



## Parents Check List for enrollment

In order to have your child's cubby ready and have family photos in the classroom, please supply all enrollment forms at least 1 day business day in advance. Our goal is for all children to come to school feeling fully welcomed from their first day.

### Enrollment Steps

- 1. Family must Preregister at <https://www.risingstarzchildcarecenter.net/forms-Art-Courses-Carrollton-TX.html>
- 2. Read and Sign Orientation on our website under forms #2
- 3. Complete Enrollment for #3
- 4. Fill out medical form and obtain the Physician's statement of health #4
- 5. Read and Sign the Policy Agreement #5
- 6. You will be sent an invitation to My Food Cloud via text and email – Please complete
- 7. Please submit Responsible Parties Government issued ID (Cannot be a prison or mental health ID/Card)
- 8. Submit Birth certificate and shot records to us via email or in person
- 9. Provide the enrollment staff with any Food preferences, allergies, or Asthma Action before enrollment is completed
- 10. If your child has an IEP, 504 or any other special need – we will need a diagnosis in writing and copy of instructional care for the child before enrollment can be approved.

I understand the most up to date Parents Handbook is available on RSCCC's website

Date Complete \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# Rising Starz a Children's Learning Academy

## New Student Orientation / Tour

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

If any falsified information or lack of information is discovered, it is grounds for immediate expulsion from our center permanently.

- New Student Orientation / Tour by: \_\_\_\_\_
- Child Care Assistance parent share is Due in full on the 1<sup>st</sup>- and a \$20 late fee added to your account at the close of the business day. We do not make payment arrangements.
- Private Payers' tuition is due by the close of Friday before the week of services. Tuition must be paid in advance we do not make payment arrangements.
- A \$5 fee will be added to your account if you do not notify us that your child is not there for afterschool pick up.
- Students drop off ends at 9am to limit disruptions during our educational programing.
- All students must be picked up before they reach a 10-hour time limit or 6pm. Late pick up is \$2 per minute/per child after 6pm. No refunds under any circumstances. The pickup person must be on the list or added to the list 24 hours in advance.
- All students must give a 2-week notice (see parent handbook about withdraw and re-enrollment)
- Introduction to the teachers/staff – show parent the teacher wall.
- Parents may visit/observe the classroom between the hours of 9am -10am. Opportunity for extended visit in the classroom may not exceed 30 minutes.
- Give the explanation of Texas Rising Star Quality Certification is provided.
- Inform Parents of financial assistances thru [www.childcaregroup.org](http://www.childcaregroup.org) or [www.dfwjob.com](http://www.dfwjob.com) Denton TWC.
- Curriculum is based on child development and developmental milestones that are posted on parent info board.
- Student Developmental Milestones/Evaluations are completed and discussed at conferences twice per year.
- Overview of references, family support, resources, and activities in the community
- Statements are shared with parents reflecting the role, and influence of families.  
(Establishing positive relationships with families) – found in the parent handbook.
- Parent/teacher communication, All Notices, and checking in / out daily can be done with ProCare Solutions App
- All students must check in / out thru ProCare Solutions App – Children are not considered in care until they are checked in
- Children that have disruptive behavior or that put other children in emotional or physical risk will be placed on Behavior management (please see Behavior MGMT process in parent handbook). If the child improves, they will be removed from BHMGT, if not the child will be dismissed at any time.
- If the child has an IEP, 504 or any other special need we must review the written diagnosis to make sure we are a good fit for the child and family. Our goal is to do what is best for the child and that may mean a specialized school environment.
- If you suspect your child is ill for any reason, they must stay home.  
(If you take your child to the doctor for any illness related reason they must also stay home)
- If your child is diagnosed with a contagious illness, you must notify us that day so we may notify other parents.
- Any updated information, making payments, or adding emergency contacts can be done thru "MyProcure.com".
- Inclement Weather Days are determined by DISD or CFBISD. If either one closes, then RSCCC will close.
- Please do not allow your child to bring toys, or any unnecessary items with them to school. This Includes cell phones, iPod, iPad, and cameras/ any electronic devices without prior approval from the office.
- All items should be labeled, and we are not responsible for lost or damaged items.
- Screen times is not permitted for any child under 24 months of age. Screen time for all other ages must be approved by the curriculum coordinator & correlate with curriculum plan and does not exceed 30 min per week.
- All students use a clear backpack for their child essential items daily. (Backpacks are essential daily)
- The dress code policy is to wear comfortable clothing and tennis shoes daily.
- If your child will miss 2+ days or more please notify the office, and full tuition is due regardless of attendance.
- Explain to parent the process for Asthma, Allergies, or preferences outside our normal meals.
- Inform parents about Nutritional guidance based on the CACFP Meal program guidelines.

