

**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
  
- **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 concerns 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.**

# WELCOME TO TARRANT COUNTY KIDS!

Thank you for choosing TCK Summer Adventure Camp! Below is a schedule of the weeks we will be offering all-day programs at Bryant and Little Elementary for the 2022 summer.

My child will be attending: (check one)       Bryant Elementary       Little Elementary       Ellis Elementary

Due to high demand, we only accept **FULL-TIME** enrollment.

- **FULL-TIME:** is defined as one or more days of attendance. You are billed weekly regardless of days or weeks attended prior to the week of attendance.
- Weekly fees are not refunded or prorated for Summer Adventure Camp because many activities are book and paid for in advance. The week of fourth of July will not be prorated.
- **Payment for each week is due no later than 6:30pm on Wednesday prior to the week services are rendered.**

Initial next to the week that would like your child to attend.

Select Weeks of Service	Camp Week	Payment Due Date	Parent/Guardian Initials
	Week 1 June 6- June 10	6/1/2022	
	Week 2 June 13-June 17	6/8/2022	
	Week 3 June 20- June 24	6/15/2022	
	Week 4 June 27-July 1	6/22/2022	
	Week 5 July 5- July 8	6/29/2022	
	Week 6 July 11-July 15	7/6/2022	
	Week 7 July 18-July 22	7/13/2022	
	Week 8 July 25-July 29	7/20/2022	
	Week 9 August 1-August 5	7/27/2022	

## Summer Adventure Camp Tuition Fees 2022

### WEEKLY RATE

**(weekly rates non-adjustable, required regardless of days or weeks attended)**

\$130 - First child  
\$125 - Second child  
\$120 - Third child and any subsequent

### ENROLLMENT FEES

**(one-time, non-refundable)**

First child

\$30

Second child

\$25

Third child

\$20

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

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

**Office Use Only**

Client type:  Full-Time  Summer Adventure Camp  
Program attending:  Little  Ellis  Bryant  
Enrollment Notes: \_\_\_\_\_

**Office Use Only**

Start Date: \_\_\_\_\_  
Accepted By: \_\_\_\_\_



**Tarrant County Kids  
SUMMER ADVENTURE CAMP ENROLLMENT**

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

My Child (check one)  may NOT swim in the deep end (more than 3 feet of water)  may swim in the deep end.

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_  Male  Female Grade: \_\_\_\_\_ Security Code (4-digit): \_\_\_\_\_

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

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

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

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

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

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

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

Parent/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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

My child's immunizations 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 are enrolled as FULL-TIME. This is defined as one or more days of attendance.

I understand that I am billed weekly regardless of days or weeks attended. All payments are due no later than 6:30pm on the Wednesday prior to 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 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 Chargeback Fee** - This fee will be applied for all credit card chargebacks.

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

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

Child's Lunch Status: \_\_\_\_\_

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

**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: \_\_\_\_\_



## 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

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

\_\_\_\_\_  
Date

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

Check one:

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