

**Austin Nature and Science Center
Nature's Way Preschool**

8/10

Parent Handbook Information

1. **HEALTH STATEMENT**

There must be a health statement on file at the child care center within 1 week after the date of admission.

2. **IMMUNIZATION RECORDS**

Each child enrolled in the center from birth to age 17 must meet applicable immunization requirements specified by the Texas Department of Health.

Forms must be in the child's file

-the original immunization record or a photocopy of the record or an official immunization record generated from a state or local health authority. This record must contain

-the child's name

-date of birth

-the number of doses and vaccine type

-the month, day and year when vaccine was received

-signature or stamp of physician or health care professional who administered the vaccine

3. **VISION AND HEARING SCREENING**

The special Screening and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires a screening or a professional examination for possible vision and hearing problems for children of certain ages and grades. See website for more information.

www.dshs.state.tx.us/vhs/

Children enrolled in a licensed child care facility must have a record on file within 120 days of turning 4 years old. The following data must be recorded: **CHILD'S NAME, TYPE OF SCREENING, DATE, SCREENER, AND SCREENING RESULTS.**

4. **POLICY FOR RELEASE OF CHILDREN**

Parents must initial the sign in / sign out log each day when they drop off their child in the morning and when they pick up their child in the afternoon. The log must include the name of the child, the date, the time of arrival and time of departure and parent or staff initials.

Logs for each class are kept outside the classroom by the cubbies.

If someone other than the parent will pick up the child, their name must be listed on the non-custodial pick up authorization and signed by a parent. Adults other than parents may be asked to show a photo ID before the child is released to them.

5. **FOOD**

Nature's Way Preschool does not provide a snack or lunch for your child. Each child is required to bring a nutritious snack and lunch each day. Foods will not be warmed or refrigerated. Please pack foods that will survive the weather for the day.

6. **MINIMUM STANDARD RULES FOR LICENSED CHILD CARE CENTERS**

Parents may view the minimum standard rules for child care centers at Nature's Way Preschool at any time. The standard rules are in a binder in the kitchen. If you have any questions or concerns, please address them with your child's instructor or the director of the preschool.

7. **PARENTS WILL BE NOTIFIED IN WRITING OF ANY CHANGES TO THE POLICIES AND PROCEDURES OF NATURE'S WAY PRESCHOOL.**

8. **Minimum Standards of Care for Licensed Child Care Centers:**

A copy of the Minimum Standards of Care for Licensed Child Care Centers is stored on the mantel in the kitchen beside the parent information bulletin board. Parents may look thru manual at any time.

9. **MEDICATION**

*Before staff can administer medication, parents must sign an authorization and include times for child-care center employees to administer each medication according to label directions.

*The medication must be in the original container labeled with the child's full name and the date brought to the child-care center

*You must administer the medication in amounts according to the label directions or as amended by a physician

*You must administer the medication only to the child for whom it is intended

*You must not administer the medication after its expiration date

AUSTIN NATURE AND SCIENCE CENTER

NATURE'S WAY PRESCHOOL

MEDICAL INFORMATION AND RELEASE FORM

Participant name _____ Age _____ DOB _____

Program Name _____ Date of Camp Session _____

Mother/Guardian Name _____ home phone _____ work phone _____

Father/Guardian Name _____ home phone _____ work phone _____

Home Address _____

In case of emergency, contact _____ Phone _____

Address of emergency contact _____ zip code _____

Doctor's Name: _____ Doctor's Phone _____

The staff of the Austin Nature and Science Center takes every precaution to make each program as safe as possible. Please fill out the following information as additional protection for your child. *If you answer yes to any of these questions, please elaborate.*

1. Level of swimming ability:

- Beginner: float on stomach and put face in water
- Intermediate: swim 10 yards, float on back, swim underwater
- Advanced: swim 25 yards, swim freestyle and backstroke, jump and dive.

2. Does your child wear glasses or contacts?

3. Does your child have any physical condition that could restrict activities?

4. Does your child have any special needs of which we should be aware?

5. Is your child on any medication or under any doctor's orders?

6. Does your child have lice?

7. Does your child attend public school?

If no, does your child have all current immunizations?

8. Allergies:
- food _____
 - drugs _____
 - insect stings _____
 - Poison Ivy
 - hay fever
 - asthma

I do hereby give permission for my child to go on walking field trips on ANSC site during camp. I give permission for my child to participate in water activities such as splashing and wading on ANSC site.

I do hereby acknowledge that my child may be photographed by the City of Austin Parks and Recreation Department during programs sponsored by said agency and its facilities and do hereby consent to use of these photographs by said agency and its facilities for promotional purposes and displays.

**PLEASE COMPLETE INFORMATION ON OTHER SIDE OF THIS PAGE
PARENT MUST SIGN AND DATE AT BOTTOM OF OTHER SIDE**

AUSTIN NATURE AND SCIENCE CENTER

PERMISSION TO ADMINISTER MEDICATION

I authorize the Austin Nature and Science Center to give _____
CHILD'S NAME

the drug _____ in the quantity of _____
NAME OF THE DRUG OR PRESCRIPTION AMOUNT

at this time of day _____ on the following days that s/he will be at
TIME OR TIMES OF DAY

the Austin Nature and Science Center: _____
DATES TO BE GIVEN THE MEDICATION

Parent's or Physician's Signature: _____ Date: _____

Name or Medication Number	Time Given	Given by	Date

PICK-UP AUTHORIZATION

My child may leave ANSC site only with the persons listed below.

My child, _____, has permission to be picked up
CHILD'S NAME

by _____ after camp at _____ p.m. on _____.
NAME OF ADULT TIME DATE

Parent/Guardian Signature: _____ Date: _____

In consideration of participant being allowed to participate in the registered class(es) or program(s), the undersigned hereby releases the City, its employees and agents, from any action, claim, or demand for personal injury or property loss arising from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. In the event the City or a volunteer provides transportation for my child, this waiver and release shall extend to and release the volunteer driver or City employee driver from any and all liability aforesaid. Permission is given for any emergency medical treatment, operation, or anesthesia that might become necessary. I agree to be responsible for the expense of medical treatment or service.

PARENT/GUARDIAN: _____ 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:

Name of Day Care Facility Owner or Director 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):

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

to:

a:

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

or to:

o a:

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

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

Discipline and Guidance Policy for _____

Name of Operation

- ◆ 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

Nature's Way Preschool

Nature's Way Preschool
Austin Nature and Science Center

301 Nature Center Dr. Austin, Texas 78746
Trailhouse (512) 329-8238

ANSC (512) 974-3888
fax (512) 974-3885

Car Seat Rules/ Waiver

“As of September 1, 2009; Texas SB 61 requires that any child younger than 8 years of age be restrained in an approved child passenger safety seat unless the child is taller than 4 feet 9 inches in height.”

***If your child is required to use a car seat by law,
you must follow these guidelines for
NWPS field trips.***

- 1. Parents will be responsible for placing the car seat in the van at morning drop off. Please see your teacher for any seating charts, etc)**
- 2. Parent will check the seat to make sure it is secure.**
- 3. Parent will inform teachers of any specifics involved in securing child in the car seat.**
- 4. If parent is present before departure, parent is encouraged to put child in car seat and secure child in car seat.**
- 5. If you have any questions, please feel free to call the preschool director at 512-974-3882.**

My child, _____ will be traveling via a City Vehicle between the days of September 19, 2011 and May 4, 2012.

I have read and understand the above guidelines for using a car seat in a City of Austin Vehicle.

PARENT/GUARDIAN: _____ **Date:** _____