



*Where learning  
and loving...  
...go hand in hand!"*

**LITTLE MUNCHKINS  
LEARNING CENTER**  
2020 Denton Dr.  
Austin, TX 78758  
512-454-1877  
Fax 512-973-8365

Child \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_ Code L 374

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Ethnicity (choose one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

☐ Asian ☐ American Indian or Alaska Native ☐ White ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

***Parent / Guardian Information***

Guardian 1 _____	Guardian 2 _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Ph #1 _____ Ph #2 _____	Ph #1 _____ Ph #2 _____
Ph #3 _____	Ph #3 _____
E-Mail _____	E-Mail _____
Employer _____	Employer _____

*In case of emergency when neither parent nor guardian can be reached...Call:*

Name \_\_\_\_\_ Address \_\_\_\_\_ Ph \_\_\_\_\_

*The following person may pick-up my child from Little Munchkins:*

Name \_\_\_\_\_ Ph \_\_\_\_\_ Cell \_\_\_\_\_

Days your child will normally attend the center:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Meals normally to be served to your child in the center: ☐ Breakfast ☐ Lunch ☐ PM Snack

What hours will your child normally be in the center? \_\_\_\_:\_\_\_\_ until \_\_\_\_:\_\_\_\_

***~~~~Authorization for Emergency Medical Attention~~~~***

In the event that I cannot be reached or make arrangements for emergency medical attention, I authorize the staff of LMLC to obtain medical assistance and/or transportation for my child from Emergency Medical Services (EMS), to the closest Emergency Center, or to:

Dr. \_\_\_\_\_ at Address \_\_\_\_\_ at Ph \_\_\_\_\_,

or to Dell Children's Medical Center of Central Texas at 4900 Mueller Blvd at Phone 324-0000.

I give consent for this facility to secure any and all necessary emergency medical care for my child.

**Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

**FOR ADMINISTRATION ONLY:**

Admission Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Classroom \_\_\_\_\_

Updated October 2022



*Where learning  
and loving...  
...go hand in hand!*

**LITTLE MUNCHKINS  
LEARNING CENTER**  
2020 Denton Dr.  
Austin, TX 78758  
512-454-1877  
Fax 512-973-8365

## Health Requirements

**Child** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

Immunization History: Texas law (HB 106) requires that all children admitted to childcare facilities must be immunized. Children may be provisionally admitted if immunizations are begun and continued as rapidly as medically possible. All records must be current within seven (7) days of admission. This child has received the following immunizations:

**Immunization Dates:**

	1	2	3	4	Booster
DTaP (Diphtheria, Tetanus, Pertussis)					
OPV / IPV (Polio)					
Hepatitis A					
Hepatitis B					
HIB (Influenza Type b)					
MMR (Measles, Mumps, Rubella)					
Varicella					
PCV (Pneumococcal)					
Hearing Screening (by 4 yrs.)					
Vision Screening (by 4 yrs.)					

☐ A copy of immunization record has been placed in child's folder ☐ Yes ☐ No

☐ My school age child attends \_\_\_\_\_ School at Ph \_\_\_\_\_ and has a copy of Immunizations on file at the school.

**Admission Requirements:** (One of the following must be presented within one week of admission.)

☐ Doctor's Statement: I have examined this child within the past year and find that he/she is physically able to take part in the day care program.

**Doctor / Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ A form or written statement from a health service or clinic.

☐ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the day care program. Within the next 6 months, I will obtain a physician's statement or a form or statement from a health service or clinic and will submit it to Little Munchkins.

☐ My child has an appointment for a physical examination on \_\_\_\_\_

☐ My initials give consent for Little Munchkins staff to administer these non-prescription medicines without contacting me first. \_\_\_ Tylenol \_\_\_ Cough Syrup/Decongestant \_\_\_ Benadryl

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, or injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which LMLC should be aware of: \_\_\_\_\_

NOTE: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign and affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

**Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



## MEDICATION POLICY & PROCEDURES

**PURPOSE:** This policy was written to encourage communication between the parent, the child's health care provider and the childcare provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in childcare.

**INTENT:** Assuring the health and safety of all children in our center is a team effort by Little Munchkins staff, our families, and their health care providers. This is particularly true when medication is necessary to the child's participation in childcare. Therefore, an understanding of each of our responsibilities, policies, and procedures concerning medication administration is critical to meeting that goal.