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Complete \_\_\_\_/\_\_\_\_/\_\_\_\_



# Rising Starz a quality early childhood program

1200 E. Jackson RD BLDG 1, Carrollton, TX 75006

Phone 972-466-3800 Fax 972-695-6270

Operation #894769 Directed by Julie Martinez

risingstarzccc@yahoo.com / www.risingstarzchildcarecenter.com



Child's Full Legal Name		Child's DOB ( ____ - ____ - ____ )	Sex M - F - O
Child's Home Address		City & Zip	
My child will attend	M T W TH F	Chose Hours in care 7:30am - 5 pm or 8am - 5:30pm	
Date of Enrollment	/	Date of withdraw	Print the name of who's completing this forms.

## Guardian Information

Responsible Party #1 Full Legal Name		First Contact	Parents DOB ( ____ - ____ - ____ )
Home Address if different from child		City & Zip	
Email Address		DL #	
Cell phone Number		Cell Carrier or text message alerts	
Phone Numbers		Work / Home	Social Security Number
Responsible Party #2 Full Legal Name		Second Contact	Parents DOB ( ____ - ____ - ____ )
Home Address if different from child		City & Zip	
Email Address		DL #	
Cell phone Number		Cell Carrier or text message alerts	
Phone Numbers		Work / Home	Social Security Number
Please circle to indicate who the child lives with			
Both parents		Mom	Dad
Temp Guardian		Foster	
Do you have court documentation regarding custody of this child			Yes      No
If you marked yes, we will require a copy of the court order, signed by a judge. Please be advised that you must list the child's co-parent by law. The co-parent will be allowed to leave the center with this child unless court ordered documentation is give to the center.			

### Please list any special needs that your child may have

Environmental Allergies	Yes	No	Allergy or Asthma Action plans will need be signed by the doctor before enrollment may begin.	Previous Serious Illness	Yes	No	Additional Information:
Food intolerances	Yes	No		Previous Injury	Yes	No	
Existing illness	Yes	No		Hospitalizations	Yes	No	
Adaptive Equipment	Yes	No		Accommodations or mods to daily activities	Yes	No	
Diagnosed Food Allergy	Yes	No		Long Term Medications	Yes	No	
Child has an IEP - 504	Yes	No		Developmental delay or mental disorder	Yes	No	

Any other Information the child care should be aware of if none please list None:

Child day care operations are public accommodations under the American with Disabilities Act (ADA) Title III. If you believe that such and 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)

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

# Rising Starz a quality early childhood program

Child's Name	Date of Birth
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## Emergency Contact / Designated release

I hereby authorize Rising Starz Child Care Center Staff to release my child to the following people I have designated below. Please list name, telephone number, address and DL # for teacher person. Children will only be released to a parent, guardian or person designated by the parent or guardian after verification with a government issued ID only.

**These contacts are not parents or guardians - Parents and Guardians are listed on page 1 under responsible parties**

Emergency Contact's Name	Emergency Contact DOB (   -   -   )
Home Address	City & Zip
Phone Numbers work / Home	Relationship to child

Emergency Contact's Name	Emergency Contact DOB (   -   -   )
Home Address	City & Zip
Phone Numbers work / Home	Relationship to child

Emergency Contact's Name	Emergency Contact DOB (   -   -   )
Home Address	City & Zip
Phone Numbers work / Home	Relationship to child

## Information and Permission

Food Options	Initial	I understand that Breakfast, Lunch and afternoon snack will be offered to my child
	Initial	I will provide meals for my child that meet the CACFP guidelines.

**Transportation** - I give consent for my child to be transported and supervised by the operations employees for the following

for Emergency Care     
  from school     
  on a field trip children 7 and older only

**Field Trips** - are for children 7 years + ONLY     
 I give consent for Field trips     
 I do not give consent for field trips

We do not participate in water activities onsite for any age group.  
 Field trips are for children 7 and older in the summer only. Water activities will include splash parks only.

