



ADMISSION INFORMATION

GENERAL INFORMATION			
Operation's Name: Iman Academy Child Care Center		Director's Name: Ameena Latheef	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> 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):	
Mother:	Father:	Guardian:	Custody Documents on File:
Cell Phone #	Cell Phone #	Cell Phone #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Email:	Email:	
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 and Phone Number:	Name and Phone Number:	Name and Phone Number:	

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 <input type="checkbox"/> No <input type="checkbox"/> Plan submitted on:

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: Memorial Herman Southeast Hospital	Address: 11800 Astoria Blvd	Phone Number: 281 929 6100
I give consent for the facility to secure any and all necessary emergency medical care for my child.	Signature - Parent or Legal Guardian <div style="background-color: yellow; height: 20px; width: 100%;"></div>	

CONSENT INFORMATION

CHECK ALL THAT APPLY:

1. TRANSPORTATION

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care on field trips to and from home to and from school

2. FIELD TRIPS

I give consent for my child to participate in field trips.

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

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

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, DFPS, Child Abuse Hotline, and DFPS 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

6. DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

CHILD'S ADDITIONAL INFORMATION SECTION

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:

[Redacted Signature]

Date Signed:

[Redacted Date]

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.

Please 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.

Health Care Professional's Signature:

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 and 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

R 20/

L 20/

Pass

Fail

Signature:

Date Signed:

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> 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) 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.

Parent's 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:

SCHOOL AGE CHILDREN

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

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

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

SIGNATURES

Child's Parent or Legal Guardian:

X

Date Signed:

Center Designee:

X

Date Signed:

Discipline and Guidance Policy for Iman Academy ChildCare

- ◆ 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;and
 - (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



IMAN ACADEMY CHILDCARE

Child's Name: _____ Class: _____

Please initial the information below:

_____ I have received a copy of the minimum state vaccine requirements for Texas Child Care Facilities.

_____ I DO/ I DO NOT (circle one) allow my child to be photographed at school.

NOTIFICATION OF WITHDRAWAL:

_____ Three weeks' notice is required prior to withdrawal of your child from our Childcare. If we do not receive the proper notification, the family leaving is responsible for three weeks tuition to account for the neglect of notification. This practice allows the Center time to contact those on the waiting list.

_____ Please give your email address, so that we may notify you of any upcoming events.

Father's Name: _____

Father's E-mail: _____

Mother's Name: _____

Mother's E-mail: _____


Parents Signature: _____

Date: _____



IMAN ACADEMY CHILDCARE

825 JETSTREAM CT, WEBSTER, TX 77598.

 281-204-8710

childcare_se@imanacademy.org

Please View Iman Academy Childcare SE [Parent Handbook](#)

Please complete & return this page to the Childcare Director.

I, _____, have received a copy of
IMAN ACADEMY CHILDCARE SE Parent's Handbook on the
_____ day of _____ 202____.

I have read the information and agree to comply with the
policies and procedures.

Parent Signature: _____

Student Name: _____

Date: _____

[Jazakum Allahu Khairun for your support and cooperation.](#)



**Iman Academy
Jetstream Campus**
825 Jetstream
Webster, TX 77598
Ph: 281-204-8710

**Iman Academy
Southwest Campus**
6240 HWY 6 South
Houston, TX 77083
Ph: 281-498-1345

TUITION & FEES AUTHORIZATION FORM

Parent / Guardian			
			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
First Name _____	Last Name _____		
Home Address _____	City _____	State _____	Zip Code _____
Home Phone: _____	Cell Phone: _____	Email: _____	

Students List				
No.	Student's First & Last Name	Grade Level	Book Fees	Total Tuition/Year
1.				
2.				
3.				
4.				
5.				
Total Book Fees & Tuition			\$ _____	\$ _____

Payment Schedule		
<input type="checkbox"/> Annual Lump Sum	<input type="checkbox"/> Semi-Annual Lump Sum	<input type="checkbox"/> Monthly

Payment Method		
<input type="checkbox"/> Postdated Checks <small>(Attached)</small>	<input type="checkbox"/> Automated Bank Withdrawal <small>(Attached Voided Check)</small>	<input type="checkbox"/> Credit Card <small>(3.75% Processing Fee)</small>

Bank Withdrawal Information	Credit Card Information
Bank Name: _____ Account #: _____ Bank Routing #: _____	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> Amex Card #: _____ Exp. Date: ____ / ____ Security Code: _____

Frequency: Once 10 Months; \$ _____/Month Other/No. of months ____; \$ _____/Month
(Less than 10 months)

I, _____, authorize Iman Academy School to withdraw from my bank account/charge my credit card for my child(ren)'s Tuition (due on the **26th** of the preceding month) for the school year. This authorization may be used for other fees such as the Book Fee.

This authorization will automatically renew and continue to be valid for future school years as long as my child (ren) continues to be registered at Iman Academy.

This authorization may be terminated by written request **once all financial obligations have been met.**

Signature: _____ **Date:** _____

Immediately inform Iman Academy School of any changes to the above information.