### Guiding Principles and Procedures:

1. Whenever possible it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to childcare, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the child is required to stay home for 24 hours before returning to childcare (i.e. due to the COVID-19 pandemic, the health department is requiring that ill children stay home for 72 hours). This is for the protection of the child who is ill as well as the other children in the center.
3. Medication will only be given when ordered by the child's health care provider and with written consent from the child's parent/legal guardian. An "Authorization to Give Medication in Childcare" form is attached to this policy and will hereafter be referred to as an Authorization Form. All information on the Authorization Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the childcare provider.
4. "As needed" medications may only be given when the child's health care provider issues an order, and an Authorization Form is filled out by Parent/Guardian. An Authorization Form must list specific reasons and times when such medication can be given. "As needed" medications will only be given for two weeks, in which after that time a letter from the health care provider must be provided to retain in the child's file. Medication after the two-week period will be sent home if physician order is not provided.
5. Medications given in the center will be administered by a staff member designated by the Director and will be informed of the child's health needs related to the medication. The designated staff member will have current training in the safe administration of medication.

# Little Munchkins Learning Center

*"Where learning and loving go hand in hand..."*



## MEDICATION POLICY & PROCEDURES

6. If medications need to be administered at school, the following conditions must be met:

- ❑ **Prescription or over the counter medication brought to the center will be accepted only if it is specific to the child who will receive it, in the original container, has a child-resistant cap, and hasn't reached its expiration date.**
- ❑ Medication must also have the full name of the child to whom it is given.
- ❑ **Prescribed medication** must have original pharmacist label that includes the pharmacist phone number, child's full name, name of prescribing physician, name and expiration date of the medication, date it was prescribed or updated, dosage, route, frequency, and any special instructions for its administration and/or storage.
- ❑ **Over-the-counter (OTC)** must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible. Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Authorization Form and an order from the health care provider prior to being given in the center.
  - **EXAMPLES of over-the-counter medications that may be given include:**
    - **Antihistamines**
    - **Decongestants**
    - **Non-aspirin fever reducers/pain relievers**
    - **Cough suppressants**
    - **Topical ointments, such as diaper cream or sunscreen**
  - **NO ORGANIC MEDICATIONS, VITAMINS, OR COUGH DROPS WILL BE DISPENSED AT THE CENTER.**
- ❑ Little Munchkins **DOES NOT ADMINISTER THE FIRST INITIAL DOSAGE** of a medication, except with physician's written permission for life threatening situations. (ex. EpiPen)
- ❑ Nonprescription medication may only be administered by following the manufacturer's recommendation on the label. Medication must be in the original container and accompanied with a copy of the information given to you by the pharmacy.
- ❑ Before any prescription or nonprescription medication can be administered, including sunscreen, we must have authorization in writing by the child's parent/guardian. Parents/guardians must provide written instructions that include the following:
  - Medication name
  - Medication dosage
  - Time to be given
  - Date medication is to be given
  - Followed by Guardians signature

Please fill out the medication forms and enter instructions that will be kept in the Daily Medication Log Book. Please bring a copy of the information given to you by the pharmacy. Please make sure that all parent's/guardian's instructions are consistent with labeling on the medication or doctor's order.

- ❑ Medication will go home after the prescribed last dose on the prescription label, or after the two week period has been reached(unless an order from the physician has been provided to the center.



## MEDICATION POLICY & PROCEDURES

- ❑ Medications **MUST NOT BE EXPIRED.**
  - ❑ Medication is given only by staff trained on use of the device or medication.
  
  - ❑ **Insect Repellent/Sunscreen** must be signed up in the office on the medication authorization form. First dosage **MUST** be given to the child prior to coming in for the day by the parent. Second dosage will be given by administration.
    - *ALL repellants and sunscreens must follow above medication guidelines in order to be approved.*
7. All medications will be stored:
- a. Inaccessible to the children
  - b. Separate from staff medications
  - c. Under proper temperature control
  - d. A small lock box will be used in the refrigerator to hold medication requiring refrigeration.
8. For the child who receives a particular medication on a long-term daily basis, the staff will notify the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed. Parents must also provide a letter from the physician stating the need for the medication to be dispensed at the center.
9. Unused or expired medication will be returned to the parent/guardian when it is no longer needed, or able to be used by the child. (i.e. after the two-week time frame)
10. Records of all medication given to a child must be completed in ink, and will be signed by the staff member designated to give the medication. These records are maintained in the center. Samples of the forms used are attached to this policy and include:
- a. Authorization to Give Medication in Childcare form
  - b. Medication Administration Log
  - c. Medication Incident/Error Report
  - d. Field Trip Medication Form (i.e. Pre-K, School Age)
11. Information exchange between the parent/guardian and the center concerning medication that a child is receiving should be shared when the child is dropped off and/or picked up from the center. Parents/guardians should share with the staff any concerns, observations, and/or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.



