

**SHILOH TERRACE CHILD DEVELOPMENT CENTER
PAYMENT POLICY**

Below is the payment policy for Shiloh Terrace Child Development Center. This policy, which was developed and approved by the Board of Directors of Shiloh Terrace CDC, became effective December 2008.

**PLEASE SIGN BELOW AND RETURN THE BOTTOM HALF OF THIS
FORM TO THE CDC OFFICE.**

PAYMENT POLICY:

- Tuition is due in advance
- Tuition for all students is due by 10:00 am Tuesday morning. If tuition is turned in after that time, a \$30.00 late charge will be added to your account. If tuition payments plus late fees are not paid by the Friday of the next week, the student will be excluded from attendance on the following Monday and until all tuition and fees are paid.
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I, _____ have read and understand the payment policy for Shiloh Terrace Child Development Center and am in agreement with these procedures.

Child's Name: _____

Parent Signature Date

Discipline and Guidance Policy for Shiloh Terrace CDC

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

HEALTH REQUIREMENTS

Name of child:			Date of birth:		
Immunizations	date/dose1	date/dose2	date/dose3	date/dose4	date/booster
DTP/DTaP/DT					
POLIO					
IPV/OPV					
MMR					
HIB					
Hep A					
HepB					
TB (if required)					
Varicella					

Varicella (chickenpox) vaccine is not required if your child has had chicken pox disease. If your child has had chicken pox, please complete the statement "My child had varicella disease (chicken pox) on or about _____ and does not need the varicella vaccine."

Signature: _____ Date: _____

Signature of physician or Health personnel: _____

Date: _____

Signature of Staff Making Handwritten copy of record: _____

Date: _____

ADMISSION REQUIREMENT: The following statement must be presented when your child is admitted to the day care facility or within one week of admission.

DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

Physician signature: _____ Date: _____

Physician's Address: _____

My child has an appointment for a physical examination on _____

NOTE: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunizations 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.

FOR OFFICE USE ONLY:

Date of admission: _____

Date of withdrawal: _____