

Checklist:

We're so happy to have your family join our TBE family!
Please check off each form as you complete it and place it back in the folder.

- ___ Student Application & Personality Profile
- ___ Admission Agreement
- ___ The Blue Elephant Code of Conduct & Discipline Policies
- ___ Student Health & Immunizations 2014/2015 School Year
- ___ Allergy Information Form & Action Plan (if applicable)
- ___ Student Emergency Form (don't forget to complete the backside)
- ___ Parent Codes
- ___ Welcome to TBE!
- ___ Tuition Agreement
- ___ Tuition Express (one side is for automatic withdraw from your credit card and the other side is for automatic withdraw from your checking account)
- ___ 4 Year Old Hearing & Vision Screening (on the reverse side of the Student Health & Immunizations form)

Please see our front office to purchase
TBE t-shirts and matching hair bows!

WELCOME TO TBE!

Student Application and Personality Profile

How did you hear about us?

- Internet Search _____
- Referral (Referred by) _____
- Frisco Periodical _____
- Other _____

Child's Name: _____

Date of Birth: _____

Start Date: _____

The following people have permission to pick-up my child from TBE. (name/relationship to child)

- | | | |
|----|----|----|
| 1. | 3. | 5. |
| 2. | 4. | 6. |

Parent Information - Mother

Mother's First and Last Name: _____

Cell Phone Number: _____

Address: _____

Home Phone Number: _____

E-mail Address: _____

Work Phone Number: _____

Occupation: _____

Place of Employment: _____

Parent Information - Father

Father's First and Last Name: _____

Cell Phone Number: _____

Address: _____

Home Phone Number: _____

E-mail Address: _____

Work Phone Number: _____

Occupation: _____

Place of Employment: _____

Allergies: (Please list all allergies.)

- *
- *
- *

Epi-Pen or Inhaler _____ (check if yes)

If yes, please list specific instructions should a severe allergic reaction occur.

Any other medical conditions that you would like us to know about?

All About Your Family:

Is English your child's first language? _____ Language(s) spoken at home: _____

What holidays do you celebrate at home? (i.e. Christmas, Hanukkah, no celebrations, etc.)

Please list all siblings, if any. (name/age)

- | | | |
|---|---|---|
| * | * | * |
| * | * | * |

What does your child enjoy doing at home for fun?

What worries or concerns do you have regarding your child and school?

How do you discipline at home? _____

How would you describe your child's personality? _____

Is your family a blended family? _____

If yes, please list the person's full name and relationship to your child.

(i.e. stepmother, stepfather, etc.)

- | | | |
|---|---|---|
| * | * | * |
| * | * | * |

If applicable, please list custody arrangements. _____



Admission Agreement

Child's Name: _____

*The Blue Elephant reserves the right to terminate care if the standards of this agreement are not met.

[Please initial next to each agreement.]

_____ I have read, and agree to comply with the policies and procedures stated in The Blue Elephant Parent Handbook.

Biting is very serious and is unacceptable at The Blue Elephant Learning Center. If your child bites another child, The Blue Elephant will work with you to develop a plan to correct the problem. However, if the biting is aggressive, breaks skin, does not lessen within a reasonable amount of time, or diverts an inordinate amount of staff time away from other children, The Blue Elephant reserves the right to temporarily remove your child from the center. (Please see the back of this sheet for our Biting Policy.)

_____ I will comply with the biting policy for The Blue Elephant Learning Center. I understand that every situation is different and is handle according to the Director's discretion.

_____ I acknowledge that my child's health information may need to be reviewed, as needed or required, by certain individuals and/or agencies. Therefore, I authorize the following persons/agencies access to those records. (Permission is granted to The Blue Elephant Director, Assistant Director, office/teacher staff, Accreditation Personnel, Texas Health Department Personnel, Texas Department of Family & Protective Services – Licensing Personnel.)

_____ My child has permission to be transported by The Blue Elephant Learning Center for field trips and/or to and from school **if applicable**.

_____ My child has permission to participate in Director approved water activities at The Blue Elephant. (Ages 3 years & older.)