## MEDICATION POLICY & PROCEDURES

12. Confidentiality related to medications and their administration will be safeguarded by the center Director and staff. Parents/guardians may request to see/review their child's medication records maintained at the center at any time.
13. Parent/guardian will sign all necessary medication related forms that require their signature and particularly in the case of the emergency contact form, Munchkins will update the information as necessary to safeguard the health and safety of the child.
14. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Director or Director's designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.
15. The medication administration policy is reviewed annually by the following:
  - a. Director – \_\_\_\_\_
  - b. Assistant Director – \_\_\_\_\_
16. All medical devices that disperse any type of medication (nebulizer, EpiPen, etc.) will follow the same procedures and policies as prescription medication above:
  - ☐ Training on use and care of the device is provided annually or as needed with staffing or device changes.
  - ☐ The health care professional will provide written instructions on indications for the use of the device. This includes signs and symptoms that the medication might be needed. (i.e. Anaphylaxis, Epi-Pen)
  - ☐ Medication is given only by the staff trained on the use of the device or medication.
17. Health forms are required to be completed at the time of enrollment showing any allergies, physical handicaps, a statement of general health, and a current immunization history. These must be updated and kept current.
18. Medication may be given to children with the proper signed authorization forms. Authorization Forms must show the name of the medication, the amount, time to be given, and date to be given. Medication Administration Log will have the name of the person administering it, signed and initialed, and include the time given. All medications will be stored in a *locked* refrigerator, cabinet, or container and will be inaccessible to



# Little Munchkins Learning Center

*"Where learning and loving go hand in hand..."*



## MEDICATION POLICY & PROCEDURES

the children. Medication is administered only by designated staff trained in administration of medication.

### Parent Acknowledgement

*I, the Parent/Guardian of \_\_\_\_\_, hereby acknowledge that I have received and read a copy of Little Munchkins Learning Center's Medication Policy and Procedures. I also understand that it is my responsibility to comply with the policies contained and any revisions made to it. I also understand that it is my responsibility to be familiar with these policies and to ask questions on any matters I don't understand.*

*I hereby acknowledge that I have fully read and understand all of the policies and procedures provided to me.*

**Parent / Guardian Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_\_\_

**Center Director/Designee Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_\_\_



# Little Munchkins Learning Center

## Request for Allergy Information

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Please check and initial here \_\_\_\_\_ if your child has no known food allergies.

Although Little Munchkins cannot guarantee an allergy free environment, this form allows you to disclose whether your child has a food/other allergy or severe allergy that you believe should be disclosed.

“Severe allergy” means a dangerous of life-threatening reaction of the human body to an allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any food/other substance to which your child is allergic or severely allergic, as well as the description of your child’s allergic reaction to that substance.

Allergen	Description of allergic reaction

Little Munchkins will maintain the confidentiality of the information provided above and may disclose the information to teachers, and other appropriate school personal.

Guardians name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form was received by school: \_\_\_\_\_





# Little Munchkins Learning Center

## Food Allergy Emergency Plan

Please complete one form FOR EACH known Food Allergy

### To Be Completed by Guardian(s)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Guardian(s) Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_  
Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing below, the parent or guardian of this child gives Little Munchkins Learning Center permission to post the child's food allergy in the food serving and food preparation areas.*

### To Be Completed by State Recognized medical authority

Describe Disability: \_\_\_\_\_

What major life activity is affected? \_\_\_\_\_

How does the disability restrict the diet? \_\_\_\_\_

Child has no disability but requires a special diet: \_\_\_\_\_

What major life activity is affected? \_\_\_\_\_

How does the disability restrict the diet? \_\_\_\_\_

### Child Has No Disability but requires food accommodation

Describe the medical or other dietary need that restricts the diet: \_\_\_\_\_

List food or type of food to be omitted: \_\_\_\_\_

Possible Symptoms if exposed to this food: \_\_\_\_\_

List food or type of food to be substituted for omitted food: Please be specific \_\_\_\_\_