## Shot Records Information Selection

<input type="radio"/> I have given a copy of my child's immunizations to RSCCC	<input type="radio"/> I give RSCCC staff permission to pull my child's shot record from Immtrac 2	<input type="radio"/> I have supplied a notarized exemptions for immunization to RSCCC	<input type="radio"/> My child attends the following school and their required information is on file.
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## Elementary school selection

<input type="radio"/> The child does not attend Elementary school yet and	<input type="radio"/> Jerry Junkions 2808 Running Duke Carrollton, Tx 75006 972-502-2400	<input type="radio"/> Founder's 2400 N. Josey Ln Carrollton, TX 75006 972-245-2900	<input type="radio"/> Other Please list Name and Address below _____ _____ _____
<input type="radio"/> Good Elementary 1012 Study Ln Carrollton, Tx 75006 972-968-1900	<input type="radio"/> Mc Coy Elementary 2425 Mc Coy Rd Carrollton, TX 75006 972-968-2300	<input type="radio"/> Country Place Elem. 2115 Raintree Carrollton, Tx 75006 972-986-1400	

DFPS values your privacy. For more information, read our privacy and security policy on line at <http://www.dfps.state.tx.us/policies/privacy.asp>.

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_



# Rising Starz a quality early childhood program

Child's Name	Date of Birth
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You must provide a doctor that your child sees on a regular basis.



Child's regular physician	Address
Phone Number	Fax Number
City, State Zip	

If you child does not attend pre-kindergarten or school away from the child care center, one of the following must be presented when you child is enrolled at Rising Starz Child Care Center, before enrollment may begin.

Initial your choice ↓	HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and have found that they are able to take part in a child care / daycare program
	HEALTH CARE PROFESSIONAL'S SIGNATURE _____ DATE _____
	A signed and dated copy of a health care professional's statement in attached.
	Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organizations, which I adhere or am a member of, I have attached a signed and dated affidavit stating this.
	My child has been examined within the past year by a health care professional and is able to participate in the childcare / daycare program, within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child care operation.

## 4 Year Old Preschooler Vision and Hearing Screening

Vision	L20/ _____	R20/ _____	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail
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Tester's Signature	Date																								
<table border="1" style="width:100%"> <tr> <td style="width:10%">Hearing</td> <td style="width:15%">1000 HZ</td> <td style="width:15%">2000 HZ</td> <td style="width:15%">4000 HZ</td> <td style="width:10%"></td> <td style="width:10%">Pass</td> <td style="width:10%"><input type="checkbox"/></td> <td style="width:10%">Fail</td> </tr> <tr> <td>R</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pass</td> <td><input type="checkbox"/></td> <td>Fail</td> </tr> <tr> <td>L</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pass</td> <td><input type="checkbox"/></td> <td>Fail</td> </tr> </table>	Hearing	1000 HZ	2000 HZ	4000 HZ		Pass	<input type="checkbox"/>	Fail	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail	
Hearing	1000 HZ	2000 HZ	4000 HZ		Pass	<input type="checkbox"/>	Fail																		
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail																		
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Fail																		

Tester's Signature	Date
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## Medical Release

By signing below I authorize the doctor's office listed above to release information regarding my child to Rising Starz Child Care Center for enrollment purposes located at 1200 E. Jackson RD BLDG 1, Carrollton, TX 75006 Phone number 972-466-3800 FAX 972-695-6270.  
This Release is good for 90 days from the date signed.

## Authorizations of Emergency or Medical Treatment

If for any reason I can not be reached to make medical arrangements for emergency care for my child listed above for illness or injury, I give consent for a Rising Starz Child Care Center Staff member to transport my child to the doctors office listed above, or to Legent Health located at 1401 E. Trinity Mills Carrollton, TX 75006 817-421-1066 or the closest emergency room. I give consent for the facility listed to secure any and all emergency medical care for my child.  
Rising Starz Child Care Center gives no quartees for treatment or examination.

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

# Rising Starz Child Care Center Illness Notices

**Parents or Guardians please read and initial each statement below.**

1. \_\_\_ I understand that if my child is to attend Rising Starz Child Care Center for the day that my child must meet **DFPS 746.3601 – Licensing Law** - If your child is ill or needs to be excluded from our daily activity plan, they are considered too ill for care that day and will be sent home. Preventing the child from participating comfortably in the childcare daily activity plan is prohibited. We are **NOT** a licensed get-well Center.
2. \_\_\_ Throughout the day if my child becomes ill they will be separated from the rest of the students in the center, and I understand my child **MUST** be picked up from the facility within 30 minutes of being notified.

