

**Thank you for choosing  
Tarrant County Kids  
as your childcare provider!**



Each form in this packet must be fully completed and other required documents must be provided *before* your child may begin.

- **Enrollment Packet**
  - A minimum of three contact people is required (parents are included as contacts)
  - All original signatures including:
    - Emergency Medical Release
    - Payment Policy and Penalty Fees
    - Receipt of the Tarrant County Kids parent handbook, which includes behavioral expectations of your child.
  - Discipline and Guidance Policy
  - Confidential Information Form
  
- **Students attending *Farrell* or *West* must also have:**
  - Pictures of all authorized pick-up persons listed on the enrollment form
  - **Emergency Medical Release** via notarization (we have a notary in office).
  - These are required by the City of Grand Prairie childcare licensing.
  
- **Copy of free/reduced lunch rate letter (if applicable)**
  - Families receiving free or reduced lunch through the child's current ISD are eligible for reduced childcare rates.
  - We must have a copy of the eligibility letter from the ISD before we can charge the free or reduced rate.
  - Once we have received a copy of the letter, fees will be adjusted retroactive to the date of the eligibility letter or two weeks prior to the date the administrative office receives the letter. No more than two weeks of credit will be given.
  
- **Special Care Needs (if applicable)**
  - We require a statement of your child's special care needs or problems to include, but not limited to, food/other allergies, existing illness, previous serious illness/injuries, hospitalizations within the last 12 months, behavioral/emotional issues, and any medications prescribed for continuous, long-term use.
    - **Food Allergies** – A Food Allergy & Anaphylaxis Emergency Care Plan is necessary for any child with a food allergy that has been diagnosed by a health-care professional (we have this form in our office). The form must be signed by both the parent and the child's health-care professional.
    - **Other special care needs** – A written, signed and dated statement from either the parent/guardian or the child's physician describing the child's special condition.
    - **Your child must be able to participate in a group setting and not require one-on-one care.**
  
- **Copy of current driver's license or state-issued identification of enrolling parent or guardian.**
  
- **All necessary forms, enrollment fees, first week's tuition payment, and all prior balances are due before your child may begin.**

**Office Use Only**

Client type:  Full-Time  Drop-In  
 Program attending:  After-School Care Only  Before-School Care Only  
 Before & After-School Care  Summer Adventure Camp  
 Enrollment Notes: \_\_\_\_\_

**Office Use Only**

Site Attending: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Accepted By: \_\_\_\_\_



## Tarrant County Kids ENROLLMENT

*Please PRINT clearly. State licensing requires all lines to be complete.*

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

School Attending: \_\_\_\_\_ School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_  Male  Female Grade: \_\_\_\_\_ **Security Code:** \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic Race:  White  Black  Asian  Other

Resides With:  Mother  Father  Other (name) \_\_\_\_\_  Single-Parent Home  Two-Parent Home

Mother/Guardian Name: \_\_\_\_\_  Authorized Pick-Up Person

Mother/Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  Authorized Pick-Up Person

Father/Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Provide an email address to receive invoices regarding your balance and other account information.**

**ALTERNATE/EMERGENCY CONTACTS:**

The following are to be contacted in the event of an emergency when parents/guardians are unavailable:

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

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

Phone: \_\_\_\_\_ Alt Phone \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone \_\_\_\_\_

Check here if you authorize this person to pick up your child  Check here if you authorize this person to pick up your child

My child's immunizations and TB tests are current and are on file at my child's school.  yes  no

My child's hearing and vision records are current and are on file at my child's school.  yes  no

**If you checked YES, please provide the name, address, and phone number of the school where your child's records are on file:**

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

**If you checked NO, you must provide a copy of the immunization and hearing & vision records to Tarrant County Kids.**

List any special care needs your child may have. Include food/other allergies, existing/previous illness, diet restrictions, long term medications, recent hospitalizations, behavioral/emotional conditions. A Food Allergy & Anaphylaxis Emergency Care Plan or a written statement about special care needs is required

My child requires the following medical treatment(s) to be given: \_\_\_\_\_  
(medication will be administered only from its original container and if accompanied by written permission from parent and/or physician)

**Child's Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Has your child been previously enrolled in any Tarrant County Kids program? yes (date: \_\_\_\_\_ )  no

If your child has siblings in our program, write the name(s) here: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Is any member of the family an active or retired member of the U.S. Military or the Guard/Reserve?

yes  no Who? \_\_\_\_\_ Branch: \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE:** If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Tarrant County Kids staff to act on my behalf in granting permission for my child to receive emergency medical treatment.