Specific steps to take if the child has an allergic reaction to this food: \_\_\_\_\_

### *This plan must be signed and dated by your child's Health Care Professional*

Doctor Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For licensed center use:

- \_\_\_\_\_ Food Allergy Emergency Plan has been posted in the classroom and food service area
- \_\_\_\_\_ Food Allergy Emergency Plan has been posted in the food preparation area
- \_\_\_\_\_ Food Allergy Emergency Plan has been included in your emergency evacuation binder
- \_\_\_\_\_ Food Allergy Emergency Plan has been included in your field trip and transportation binder

Director Signature: \_\_\_\_\_ Date Accepted: \_\_\_\_\_



*Where learning  
and loving...  
...go hand in hand!"*

**LITTLE MUNCHKINS  
LEARNING CENTER**  
2020 Denton Dr.  
Austin, TX 78758  
512-454-1877  
Fax 512-973-8365

### **Authorizations, Acknowledgments and Agreements**

Please circle "authorize" or "do not authorize" on this form where applicable. Please sign and date the form at the bottom.

1. I **authorize / do not authorize** Little Munchkins Learning Center permission to provide my child emergency care and first aid when necessary and for my child to be transported to an emergency medical facility. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital/medical personnel to undertake examination and emergency treatment if warranted.
2. I **authorize / do not authorize** Little Munchkins Learning Center to transport my child to and from school, on field trips, on educational trips, and on other center-sponsored activities.
3. I **authorize / do not authorize** Little Munchkins Learning Center to include my child in supervised water activities.
4. I **authorize / do not authorize** permission to Little Munchkins Learning Center to photograph/videotape my child and use the resulting photographs/videotapes for any lawful purpose deemed proper by Little Munchkins Learning Center, including use for publicity. I understand this may include but will not be limited to publishing the photograph and posting such on the Little Munchkins Learning Center website. I relinquish all rights, title and interest in the photographs, negatives, and videotape film.
5. I agree to provide updates to all information (addresses and phone numbers) and current immunization history on my child to Little Munchkins Learning Center on a regular basis. I will also provide results of visual acuity and hearing sensitivity screening for my child at four (4) years of age.
6. I acknowledge that I have been provided with information concerning the procedures and operational policies of Little Munchkins Learning Center.
7. By enrolling my child in Little Munchkins Learning Center, **I understand that I am responsible for tuition payments by the 1<sup>st</sup> and 15<sup>th</sup> of each month.** All tuition is to be paid in advance of care provided and if payment is not made timely, I am subject to having my child removed from the center within five (5) business days of delinquency. Any amount owed to Little Munchkins Learning Center will be subject to legal collection proceedings through small claims court, and any court costs and counsel will be added to collection totals.

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



*Where learning  
and loving...  
...go hand in hand!"*

**LITTLE MUNCHKINS  
LEARNING CENTER**  
2020 Denton Dr.  
Austin, TX 78758  
512-454-1877  
Fax 512-973-8365

## **Discipline and Guidance Policy**

The Texas Department of Family and Protective Services require that the following discipline and guidance policy be made available to you. (*Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance*)

Little Munchkin's staff members are trained to use positive reinforcement as a method of guidance to encourage self-esteem, self-control, and self-direction. Just a few examples used in this situation are: praise and encouragement of good behavior instead of focusing only upon unacceptable behavior; reminding a child of behavior expectations daily by using clear, positive statements and redirecting behaviors. Little Munchkin's does not use "time out" as a form of managing behavior. Staff will refrain from using the term "time out" and use other words to help positively guide the children from the situation.

Little Munchkin's staff will never use Corporal Punishment or negative discipline that may hurt or humiliate a child.

Teachers will receive basic training on appropriate discipline and positive guidance practices, including what corporal punishment is and all forbidden practices before working in a classroom. Teachers will be required to take a refresher course on positive guidance every two years or when deemed necessary.

Some examples of forbidden punishments are:

- Biting
- Spanking
- Slapping
- Pinching
- Pulling (appendages, hair, clothes, etc)
- Hitting with a hand or a physical object (paddle, belt, brush, stick)
- Making someone eat soap
- Making someone eat hot sauce
- Making someone eat hot pepper or other unpleasant substance

All types of physical punishment are unacceptable.

