

PLEASE PRINT, COMPLETE AND RETURN TO THE FRONT OFFICE.
THIS IS A MANDATORY REQUIREMENT FOR STUDENT FILES



Emergency Contact/ Authorized Pick-Up

Child's Full Name

_____/_____/_____
DOB (month/day/year)

Please provide at least ONE Local Emergency Contact and ONE Local Authorized Pick-up Individual, other than parents. Please check if the person listed is an Emergency Contact, Authorized Pick-Up or Both. Children will only be released after verification of ID.

Emergency Contact: a person to contact in case of an emergency if parents / guardian cannot be reached.

Authorized Pick-up: an authorized person to pick up, besides the parent / guardian.

My Time staff will call parents/ guardians in the order listed below. In the event we cannot reach a parent or the parents are unable to pick up a child within 30 minutes of the call, we will immediately reach out to the Emergency Contacts listed below.

| |
|--|
| <p><u>PARENT-1 Contact</u></p> <p>Name: _____</p> <p>Phone #: _____</p> <p><u>PARENT-2 Contact</u></p> <p>Name: _____</p> <p>Phone #: _____</p> |
|--|

| <u>Emergency Contact</u> | <u>Authorized to Pick-Up</u> |
|---------------------------------|-------------------------------------|
| Name: _____ | |
| Relationship: _____ | |
| Address: _____ | |
| City, State, Zip Code: _____ | |
| Phone #: _____ | |

| <u>Emergency Contact</u> | <u>Authorized to Pick-Up</u> |
|---------------------------------|-------------------------------------|
| Name: _____ | |
| Relationship: _____ | |
| Address: _____ | |
| City, State, Zip Code: _____ | |
| Phone #: _____ | |

I authorize My Time Kids Academy to release my child to leave the childcare operation ONLY with the individuals listed above as Authorized to Pick-Up. Under no circumstances will my child be released to any other individual without written documentation provided by the child's parent/ guardian. It is my responsibility to maintain current contact information for myself and my designated emergency contacts/ authorized pick up persons with the MTK office.

Parent/ Legal Guardian Signature

Date



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Permission to Transport/ Medical Emergency

My Time Kids Academy staff is authorized to obtain/administer emergency care such as first aid, CPR, etc.

In the event of an accident or emergency, I hereby authorize My Time and its representatives, including its employees, contractors, teachers, and volunteers, to render first aid to my child to the extent they deem appropriate. I further authorize My Time and its representatives to transport, or arrange for transportation, by ambulance if My Time deems it appropriate, of my child to a hospital or arrange any other medical or dental treatment for my child. Additionally, I hereby agree to be financially responsible for payment of all medical and dental expenses, including but not limited to transportation, exam, x-ray, and/ or medical diagnosis, which may be incurred by myself on behalf of my child(ren) as a result if injury sustained while participating in programs at My Time Kids Academy/ My Time Kids Gym LLC, including future medical dental expenses related to such injury.

Signature Providing Consent for Emergency Medical Treatment and Transportation:

I give consent for the facility to secure any and all necessary emergency medical care for my child. I understand that I will be responsible for all of his/her expenses in relation to emergency medical services.

Parent/ Legal Guardian Signature

Date

Child's Name

DOB

_____ I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event such an emergency occurs, and I cannot be reached, I hereby authorize My Time Kids Academy to provide for transportation of my child to the facility below and to secure for my child all necessary medical treatment. Should Medical Professionals deem it necessary, children will be taken directly to Dell Children's Medical Center, 4900 Mueller Blvd.

Lakeway Baylor Scott & White
100 Medical Parkway
Austin, Texas 78738
512-571-5000

Child's Pediatrician Information:

Bee Caves Pediatrics
2501 RR 620 S, Suite 220
Lakeway, Texas 78734
512-328-2899

Physician:

Bee Well Pediatrics
12005 Bee Caves Road
Austin, Texas 78738
512-225-0766

Physician:

Texas Children's Pediatrics (choose location)
Beansprouts- Bee Cave Beansprouts- Spicewood
13917 W Tx 71, Suite A 20424 Haystack Cove
Austin, Texas 78738 Spicewood, Tx 78669
512-610-7030 512-610-7030

Physician:

Premier Family Physicians
12600 Hill Country Blvd
Austin, Texas 78738
512-358-8180

Physician:

