payment.

Regarding my child enrollment, the tuition program, attendance options and billing account has been reviewed to me prior to my child's first day. I understand that preferred payment is ACH checking or savings account; should I elect (with Director approval) to pay my other form that additional charges will apply, along with tuition upcharge. I am agreeing to these terms as outlined on Enrollment Form, Family Handbook and Contract Charges Acknowledgement Form.

Family Parent/Guardian Signature: _____ Date: ____/____/____

Director Initials: _____

Reference: Brock Country Day aka BCD or Center herein
DFPS Child Care Licensing may be referred to as CCL, CCR or Regulating Bodies



Child Enrollment Agreement

bcd@brockcountryday.org
741 FM 1189, Brock, Texas 76087

Required signature for this CCL Form 1099 is included on Child Enrollment; therefore, individual CCL 1099 form signature not required.



Form 1099
July 2019-E

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

Family Parent/Guardian Signature: _____ Date: ____/____/____

Director Initials: _____

Reference: Brock Country Day aka BCD or Center herein
DFPS Child Care Licensing may be referred to as CCL, CCR or Regulating Bodies



Child Enrollment Agreement

bcd@brockcountryday.org
741 FM 1189, Brock, Texas 76087

Brock Country Day's Family Handbook Acknowledgement

Family Account Name: _____ (print)

For Child _____ (print)

*Family must provide one form per child.

Please sign this acknowledgement and return it with Enrollment Form to the center prior to enrollment. This handbook may be updated from time-to-time, and notice will be provided as updates are implemented.

Family Handbook includes the following, but not limited to, notification to families as per CCR:

- Brock Country Day Operational Policies
- CCR Minimum Standards 746.501- What written operational policies must a center have?
- Texas Rising Star- What is Texas Rising Star?
- BCD does not provide meals, breakfast, or lunch, or after nap snack.

I have received and reviewed the Brock Country Day Operational Policy- Family Handbook. My signature states that I have read, and familiarized myself the Brock Country Day Family Handbook. I don't have any questions currently. Should I have questions or need clarification of Family Handbook, Center Director is available.

I agree to bring any concerns or questions that I may have to the Center Director before posting on social media. Brock Country Day will not share a negative post of any BCD family and will bring any concerns directly to the family should any arise. We ask the same respect from families regarding BCD staff and Center.

Thank you for your acknowledging the policies and procedures we have established for the safety and welfare of all children in our care. We look forward to getting to know you and your family.

Family Parent/Guardian Signature: _____ Date: ____/____/____

Director Initials: _____

Reference: Brock Country Day aka BCD or Center herein
DFPS Child Care Licensing may be referred to as CCL, CCR or Regulating Bodies