Verbal and emotional punishments are unacceptable. Humiliating a child is never a proper form of punishment. Some examples of this are:

- Making the child stand in the corner
- Calling the child inappropriate names
- Mocking the child
- Yelling at the child
- Placing the child in a locked or dark closet, bathroom, or room
- Using food as a punishment (not giving them lunch or snack)
- Taking away their outside playtime
- Taking away their inside activity time
- Turning the child away (rejecting their advances of admiration)



*"Where learning  
and loving...  
...go hand in hand!"*

**LITTLE MUNCHKINS  
LEARNING CENTER**  
2020 Denton Dr.  
Austin, TX 78758  
512-454-1877  
Fax 512-973-8365

- Making a child sit down longer than the maximum time allotted
- Threatening to call a child's parent

When a child needs time to reflect on his/her actions, they will be able to sit in a quiet spot, however this reflection time will not exceed the age of the child, except for children age 1 or younger. For example: if a child is 4 years old, they are able to reflect for no more than 4 mins.

If a child's behavior becomes a chronic problem and is unresponsive to the teacher's attempts to alter the behavior, Little Munchkins may follow any of the following steps deemed appropriate to the situation:

1. Bring concerns about specific children to the director. Documentation must be kept, including anecdotal records and/or incident reports. The documentation must include specific examples of the extreme behavior.
2. The director and the teacher will meet to develop an individualized plan for behavior modification.
3. The teacher will report progress of the plan to the director.
4. If needed, based on results, the team will hold a conference with the following: family/guardian, teacher, and director to discuss the situation and develop methods of rectifying challenging behavior.

When all else fails, Little Munchkins reserves the right to terminate care of any child. Always consult other staff members and/or the Director when any situation becomes the least bit unmanageable.

If at any time an employee suspects/witnesses another employee of using physical means to punish a child, they are to report that suspicion to the director immediately. Either witnessed or suspected, the director will investigate every allegation to the end. If any employee is found to be guilty of any physical punishment on a child(ren), they will immediately be terminated from their position at Little Munchkins.

Any teacher found to be using punishment not deemed physical, but still inappropriate will be sent to proper training made available by Texas Workforce Capital Area. The teacher will be put on a mandatory probationary period, length to be determined by the director, and reevaluated to determine if further action must be taken.

Research has shown that positive guidance teaches children skills which help them develop in their physical and social environment. This aim is to develop personal standards in self-discipline, not to enforce a set of inflexible rules. Giving children understandable guidelines and redirecting their behavior helps them to develop internal control of their actions and encourages acceptable behavior.

Positive cooperation is required from the family when dealing with disruptive behavior. We feel that consistency from all parties involved is the best way to handle these issues. As the saying goes "It takes a village."

***Little Munchkin's reserves the right to terminate care for any child with continuous discipline problems at any time.***

My signature verifies I have read the Discipline and Guidance Policy for Little Munchkins Learning Center.

**Guardian Signature**

**Date**



*Where learning  
and loving...  
...go hand in hand!"*

**LITTLE MUNCHKINS  
LEARNING CENTER**  
2020 Denton Dr.  
Austin, TX 78758  
512-454-1877  
Fax 512-973-8365

## **Operational Policies**

*In addition to the introduction booklet that you have received, The Texas Department of Family and Protective Services require that the following operational procedures be available to you.*

- We are open Monday through Friday from 7:00 a.m. to 6:00 p.m. year-round.  
We are closed for these holidays:  
New Year's Eve,  
New Year's Day,  
Good Friday,  
Memorial Day,  
July 4<sup>th</sup>, Labor Day,  
Thanksgiving and Friday after,  
Christmas Eve,  
Christmas Day and day after.  
These days are used for training in-service days: MLK in January and President Day in February.
- Late pick up fees begin at 6pm. There is a 3 dollar a minute late fee. Late fees must be paid in cash.
- Children must be clocked in and out daily, and are only released to names entered into our database.  
Clock in and out records are retained for 3 months.
- Children with fever (more than 100.4), diarrhea, vomiting, or rash, must be picked up from the center immediately. A 24 hour 'free of' waiting period is required before child may return to the program.
- Any medication given must be signed on the medicine log in the front office.  
The full name of the child, name of medication, time needed, dosage and full name of staff administering the medication must be on the log.  
Logs are retained for 3 months. Refrigerated medicines must be placed in a Ziploc bag.
- In a medical emergency, priority is ensuring the stability of the child. One staff contacts parent and if necessary, another staff contacts 911 services.
- The attached Discipline and Guidance Policy form and Authorization, Acknowledgments and Agreements form require a parent/guardian signature for the child's folder.
- Monthly menus are posted and published online and follow all guidelines of TXDH. The kitchen is inspected by Travis County Health Department semi-annually under the same guidelines as other food establishments and restaurants.
- Immunization requirements must be current and updated as shots are given. Any exception to normal shot requirements must be in writing from the child's doctor.
- Written notification is given for any situation that has placed a child in danger, contagious illness, or changes in our operational policies and rate structure.
- Written notification for any water activity or field trip requiring transportation in center buses or private car will be given. Monthly newsletters and the website also give prior notification of these activities.
- Animals are not allowed in the center.
- All transportation of children complies with Senate Bill 61 concerning child safety and booster seats.
- Review or discussion of any concerns about the policies and procedures of the center may be discussed with the Director at any time.
- Children must have an extra change of clothes while in the center.
- Without having to secure prior approval, parents are free to enter, visit, observe, participate, and monitor the operation and activities of the center at any time.