Doctor's Name: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____



- Discipline must be:
 - Individualized and consistent for each child;
 - Appropriate to the child's level of understanding; and
 - 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:
 - Using 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;
 - Redirecting behavior using positive statements; and
 - 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 no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - Corporal punishment or threats of corporal punishment;
 - Punishment associated with food, naps, or toilet training;
 - Pinching, shaking, or biting a child;
 - Hitting a child with a hand or instrument;
 - Putting anything in or on a child's mouth;
 - Humiliating, ridiculing, rejecting, or yelling at a child;
 - Subjecting a child to harsh, abusive, or profane language;
 - Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - Withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during the active play that requires a brief supervised separation or time out that is consistent with §746.2803(4)(D)
 - Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

| | |
|--|-------|
| My signature verifies I have read and received a copy of this discipline and guidance policy. | |
| _____ | _____ |
| Signature | Date |
| _____ | |
| Child's Name | |
| Check one please: Parent employee/caregiver | |

* Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance



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Return to School Policy

COVID protocols supersede policies/ timelines and symptoms listed in this policy in times of High-Transmission.

Staff or students with a temperature of 99.6°F or above (contactless or tympanic) or other signs of illness will not be admitted to the facility nor permitted to return until they are symptom free (of any COVID-like symptoms) for **48 hours** without the aid of medication. MTKA policy will follow the most current recommendations from Health & State Officials. Families will be notified of any updates via email provided at registration.

It is crucial that we have a **current and reliable** phone number for you during the day.

Sick children and adults should not enter the building. If you are ill or have a sick child with you, please notify us and make arrangements for drop off and pick up of your well child. Please call us upon arrival at My Time and we will help you escort your well child to and from class.

Children experiencing any of the symptoms outlined in the Health, Illness & Incidents section of the My Time parent handbook may return to My Time:

- 48 hours after temperature has remained normal **without** the use of medication.
- 48 hours after initial dose of antibiotics (including topical ointments).
- No episodes of diarrhea for a full 48 hours, **without** the aid of medications.
- No episodes of vomiting for a full 48 hours, **without** the aid of medications.
- With written documentation from a medical professional confirming that the child is no longer contagious and may resume regular activities.

If your child becomes ill while at My Time, you will be notified immediately and expected to arrange pick up of your child within 30 minutes of being called. In the event that a parent cannot be reached after a period of time or is unable to promptly pick up the child, a person listed on the child's emergency contact list will be notified and asked to come for your child. In most cases, the child will be in the front office with the Director or other staff member until the guardian can arrive to pick up the child. **Students with a temperature of 99.6°F or above (contactless or tympanic) or other signs of illness will not be permitted to return until they are symptom free for 48 hours without the aid of medication.**

Children who are seen by a physician for symptoms of a common cold, allergies or other viruses are not required to provide a doctor's note but must follow the 48 hour "Return to school" notices from doctor's will not take the place of the 48 hour rule. Please notify the Director if your child becomes ill with a contagious disease so parents of other children may be notified. The diagnosed child will remain anonymous, however we are required to alert parents that their child may have been exposed.

Parents will be notified by phone if your child is injured, or has any symptom requiring exclusion from regularly scheduled activities. It is My Time's policy to call parents any time that a child in our care bumps their head. If the injury results in an emergency room visit or doctor's office, you must notify the director within 24 hours.

Child's Name (please print)

Parent/ Guardian Name (please print)

Parent/ Guardian Signature

Date



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Policies & Permissions

_____ I acknowledge that I have read and understand ALL of the policies and procedures in the My Time Kids Academy Parent Handbook including COVID-19 protocols. Should updates or changes be made at any time, I understand that I will be notified by the email I provided at the time of registration & BrightWheel. The handbook is available on our website and in the MTKA Office. Emergency plans/ protocols are detailed in the handbook & available in the MTKA Office.

_____ I understand there may be instances that arise when a child's/family's behavior warrants the need to find a more suitable setting for either a short term or permanent basis. An adjustment period is in place to ensure a balanced classroom environment conducive to an exemplary experience for all.

_____ **ASSUMPTION OF RISK, WAIVER OF LIABILITY:** As the legal guardian of the below-named student, I recognize that injuries can and may occur in sports, gymnastics or activities involving height and/ or motion, including but not limited to gymnastics, tumbling, trampoline, low beam and bar, tumble track inflatable, other gymnastics equipment and materials, etc. Being fully aware of these dangers, I voluntarily consent to the persons participating in all programs at My Time Kids Academy (MTKA)/ My Time Kids Gym LLC. In consideration for allowing my child to use these facilities, I, on my own behalf, and the behalf of my child and our respective heirs, administrators, executors, and successors hereby covenant to sue and forever release My Time Kids Academy (MTKA)/ My Time Kids Gym LLC, its officers, directors, shareholders, employees, or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision or control of MTKA/ My Time Kids Gym LLC.