Parent/Guardian Signature: \_\_\_\_\_

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

Office Use Only

**Emergency Medical Release**

Notarization for  
Farrell and West  
Enrollments

Notary Signature and date: \_\_\_\_\_

**TRANSPORTATION PERMISSION:** I give permission for my child to be transported on Arlington ISD vehicles for field trips or special circumstances.

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

**PHOTOGRAPHIC PERMISSION:** I give permission to Girls Inc. of Tarrant County & Tarrant County Kids to use photographs of my child in agency publications such as brochures, on the website, and flyers. The children's photographs will not be used by or sold to any other agencies. **(Optional)**

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

**PAYMENT POLICY AND PENALTY FEES:** I understand that children registered as FULL-TIME will be charged the weekly rate. Payment is due no later than 6:30 p.m. on Monday of the week services are rendered.

I also understand that children registered as DROP-IN will be charged the daily rate for each day attended. Payment is due no later than 6:30 p.m. on Monday following the week services are rendered.

- **\$15 Late Payment Fee** - This fee will be applied if I do not pay in full on-time according to the payment policies.
- **\$10 Failure to Notify Fee** - This fee will be applied if I do not notify Tarrant County Kids in advance of my full-time student being absent from the program. Drop-in students are not subject to this fee.
- **\$10 Late Pick-Up Fee** - This fee will be applied each 15-minute increment after 6:30 p.m. that I am late picking up.
- **\$25 NSF (Non-Sufficient Funds) Fee** – This fee will be applied for all returned checks.

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

I have received and understand the Tarrant County Kids Parent Handbook which includes payment policies and I agree to abide by its contents. The information I have provided is true to the best of my knowledge, and I understand that all information is kept confidential and is not disclosed without parental consent.

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



## Confidential Information Form

Please assist Tarrant County Kids and Girls Incorporated of Tarrant County in maintaining accurate statistical records on families for which we provide service by completing this form. Various funding sources such as United Way require us to maintain statistical data on those we serve to receive funding. Without these funds we would not be able to offer services on the ability to pay basis.

All information contained on this form is maintained in a file accessible only to authorized staff members. This information is not released in any part or form to anyone without your written permission.

Name of child attending: \_\_\_\_\_

Program site: \_\_\_\_\_ School child attends: \_\_\_\_\_ Race: \_\_\_\_\_

Mother's name: \_\_\_\_\_

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

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

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Father's name: \_\_\_\_\_

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

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

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Total annual household income: \$ \_\_\_\_\_

Number of family members residing in household: \_\_\_\_\_

Does your child receive:	Free lunch:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Reduced lunch:	<input type="checkbox"/> yes	<input type="checkbox"/> no

We ask for your understanding and cooperation in completing this form. Much of our funding is dependent upon your cooperation.

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

\_\_\_\_\_  
Date



## Discipline and Guidance Policy for Tarrant County Kids

- 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.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name (Print)

Check one:

- Parent/Guardian       Employee/Caregiver       Household member of childcare home

**ASSUMPTION OF THE RISK AND RELEASE OF LIABILITY INCLUDING LIABILITY  
RELATING TO CORONAVIRUS/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Girls Inc. of Tarrant County (“Girls, Inc.”) has implemented protocols and procedures to reduce the spread of COVID-19; however, Girls, Inc. **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. **Further, attending Girls Inc.’s Tarrant County Kids Before and After School Care programs, Tarrant County Kids Enrichment Activities (TKS), and other Girls Inc. activities could increase your risk and your child(ren)’s risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Girls Inc.’s TKS and other Girls Inc. activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at TKS and other Girls Inc. activities may result from actions, omissions, or negligence of myself and others, including but not limited to, Girls Inc. employees, volunteers, and other participants and their families. **I further consent to allow Girls, Inc. to monitor my child(ren)’s health during his/her/their attendance at Girls Inc.’s TKS and other Girls, Inc. activities.**

**I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s participation in Girls Inc.’s TKS or other Girls Inc. activities (the “Claims”). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Girls, Inc., its employees, agents, representatives, and facilities providers, including but not limited to, Arlington Independent School District (the “Released Parties”), of and from all Claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or related to any Claims, specifically including any Claims resulting from, or caused (in whole or in part) by the negligence of the Released Parties.**

**It is my express intent to release and indemnify the Released Parties from the consequence of their own negligence, whether that negligence is the sole or a contributory cause of any Claim including, but not limited to, a Claim relating to COVID-19 infection, whether the COVID -19 infection occurs before, during, or after participation in any Girls, Inc.’s activities including, but not limited to TKS.**

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Signature of Parent/Guardian Date

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Print Name of Parent/Guardian

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Name of Child (list additional children below)

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