*Where learning  
and loving...  
...go hand in hand!"*

**LITTLE MUNCHKINS  
LEARNING CENTER**  
2020 Denton Dr.  
Austin, TX 78758  
512-454-1877  
Fax 512-973-8365

- The most recent copies of inspections (DFPS, Health, Fire, and Kitchen) are available for review by the water fountain. Also, as a result of HB 2086, information regarding Gang-Free Zones for child care centers is posted.
- A copy of Minimum Standards for Licensed Child Care (12/10) is available for review in the office.
- Numbers for local agencies are: **Child Care Licensing 834-3195 or [www.dfps.state.tx.us](http://www.dfps.state.tx.us)**  
**Child Abuse Hotline 800-252-5400**

*I accept the fact that my enrollment with Little Munchkins Learning Center is at-will, which means that I have entered into my enrollment with this Center voluntarily and acknowledge that there is no specific length of enrollment. I understand and accept that either Little Munchkins Learning Center or I may end this relationship at any time, with or without cause, notice or reason.*

*I hereby acknowledge that I have fully read and understand all of Little Munchkins Learning Center's operations policies. I have also received a copy of the Little Munchkins Learning Center Parent's Handbook.*

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





*Where learning  
and loving...  
...go hand in hand!"*

**LITTLE MUNCHKINS  
LEARNING CENTER**  
2020 Denton Dr.  
Austin, TX 78758  
512-454-1877  
Fax 512-973-8365

## ***Payment Policies***

*The child care business is very unique. We see our customers (parents) every day, and are here to serve our clients (children) in a consistent manner. Childcare is a labor-intensive industry; therefore, the center's costs remain fixed throughout the year...regardless of a child's presence or absence. Facility scheduled and announced holidays are included in our rate structure. In order for Little Munchkins to operate smoothly, the following payment policies are set forth in our center structure.*

**Families may choose one of the following payment options:**

### ***Payment Option 1: Monthly***

A monthly fee of \$\_\_\_\_\_ is due by the 3<sup>rd</sup> of each month. Monthly payments are considered late if received after the 5<sup>th</sup> of each month and are subject to a \$30 late fee.

### ***Payment Option 2: Twice a Month***

A semi-monthly fee of \$\_\_\_\_\_ is due on the 1<sup>st</sup> and 15<sup>th</sup> of each month. Payments are considered late if received after the 5<sup>th</sup> and the second business day after the 17<sup>th</sup> of each month. Semi-monthly payments may be subject to two late fees of \$30 each if the account is not current.

### ***Payment Option 3: Weekly***

A weekly fee of \$\_\_\_\_\_ is due by Monday morning of every week. The monthly rate is divided by four to establish this pay option. Because of the 5<sup>th</sup> week months, regular payments on every Monday will eventually place the account ahead so that periodically a weekly payment may be skipped. A late fee of \$10 will be added weekly if payments are not paid timely.

### ***Payment Option 4: Bank / Debit Card***

Little Munchkins accepts *Visa, Master Card, Discover and American Express* and is happy to charge or debit your tuition. You may leave a copy of your number on file if you choose to have LMLC charge your card on a regular basis.

### ***Prepayment Discount***

A prepayment discount of 5% will be applied to any account paid by cash or check from three (3) to six (6) months in advance. This payment will reflect on the account statement at a discounted rate. Payments in advance from three to six months by credit card will receive a 3% discount.