FINANCIAL:

_____ Intent to withdraw a child from any My Time Kids program **requires a 30-day written notice**. Notices may be handwritten or emailed to the director. The date of the email or receipt of written notice will be considered the time stamp for the 30-day notice. Refunds will not be given when withdrawal notices are given with less than 30-days notice.

- Enrollment fee, Grounds/ Facility Fee, Fall/Spring Activity/ Supply Fee, is non-refundable, noted at time of enrollment.
- Tuition refunds will not be granted without proper 30 day written notice.
- Tuition is non-refundable due to closure initiated by state officials, CDC & Health officials, or administration due to illness or unforeseen events.

_____ **AUTO-PAY Status Payment Only:** I agree to automatic debit to my bank account each month for tuition and fees for all programs at My Time Kids Academy via the BrightWheel app. I understand that MTKA requires the payment options to be set to "auto-pay" and fees due by the due date listed on the BrightWheel invoice. I understand that I will be notified if my payment fails to authorize for any reason and a \$25 late fee will be assessed. I must provide a valid bank account within 5 calendar days of the original rejection date or submit payment by money order.

_____ **Late Policy:** I hereby certify that I have read and shared the policy on Late Pick up with my child's other parent/guardians. I /we agree to adhere to this policy. Any child not picked up on time at their designated dismissal time (extended care program picked up after 5:00pm) will immediately be will be charged according to late fee policy. This fee is due immediately the same day and will be sent via BrightWheel. Fee schedule available in office.

PERMISSIONS:

_____ **Photography/ Video:** I understand that my child may be photographed and/ or video-recorded during classes and performances. I agree that these images/ videos of my child may be used for promotions/ marketing materials online or in print, as well as official MTKA website and social media platforms. If you do not consent to this practice, please write "**NO CONSENT**" here: _____

_____ **Supervised water activities** My child may participate in- water table, sprinklers, slip-n-slides, splash/wading pools, water hose for gardening.

_____ **Use of Technology:** Video clips that are educational or relate to themes being taught. ***Videos are not to exceed 20 minutes/day during regular hours. Not to exceed 20 minutes/day during AfterCare.**

_____ **Meals/ Snacks:** I understand that MTKA does NOT provide meals or snacks. Families are responsible for sending nutritious lunch and snacks each day.

_____ **Consumption of treats/ snacks** We encourage healthy options for birthday celebrations. Teachers tie in foods, on occasion, with the themes for each week. Please let your teacher know if you prefer to send in alternative food for these times.

_____ **Supervised bounce house participation:** My Time follows manufacturer safety guidelines and rules, insurance requirements, and state licensing rules regarding bounce house use. We currently have an indoor tumble track inflatable, and bouncy castle used on gymnastics mats for safety. At times, My Time rents slides appropriate for preschool and elementary aged children.

_____ **SUNSCREEN:** Your permission is required to re-apply sunscreen if needed throughout the day. Please arrive to school with sunscreen already applied. Initialing here gives MTK staff permission to reapply sunscreen if needed.

******SELECT ONE:**

_____ **INSECT REPELLANT:** Your permission is required to re-apply repellent if needed throughout the day. Please arrive to school with it already applied if you feel that your child needs it. Initialing here gives MTK staff permission to re-apply insect repellent.

******SELECT ONE:**

_____ I _____ give permission for MTK staff to apply antibiotic ointment or hydrocortisone cream should the need arise. Parents will be notified if this occurs. Application record kept in the office medical log for review.

******CHECK ALL THAT APPLY:** **Antibiotic Ointment** **Hydrocortisone Cream**

I have read and understand all policies and expectations outlined in the Parent Handbook & Policies. My signature below indicates my voluntary agreement with the terms set forth above.

Parent/ Guardian Signature

Date

Child's Full Name (Please PRINT)



Through Your Eyes

Please take a moment to fill out this questionnaire. The more we know about your child, the better we can attempt to meet their needs at My Time. This will allow us to see your child "through your eyes". We realize some of the questions are rather personal and we will respect your child's confidence. We only wish to know your child better and to help make him/her feel safe and loved while at My Time.