ⓀI understand that I may contact the local Child Care Licensing office at 535 S. Loop 288 Suite 20, Denton, TX 76205. (940)381-3447 www.dfps.state.tx.us

ⓀI understand that I may ask for our most recent Licensing inspection report and/or questions about the *Minimum Standards Rules for License Child Care Centers*.

ⓀIf you suspect a child is being abused or neglected, call 1-800-252-5400 to make a report.

ⓀParents will be notified in writing as changes in our operational policies.

Printed Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

Office Signature _____ Date _____

Biting Policy:

Biting is very serious and is unacceptable at The Blue Elephant Learning Center. If your child bites another child, The Blue Elephant will work with you to develop a plan to correct the problem. However, if the biting is aggressive, breaks the skin, does not lessen within a reasonable amount of time, or diverts an inordinate amount of staff time away from other children, The Blue Elephant reserves the right to temporarily remove your child from the center.

NOTE: No child is automatically withdrawn from TBE, but rather each situation is evaluated on an individual basis. It is at the Director's discretion when and why to remove a child from TBE.

Plan of action for biting that's aggressive and occurs within four weeks.

- ⌘ Step 1: First bite - verbal correction, redirection, "Thinking Chair" if age-appropriate, and a note home to parents.
- ⌘ Step 2: Second bite - verbal correction, redirection, "Thinking Chair" if age-appropriate, and meeting with parents.
- ⌘ Step 3: Third bite - verbal correction, redirection, "Thinking Chair" if age-appropriate, and parents must come pick-up their child. After the third bite, the parents will be asked to keep the child away from the classroom for one week in an effort to break the behavior.
- ⌘ Step 4: Fourth bite - If the child bites within one week of returning to TBE, then the child will be withdrawn from the center. If the child does not bite for one week after returning, then the plan of action will go back to step one.

DISCIPLINE & GUIDANCE

TBE Parents,

Please review the attached packet and return this page, completed, to the front office along with your enrollment forms.

****Families with more than one child at TBE must fill out one form per student.**

Please initial below.

_____ I have received a copy of TBE's **Code of Conduct & Discipline & Guidance Policies**. I have read, understand, and agree to the stated policies.

_____ I have received a copy of TBE's **High Risk Behavior Policies & Guidelines**. I have read, understand, and agree to the stated policies.

_____ I have received a copy of TBE's **Termination Policy**. I have read, understand, and agree to the stated policies.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Discipline & Guidance @ TBE

Code of Conduct:

BE RESPECTFUL. Being respectful at The Blue Elephant means being kind to other students, teachers, parents, and classroom visitors. It also means taking care of our school by using all toys, books, classroom furniture, and classroom supplies appropriately.

We practice **positive reinforcement & redirection.**

What is **positive reinforcement**?

Positive reinforcement is a technique used by parents and caregivers to change their children's behavior by reinforcing desired behaviors. You can do this with verbal praise or a physical reward.

What is **redirection**?

Redirection is an effective way to teach young children the difference between acceptable and unacceptable behavior by redirecting their attention to another activity, item, or idea. Redirection is a "change of gears" in order to change the unwanted behavior.

Discipline is always handled on this belief:

The child is a good person - it is his/her behavior that is unacceptable and needs to be changed or guided to a more acceptable means of expression.

When a child shows unacceptable behavior, he/she will first be **redirected** to another activity. If the behavior continues, then he/she will have "quiet time" away from the other students in order to take a deep breath and calm his/her emotions. When ready, the child will be allowed to resume normal play and return to the group. In a loving manner, the child's teacher will also discuss with the child the choices that were made and how to improve those choices for next time.

Parents or legal guardians will be notified in writing of all "quiet times" and/or guidance practices their child receives.

High Risk Behavior Policies & Guidelines

GREEN -

When a student displays high risk behavior, as specified below, parents will be notified in writing and by a phone call from the office. Student will also be removed from the classroom until he/she is calm and may return to class.

YELLOW -

If a child continues to display high risk behavior, parents will be notified by phone from the front office and will be required to meet with the director and any other staff that the director deems necessary. Student will also be removed from the classroom & a 2-day suspension from TBE will be required.