While we understand that several of these symptoms can also be related to allergies or non-threatening common conditions. We must proceed with an abundance of caution in group care. Your child will need to be symptom free without any medications for 48 hours before returning to the facility in most cases.

3. \_\_\_ I understand that some illness may require a longer exclusion time

This is an example of common illness that may require a longer exclusion time than 48 hours without medication.

- ✚ Hand foot Mouth Disease (Coxsackie virus disease) - 7
- ✚ Flu (Influenza) -7
- ✚ Strep Throat -2-3
- ✚ Covid 19 (Under 3 years of age 10 days – Over 3 year 5 days but with a mask for 5 more or 10 days.)
- ✚ RSV (Respiratory Syncytial Virus) -7
- ✚ Pneumonia – 7-10
- ✚ Ring worm -
- ✚ Scabies – 4/20 depending on treatment and open sores
- ✚ Bronchitis 7-10
- ✚ Croup / Whooping cough 7-14

If your child has another type of ill exclusion time is in question, please call the office staff at 972-466-3800.

4. \_\_\_ I understand that my child may still be excluded from care for the time period that RSCCC has pre-determined to be in the best interest of all children in the school, even with a doctor's note to return to care.
5. \_\_\_ I will immediately notify Rising Starz Child Care Center Inc. management if I become aware that my child is ill.
6. \_\_\_ I understand that while present in the facility each day my child will be in contact with children, families, and other employees. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk for illnesses. Many viruses can be transmitted person to person before some people show signs of illness. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

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



# Rising Starz Child Care Center Inc. PHOTO RELEASE FORM

I, \_\_\_\_\_, the responsible party of a child/children at Rising Starz Childcare Center agree to the following photo release:

I understand that my child(ren) whose name(s) are listed below may be photographed at Rising Starz Childcare Center during normal school hours, on field trips, special event activities, or daily activities. I understand that these photographs may be used in promoting childcare services, either in print or on the Internet (social media platforms, ProCare apps or 3<sup>rd</sup> party printing.



If for any reason your family attends a special event at Rising Starz Childcare Center, the entire family may be subject to photos being posted on the internet. Special events are attended on a voluntary basis.

Name \_\_\_\_\_ DOB: \_\_\_\_\_

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the childcare services. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

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

Relationship To Child(ren) \_\_\_\_\_

## Rising Starz Child Care Center Inc. Door Code

Our front door has a secured entry system that is unique to each person that enters our building. The following information is regarding how to drop off and pick up at our school.

Parents must agree to the following safety rules.

- 🚫 Do not share your code with anyone else that is not yourself. This is to provide the highest level of security possible for all our staff and students.
- 🚫 Codes will be kept confident and will not be shared with anyone else.
- 🚫 I understand that I am not allowed to open the door for unknown people to enter the building – this is imperative to the safety of the school.
- 🚫 If someone is coming to pick up your child that is not a part of the child's normal routine, they should ring the bell.
- 🚫 If for any reason the parties share codes with someone that is not yourself, the parents' codes will be removed, and that family will need to ring the bell at all drop offs and pick up.