Child's name: _____ Child's date of birth: _____

Name of Parent/ Guardian completing this form: _____

Number of siblings: _____ Ages: _____

STUDENT HEALTH~

Does your child have any mild medical concerns such as seasonal allergies? **Yes No**

Parent note: _____

Does your child have any medically diagnosed allergies? (nut, egg, dairy...) **Yes No**

Parent note: _____

ALLERGY DETAILS: check all that apply

| Sensitivity pertaining to allergies listed above: | |
|---|--|
| Ingestion reaction (eat it) | |
| Contact reaction (touch it) | |
| Proximity reaction (near it) | |
| ALL Medically diagnosed allergies require a F.A.R.E form to be completed and submitted to the office. | |

For MEDICALLY diagnosed allergies only:

| |
|--|
| Does the allergy require an Epi-Pen? Yes No |
| *please see the office for proper procedures and storage |
| How should we respond if your child has an allergic reaction? |
| |

List any medications, vitamins, supplements your child takes as part of their daily routine~

| Check if applicable | Type | Name | Dose |
|---------------------|---------------------|------|------|
| | Allergy Medication | | |
| | Daily Vitamins | | |
| | Supplements | | |
| | Other (please list) | | |

Are there any side effects we should be alerted to for the above medications/ vitamins/ supplements? **Yes No**

Parent note: _____

BEHAVIOR~

Special likes or interests has this child had from an early age: Check all that apply

| | | |
|-------------------------------|--------------------------|--|
| Books | Music | Arts/ crafts, painting coloring |
| Dolls | Trains | Dinosaurs |
| Building (blocks, legos, etc) | Pretend imaginative play | Physical activity jumping/slides/bikes |
| Puzzles | Nature | Animals or Bugs |

Parent note: _____

Please share any fears your child might have at this age: Check all that apply & elaborate below if necessary.

| | | |
|--------------------|-------------------|-------------------------------|
| Afraid of the dark | Being left alone | Clowns/ Dressed Up Characters |
| Insects | Thunder or storms | Dogs/ Cats or other animals |

Parent note: _____



How would you characterize your child's interaction with adults other than immediate family?

Example: Family friends, neighbors, teachers, other adults. Check all that apply

| | | | | | |
|-----------------|--|------------------------------|--|----------------------|--|
| Shy | | Cooperative most of the time | | Strong willed | |
| Outgoing | | Creative | | Easily distracted | |
| Playful | | Curious | | Mood swings | |
| Inquisitive | | Defiant at times | | Bossy with playmates | |
| Cautious/ timid | | Demanding | | Loving/ empathic | |
| Talkative | | Perfectionist | | Easy going | |

Parent note: _____

How does your child interact with other children their age? sharing, expressing needs, personal space, etc.

Does your child present or have a history of behavioral challenges or need for support? Y N

Parent note: _____

Do you have any behavioral concerns such as aggression, over activity, fixations, sensory sensitivities that you feel we should be aware of to provide the best care possible? Please share a little about what you have observed.

Parent note: _____

Any physical, cognitive, or speech related concerns at this time? Please share a little about what you have observed.

Parent note: _____

What helps reassure or make him/her feel secure again when upset or frustrated?

| | | | | | |
|------------|--|---------------------|--|----------------|--|
| Hugs | | Reassurance/ Praise | | Talking it out | |
| Alone time | | Back Rub/ Back Pats | | Other: | |

Parent note: _____

TOILETING~

Our goal is to foster independence in the restroom. MTKA staff will assist students as needed in the restroom. All students should be comfortable in underwear and willing to "try" use the toilet when prompted by staff.

Does your child need assistance with toileting? Y N

Parent note: _____

When assisting our youngest children, it is helpful to know if your son prefers to sit or stand at the toilet:

Parent note: _____

COMMUNICATION~

Are there any special words that your child uses that might not be readily recognized? Y N

Parent note: _____

How do you tell your child to STOP a behavior that you do not approve of or that might be dangerous?

Parent note: _____

SNACK/ MEAL TIMES~

Parents provide a NUT FREE snack and lunch each day, as well as a spill-proof sport bottle of water. Children attending AfterCare should also have an afternoon snack clearly labeled with: Name/ AfterCare

Does your child choke easily while eating? Y N

Parent note: _____



ADDITIONAL INFORMATION~

Name of previous pre-school(s) attended/ location: _____

Briefly describe your child's previous school experience(s):

What are you hoping to have your child gain from their experience at My Time?

Please share any other pertinent information that would enable us to "know your child":

Do you, your spouse or family members have an interesting occupation, cultural traditions, or hobby that you would like to present/ share with our students? Please briefly list or share below:

I verify that the information provided is current and complete. I understand that these forms will be reviewed by My Time Kids Academy administration upon receipt. I understand the "Through Your Eyes" portion of this packet will be reviewed by administrators and my child's teacher in order to provide an understanding and caring learning experience for my child.

Parent/ Guardian Signature

Date

Child's Full Name (Please PRINT)