***"Little Munchkins...where learning and loving go hand in hand"***



*Where learning  
and loving...  
...go hand in hand!"*

**LITTLE MUNCHKINS  
LEARNING CENTER**  
2020 Denton Dr.  
Austin, TX 78758  
512-454-1877  
Fax 512-973-8365

## **Electronic Payment Authorization Form**

### *Contact Information*

Guardian(s) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Payment Plan**

**Payment Amount:** \$ \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Frequency of Payments:** ☐ Monthly ☐ Two -Times a Month ☐ Weekly

#### **Banking Information**

**Method of Payment:** ☐ Checking ☐ Savings ☐ Credit Card

##### *Bank Information*

\_\_\_\_\_  
Routing Numbers (9 digits)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Voided Check #

##### *Credit Card Information*

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Pin

### **Payment Authorization**

I authorize Modern Payment Solutions, LLC, on behalf of Little Munchkins Learning Center to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until LMLC receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford LMLC reasonable opportunity to act. (Min 30 days)

All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to Modern Payments Solutions, LLC 15 - days prior to any change being implemented. I understand that this payment plan may be cancelled by LMLC or Modern Payment Solutions LLC, due to Non- Sufficient Funds (NSF). I understand that I will be held liable to pay the NSF fees that will be charged by my bank. In event that LMLC is charged an NSF fee by the bank or a revoke authorization fee, I understand that I will be liable to pay these fees and authorize LMLC to debit my account for these amounts.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold LMLC, the bank, and Modern Payment Solutions, LLC harmless from damage, loss, or claim resulting from all authorized actions hereunder.

\_\_\_\_\_  
**Customer's Signature**

\_\_\_\_\_  
**Date**

### **53 EMPLOYEES IMMUNIZATION POLICY**

Effective September 1, 2014 Little Munchkins has implemented the following immunization policy for all of its employees to be in compliance with the Texas Department of Family and Protective Services, Minimum Standard Rule # 746.3611, which requires a policy for protecting children from vaccine-preventable diseases. While the safety of our employees and the children in our care is paramount, we have elected to make immunizations for vaccine-preventable diseases optional to the employees.

#### **Vaccines that we currently recommend our employees receive:**

- Influenza (annually)
- Pertussis (Tdap)

If the employee is not exempt from having these immunizations, Little Munchkins recommends that employees consider these immunizations.

The employee will indicate below if there are any exemptions that prevent them from receiving an immunization for a vaccine-preventable disease.

A copy of this policy, signed by the employee, will be kept in the employee file.

If the employee decides that these immunizations are appropriate and beneficial for their health and well-being, and receive the immunizations, they are asked to provide Little Munchkins with documentation that the immunizations have been received.

Little Munchkins will encourage the use of protective medical equipment to protect employees and children in care from exposure to possible disease. The protective medical equipment would include gloves, masks, and hand washing. The use of protective medical equipment will be based on the level of risk the employee presents to the children by the employee's routine and direct exposure to children. Employees should not be in direct contact when they are ill or exhibiting signs of illness. Little Munchkins will monitor information provided to the public through the CDC and/or other sources to determine the level of risk the employee presents.

There will be no discrimination or retaliatory action against any employee who does/does not receive immunizations for vaccine-preventable illness. The use of medical equipment will not be considered retaliatory when used by employees of Little Munchkins.

All employees will be required to sign this policy and the signed policy will be retained on file. The information related to whether or not an employee chooses to have immunizations for vaccine-preventable diseases will be confidential. Failure to sign this policy will result in the employee not being able to work directly with children.

**Little Munchkins Learning Center**

**Immunization Policy**

I \_\_\_\_\_, guardian(s) of \_\_\_\_\_ have read and understand the Little Munchkins "Employee Immunization Policy".

\_\_\_\_\_

Guardian(s) Signature

\_\_\_\_\_

Date



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

<b>Part 1. All Household Members</b>				
<b>Name of Enrolled Child(ren):</b> _____				
<b>Names of all household members</b> (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.  
 NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_  
 Check here if no eligibility number ☐

**Part 4. Total Household Gross Income—You must tell us how much and how often**

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**  
 An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ ☐ I do not have a Social Security Number

# Little Munchkins Learning Center

## Care Instructions



In order to serve your child's needs in a more individual manner, we ask that you fill out this form and return it to your child's classroom for our records.