**Instructions** – Press Start, enter the 4-digit pin, and then press open.

Responsible Party #1 Name \_\_\_\_\_ 4 digit Pin \_\_\_\_\_

Responsible Party #2 Name \_\_\_\_\_ 4 digit Pin \_\_\_\_\_



# Rising Starz CCC Tuition Policy



1. Full tuition is due regardless of attendance. (With a 10-hour maximum per day the child may be in care) PH #3
2. Tuition is due the Friday before Services are rendered and is considered late the following Monday @12. PH#3
3. Late payment fee is \$20 per child (Per Week) and is added to your tuition account on Monday at noon. If tuition is not paid, there may be a disruption in care. PH#3
4. Childcare assistance – Childcare assistance – total parent share is due on or before the 1<sup>st</sup> of the month with a \$20 late fee per child added to your account at the close of business on the 3<sup>rd</sup>. All late payments are reported to the childcare group on the 3<sup>rd</sup> of the month. Tuition must be paid in full, including the late fee, to avoid disruption of care by the 10<sup>th</sup>. For late fees, see PH #3 and #5.
5. School-age children only – Parents must notify Rising Starz by telephone within 30 minutes of school release that their child will not be there for pick up; failure to communicate will result in a \$5 charge per incident.
6. Late pick-up after 6 pm or early release days of 12:30 pm - \$2 per minute (per child) that you are late will be added to your tuition account, due on Friday, with your tuition payment. **Per minute continues until your child/children have left the building. PH#10**
7. Returned/declined payments are subject to a \$35 return fee for bank accounts and \$15 for credit cards. Any unpaid tuition will be subject to penalties or legal actions. PH #3
8. We must have an email address and working phone number on file for each parent; this email address will be used for billing and communication regarding the child/children enrolled. PH#36
9. Children attending field trips - must be present within 30 minutes before the scheduled leave. Any child can be excluded from a field trip for any reason, such as behavior, delinquency, payments, or at the parent's request; this may mean the child cannot attend for the day. Discretion is up to RSCCC Director Julie Martinez. **No refunds.** PH#34
10. Teachers cannot babysit for any parent on the weekend or any other time. It will cost the teacher their job and your child's spot at our center.
11. Vacation time is earned after one year of full-time enrollment. During any Vacation time, the child cannot be in attendance, and the time must be used consecutively. Vacation time must be submitted in writing, and your account must be in good standing to be approved by the office staff. Guidelines for any vacation time are in PH #5
12. Suspend care pay is for Private payers with **prior** knowledge of their child's extended absences. Suspended care pay is at least 30 days of 50% of regular tuition to hold the child's spot to return to care at a predetermined date. Suspended care must be pre-planned, and the office must be notified at least two weeks in advance. PH#15
13. A two-week written notice is required if you are withdrawing your child to stay in good standing. If you leave without giving a two-week notice, any unpaid tuition must be paid within ten business days of leaving to stay in good standing, or your family will not be eligible to return to our center. PH#2
14. Rising Starz Child Care Center reserves the right to expel a child for any reason, including but not limited to parent behavior, child's behavior, lack of attendance, or payment. (See Expulsion policy) PH#2
15. Any payment error must be addressed with Center management within 30 days, or the error is forfeited. PH#3
16. Bad weather / Emergency Closure This means PH#9, PH #24 - For any reason if the center must be closed (Loss of water, electricity, safety, or any other health concern) for five days or less, tuition will not be reduced or refunded. If the closure exceeds six days or more, tuition will be half-price for self-paying parents until our center reopens. CCS parents must still pay the total parent share and should contact their caseworkers for more information on reducing their fees. Form 2450 will be needed for any such reduction.

### Please initial the receipt of the following

I also understand that this is a legally binding document and may be used by Rising Starz Child Care Center for any reason.

I have received a notice of the number to call upon the suspicion of child Abuse. Texas Abuse / Neglect Hotline 1-800-252-5400 or <http://www.txabusehotline.org>

\_\_\_\_\_

Responsible Party Signature Date





# Rising Starz



1200 E. Jackson Rd BLDG 1 – Carrollton TX 75006  
972-466-3800 Fax 972-695-6270

Please select the type of financial arrangements you will use for care.

	Weekly	QTY
Infant 6 weeks - Walking	\$325	_____
Toddler Class Walking - 24m	\$285	_____
Two years old full day Preschool	\$275	_____
3-5-year-old Full day PreK	\$270	_____
5 - 12 years old Holiday / Summer care	\$255	_____
After School care and full day on holidays	\$130	_____

- I am a private payor; I understand and agree to pay the above amount for care.
- I have been authorized to have childcare assistance for the dates determined below. I understand that the total tuition listed above will be due if I am in renewal care or lose my care. The dates I have authorized care are \_\_\_\_\_ to \_\_\_\_\_.  
Parent Share amount \$\_\_\_\_\_ due on or before the 1<sup>st</sup> of the month.

Weekly or Monthly Total \_\_\_\_\_

We are excited to offer the safety, convenience, and ease of Tuition Express. This payment processing system allows secure, on-time tuition and fee payments from your bank account or credit card.

\_\_\_\_\_ Self-Pay thru "My ProCare" \_\_\_\_\_ Automatic Draft from Bank, Debit or Credit Card.

I (we) hereby authorize Rising Starz Child Care Center to initiate credit card charges to the below-referenced credit card account (Section A) or initiate debit entries to my (our) checking or savings account, indicated in (Section B). To properly affect the cancellation of this agreement, I (we) must give ten days' written notice. Credit union member: please contact your credit union to verify the account and routing number for automatic payments.