RED -

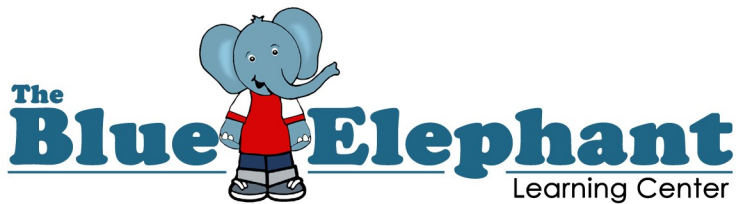
If student continues behavior and the intervention from parents and staff have not been successful, parents will be notified in writing and by phone from the front office the student will be withdrawn immediately. Student will be withdrawn from classroom and parents will be required to pick-up their child immediately.

High Risk Behavior is defined as behaviors that are most likely to place a person/persons at increased risk of being injured or injuring others.

Examples include (but not limited to): slapping, hitting, kicking, biting, spitting, scratching, pushing, punching, & pinching.

Also included is destruction of property.

Examples include (but not limited to): throwing toys/objects, tearing books/personal property, & defacing school property.



Termination Policy

The following are causes for termination of enrollment from The Blue Elephant Learning Center. TBE reserves the right to withdraw a student on an “at will” basis.

1. This preschool is not staffed to provide individual attention for children who may have special needs or require one-on-one attention. Upon evaluation of the student, the director in her sole discretion will determine whether TBE can continue to provide services for such children.
2. Violent, abusive, and/or hyperactive behavior will also be evaluated and will be determined whether TBE can continue to provide services for such children.
3. Frequently disruptive behavior by a child which interferes with the staff’s performance or the daily class activities, will be sufficient cause for termination.
4. Following are also causes for immediate termination:
 - Failure to uphold or not cooperating with preschool policies.
 - Use of obscenities by the child or parent/guardian.
 - Rude or inappropriate conduct, behavior, or attitude directed at the preschool, staff, or other clients/children by a child or parent/guardian.
 - When parent/guardian does not follow up on the corrective action agreed upon at any conference.
 - Failure to pay tuition within the required tuition due date and/or late tuition charges as per the TBE policy.



This form must be completed by your child's pediatrician's office and signed by the pediatrician.

Student Health and Immunizations

2014/2015 School Year

Child's Name _____ Sex _____ DOB _____/_____/_____

Date of last physical exam _____

Does this child have any physical conditions of which we should be aware of? NO ___ YES ___

Is this child physically and mentally able to participate in group activities? NO ___ YES ___

May this child participate in the program without special care relating to **allergies, special diet, restriction of activities or any other chronic condition**? NO ___ YES ___

If no, please explain.

Is this child free of contagious disease? NO ___ YES ___

Are the required immunizations up-to-date? NO ___ YES ___

[] I am excluding my child from immunization requirements for reasons of conscience, including religious beliefs. I have attached an official, notarized affidavit issued by the Department of State Health Services. I understand this affidavit is valid for two years.

Q. How do I obtain a vaccine exemption for reasons of conscience for my child?

A. Parents or guardians need to request a vaccine exemption affidavit form in writing or via a secure online request form from the Department of State Health Services. Each child's name and date of birth must be included in the request.

<https://webds.dshs.state.tx.us/immco/affidavit.shtm>

Physician's Statement: I have examined the above named child within the past 12 months and find that he/she is able to take part in the childcare program at The Blue Elephant.

Physician's Signature

Date

Physician's Name (PRINT)

Phone

Address of Physician's Office

A copy of the child's immunization record must be attached to this form.

4 Year Old Hearing & Vision Screening

"The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires a screening or a professional examination for possible vision and hearing problems for children of certain ages and grades."

When does my child need to be screened?

4 years of age, 1st grade, 3rd, grade, 5th grade, 7th grade, and new enrollments

The Blue Elephant must have one of the following on file for each child required to be screened: (please attach one of the following to this sheet)

1. A printed copy of the individual visual acuity and sweep check results
2. A signed statement from the child's parent that the child's screening records are current and on file at the school the child attends away from the center. The statement must be dated and include the name, address, and telephone number of the school.
3. An affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination of which the affiant is an adherent or member.

Please initial next to each statement:

- I have attached a printed copy of my child's **updated immunization record**.