Child Name \_\_\_\_\_ DOB \_\_\_\_\_

Drink: Formula or Breast Milk ☐ Warmed ☐ Room Temp ☐ Other

Brand: \_\_\_\_\_ Feedings: \_\_\_\_\_ oz every \_\_\_\_\_ hours

Diet: **PLEASE NO PEANUT BUTTER ITEMS**

Breakfast	<input type="radio"/> Parent Provided	<input type="radio"/> School Provided (school menu)
Lunch	<input type="radio"/> Parent Provided	<input type="radio"/> School Provided (school menu)
Snack	<input type="radio"/> Parent Provided	<input type="radio"/> School Provided (school menu)

Known Allergies: Food \_\_\_\_\_

Skin \_\_\_\_\_

Other \_\_\_\_\_

Skin Care: Ointment \_\_\_\_\_

Special Soap \_\_\_\_\_

Powder \_\_\_\_\_

Use a Pacifier? ☐ No ☐ Yes (No cords attached; lanyards, ties, etc.)

Cup: ☐ Own Sippy Cup ☐ School Cup

This form must be updated every 30 days as changes are made. Thank you for your confidence and trust in Little Munchkins.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine and the American Academy of Pediatrics recommend that adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more, and the Texas Department of Agriculture (TDA) encourages child care provider's to dedicate a space for mothers to breast feed their infants on site.

Child care providers participating in the CACFP **are required** to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider. It is important to note that your child care provider will not receive reimbursement for meals that contain **more than one** parent provided component. Speak to your child care provider to understand what components are required for your infant's meal and the exceptions made for infants with disabilities, so that your infant receives the most nutritious meal possible.

This child care provider offers the following infant formula(s):\_\_\_\_\_

**It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family.** Please complete the information below to designate your preference for infant formula, infant cereal and other foods.

Infant's Name \_\_\_\_\_ Infant's Date of Birth \_\_\_\_\_

**Breast milk and/or Formula preference**

Please mark your preference (choose all that apply)	Today's Date _____ Birth through 5 months	Today's Date _____ 6 – 11 months
I will bring expressed breast milk for my infant.		
I want the child care provider to provide the infant formula it offers for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring:		

**Preference regarding infant cereal and other foods**

Please mark your preference	Today's Date _____ 6 – 11 months
My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant.	
My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.	
My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.	

Parent's (or guardian's) Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

1. This form must be kept on file for each infant enrolled for child care.
2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, and/or if the mother breast feeds her child on site, the meal may be claimed for reimbursement.
4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

July 2018



# What Makes My Child Special!

Child's Name: \_\_\_\_\_ Name my child goes by: \_\_\_\_\_

Previously, my child was cared for \_\_\_\_\_ in a Home Day Care setting \_\_\_\_\_ at another childcare center  
\_\_\_\_\_ at Home with me \_\_\_\_\_ by a relative, friend or neighbor

There were \_\_\_\_\_ other children around my child most of the day.

I would say that his/her day was relatively structured/unstructured. (Circle one)

In new situations my child tends to: \_\_\_\_\_

Any allergies or special needs: \_\_\_\_\_

Is the child potty trained? \_\_\_\_\_ What does your child say when he/she wishes to use the toilet? \_\_\_\_\_

Does your child need help: Dressing/undressing \_\_\_\_\_ Eating \_\_\_\_\_ Washing Hands \_\_\_\_\_ Toileting \_\_\_\_\_

Does your child have any special fears or problems? \_\_\_\_\_

## **SLEEP**

My child generally does/does not take \_\_\_\_\_ nap(S) during the day. They each last around \_\_\_\_\_ hours.

Special sleep items (doll, blanket, stuffed animal, etc.) \_\_\_\_\_

Special hints to help at nap time: \_\_\_\_\_

## **EATING**

My child has special dietary needs (please list): \_\_\_\_\_

My Child has food allergies to: \_\_\_\_\_

Special hints/concerns regarding mealtime: \_\_\_\_\_

## **FAMILY PRACTICES**

Child rearing practices: \_\_\_\_\_

Family values and beliefs: \_\_\_\_\_

Family cultural practices: \_\_\_\_\_

## **OTHER**

Does your child have any friends/acquaintances at this Center? YES NO

If yes, who are they? \_\_\_\_\_

I could describe my child as (shy outgoing, a leader, strong willed, etc.): \_\_\_\_\_

Any other information that would help us best meet you and your child's needs?

\_\_\_\_\_