Name of Credit / Debit Card \_\_\_\_\_  
 Cardholder Address \_\_\_\_\_  
 Card Number \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_  
 Billing Zip \_\_\_\_\_ 3 digits on the back \_\_\_\_\_  
 Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name on Bank Account \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name of Bank \_\_\_\_\_ Phone number \_\_\_\_\_  
 Routing Number \_\_\_\_\_ Account \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree that my tuition is stated above, and I am responsible for paying tuition on time, as stated in the tuition agreement.

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_



# Rising Starz

1200 E. Jackson Rd BLDG 1 – Carrollton TX 75006  
972-466-3800 Fax 972-695-6270



## \*\*\* Additional Policies and Reference \*\*\*

### Expulsion Policy

Rising Starz Child Care Center reserves the right to expel a child for any reason including but not limited to parent behavior, child's behavior, lack of attendance, safety concerns, learning environment, or payment.

(Our role is to teach behavior, not stop the behavior)

1. Any behavior deemed excessive or that puts other at risk will result in care ending due to Licensing 746.305.
2. Talk to Ms. Julie and place the child on weekly Behavior management forms and notify parents of management plan. Then follow to step 3
3. Schedule a parent, teacher, and director conference – to discuss any improvements that need to be made and schedule the next conference.
4. Continue to give behavior notifications and the behavior management forms for the week.
5. At conference 2 discuss improvements and schedule the next conference or inform the parent there is not improvement and notify them that this could result in the child being expelled from our program and explain why.
6. If any falsified information or lack of information is discovered, it is grounds for immediate expulsion from our center permanently.
7. If we have requested additional help with your child such as behavioral therapy, speech therapy, occupational therapy, physical therapy or family related counseling and you do not obtain this in the time manner that RSCCC has set you will be asked to leave our school.

If your child is Expelled there are no refunds.

### Discipline and Guidance Policy

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed towards teaching the child acceptable behaviour and self-control.
  - ✦ A Caregiver may only use positive methods that encourage Self-esteem, self-control and self-direction using the following methods.
    1. Using Praise and encouragement of good behavior
    2. Redirecting the child's behavior using positive statements.
    3. Reminding the child of behavior expectations daily by using clear, positive statements.
    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 the child's age.
  - ✦ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are strictly 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.
    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 Chapter 746 and 747, Subchapter L, Discipline, and guidance.

### School Reference – Please list the last Preschool/School that your child attended.

Name of School: \_\_\_\_\_ Phone Number \_\_\_\_\_

Location of School: \_\_\_\_\_ Did you give a 2 week Notice  Yes  No

Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

My signature verifies that I have read, understood, and received a copy of this discipline and guidance policy and the Rising Starz Child Care Center Parent Handbook. These documents outline the policies and procedures that not only my child is expected to follow but also myself.

I understand that Field trips and enrolment are a privilege and are at the discretion of RSC employees. These privileges may be revoked at any time without a refund.

Child Name: \_\_\_\_\_ Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_



# Rising Starz Child Care Center

1200 E. Jackson Rd BLDG 1, Carrollton, TX 75006

972-466-3800 Fax 972-695-6270

[www.risingstarzchildcarecenter.com](http://www.risingstarzchildcarecenter.com)

[risingstarzccc@yahoo.com](mailto:risingstarzccc@yahoo.com)

The parent handbook has written operational policies that cover the following but are not limited to the following.

1. The most up to date Parents Handbook can be found on our website at any time.
2. Tuition Agreement, late pick up, and 10 hours maximum in care per day.
3. Birthday Parties / Outside Food
4. Discipline and Guidance
5. Suspension and Expulsion Policy
6. Emergency Plans
7. Procedures for conducting Health Checks
8. Safe Sleep
9. Gang Free Zone
10. Procedures for parents to discuss concerns with the director.
11. Procedures for parents to participate in operation activities.
12. Procedures for release of children
13. Illness and Exclusion criteria
14. Procedure for dispensing medication
15. Immunizations, requirements for children
16. Meals and food services patterns
17. Procedures to visit the center without securing prior approval.
18. Procedures for Parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website.

I have read and understand the Rising Starz Child Care Center Inc. Parent Handbook that outlines policies and procedures for the center. I have had the opportunity to ask questions.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Enrollment can begin when all forms are complete, and the office has called with your start date.