- I have attached a printed copy of my child's **hearing and vision screening results**, a signed statement that the screening records are on file at the school the child attends away from the center, or an affidavit stating that the hearing or vision screening conflicts with the tenets or practices of a church or religious denomination. _____

Food Allergy Action Plan

Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following foods: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature _____

Date _____

Physician/Healthcare Provider Signature _____

Date _____

TURN FORM OVER

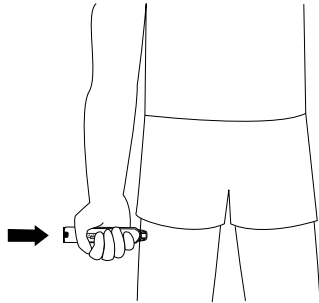
Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey Logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: () -) Doctor: _____

Parent/Guardian: _____

Phone: () -

Phone: () -

Other Emergency Contacts

Name/Relationship: _____

Name/Relationship: _____

Phone: () -

Phone: () -



Student Emergency Form 2014-2015

Child's Name: _____

Date of Admission: _____ Date of Birth: _____ Sex: M F

Current Class: _____

Address:

Phone Number: _____

Mother's Name: _____

Place of Employment: _____

Cell #: _____ Work #: _____

Father's Name: _____

Place of Employment: _____

Cell #: _____ Work #: _____

Allergies: (If there are no known allergies, please write "N/A")

My child is allergic to

Please be aware of this special condition:

Emergency contact if the parents/legal guardians cannot be reached:

(These persons are authorized to pick-up my child from school.)

Name: _____ Relationship: _____

Home #: _____ Cell #: _____

Name: _____ Relationship: _____

Home #: _____ Cell #: _____

Authorization for Emergency Medical Attention

TBE will always do its best to contact a parent or legal guardian as soon as possible.

The Blue Elephant Learning Center has permission to transport my child for emergency medical treatment and to obtain necessary emergency medical treatment from a hospital or emergency center that is deemed best by TBE for the situation.

I have read and understand The Blue Elephant's emergency procedures should my child become seriously injured or ill. I give The Blue Elephant permission to help my child as necessary in an emergency situation. I understand that it is my responsibility to let TBE know when the above information changes.

Printed Name of Parent/Guardian: _____ Date: _____ Signature of Parent/Guardian: _____

Address Release

Parents of The Blue Elephant may request the mailing address of other students in their child's classroom. Requests will be granted if a signed Address Release Form is on file granting release of address. Possible reasons for requests may include birthday invitations, thank you notes, etc.

Please check the appropriate box.

- The Blue Elephant **has permission** to release our mailing address to other parents of The Blue Elephant.
- The Blue Elephant **DOES NOT have permission** to release our mailing address to other parents of The Blue Elephant.

Child's Name: _____

Parent or Guardian's Name: (Printed): _____

Today's Date: _____

Parent or Guardian's Signature: _____

Photo Authorization

Parents of The Blue Elephant may request to take pictures of other students in their child's classroom. Requests will be granted if a signed Photo Authorization Form is on file granting permission for student to be photographed. Possible reasons for requests may include art projects, group photos, classroom birthday party, bulletin board displays, TBE website, etc.

Please check the appropriate box.

- The Blue Elephant **has permission** to photograph my child for school related reasons.
- The Blue Elephant **DOES NOT have permission** to photograph my child for school related reasons.

Child's Name: _____

Parent or Guardian's Name: (Printed): _____

Today's Date: _____

Parent or Guardian's Signature: _____

Parent Codes:

Use this side if

mom & dad are married, in a relationship together,
and may share access codes.

Tablet Sign-In/Out

- MOM's 4-digit Personal ID: _____ (pick any 4 numbers)
- MOM's 5 digit code: _____ (write your 4 digit code, plus a zero)

- DAD's 4 digit Personal ID: _____ (pick any 4 numbers)
- DAD's 5 digit code: _____ (write your 4 digit code, plus a zero)

OFFICE USE:

Username: _____

Door Code/Camera Password: _____

Parent Codes:

Use this side if

mom and dad are divorced, separated, or may not share access codes.

Tablet Sign-In/Out

- MOM's 4-digit Personal ID: _____ (pick any 4 numbers)
- MOM's 5 digit code: _____ (write your 4 digit code, plus a zero)

- DAD's 4 digit Personal ID: _____ (pick any 4 numbers)
- DAD's 5 digit code: _____ (write your 4 digit code, plus a zero)

OFFICE USE:

Mom's Username:

Mom's Door Code/Camera

Password: _____

OFFICE USE:

Dad's Username:

Dad's Door Code/Camera

Password: _____

WELCOME TO TBE!

Please complete the information below and return to the front office.

Please PRINT!

Child's Name: _____ Today's Date: _____

Mom's First and Last Name: _____

Mom's Email Address: _____

Dad's First and Last Name: _____

Dad's Email Address: _____

PLEASE check your child's cubby each day!

(Your child has two cubbies, one for paper items and one for larger items.)

We will also post important info on our News and Notes board, as well as via email.

Please list all other email addresses that you would like to be added to our Blue Blast (email newsletter).

Name/Email Address:

1.

2.

3.

Please initial below.

- I have received a copy of the 2014/2015 Parent Handbook. _____
- I have completed and returned a Student Emergency Form for the 2014/2015 school year. _____
- I have given the office a copy of my child's hearing and vision screening from their 4 or 5 year check-up.
_____ (only for Pre-K students)

Parent's Signature: _____

Tuition Agreement

2014-2015

Please check an option.

Option A: Pay each Monday

Option B: Pay semi-monthly

Payment is due on the 1st & 3rd Monday. For months that include 5 Mondays, payment for the first 2 weeks is due on the first Monday and payment for the last 3 weeks is due on the 3rd Monday.

Option C: Pay monthly

Payment is due on the first Monday of the month.

By signing this tuition agreement, I understand that I must pay my child's tuition on the assigned Monday by 6:30pm. I also acknowledge that if I do not pay on time, I will be charged late fees as explained in The Blue Elephant Parent Handbook.

Parent Name (Printed): _____

Parent Signature: _____

Child's Name: _____ Date: _____

Reminder:

A Supply Fee of \$75 is required for students 12 months and older. Supply fees will be collected the first Monday in **September, January, and June.**



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize The Blue Elephant Learning Center (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

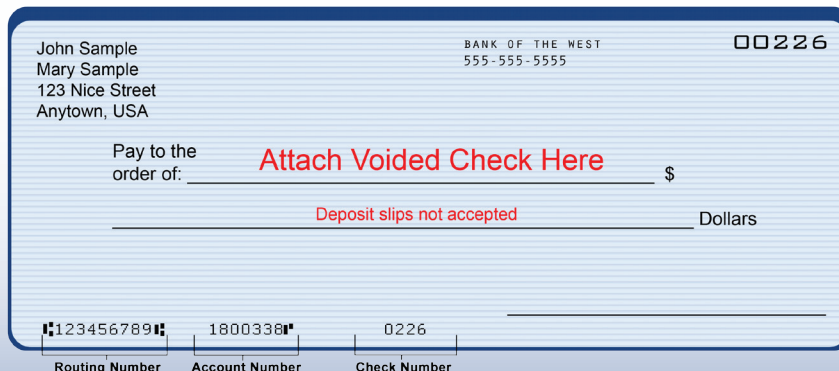
Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature



A service of





Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize The Blue Elephant Learning Center (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date

Cardholder Signature Date

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature

A service of





**Automated Payment Processing
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

As a customer of _____(business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Cardholder Signature Date

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

For Official Use Only
Date Received
Employee Signature

A service of



4 Year Old Hearing & Vision Screening

"The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires a screening or a professional examination for possible vision and hearing problems for children of certain ages and grades."

When does my child need to be screened?

4 years of age, 1st grade, 3rd, grade, 5th grade, 7th grade, and new enrollments

The Blue Elephant must have one of the following on file for each child required to be screened: (please attach one of the following to this sheet)

1. A printed copy of the individual visual acuity and sweep check results
2. A signed statement from the child's parent that the child's screening records are current and on file at the school the child attends away from the center. The statement must be dated and include the name, address, and telephone number of the school.
3. An affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination of which the affiant is an adherent or member.

Please initial next to each statement:

- I have attached a printed copy of my child's **updated immunization record**.

- I have attached a printed copy of my child's **hearing and vision screening results**, a signed statement that the screening records are on file at the school the child attends away from the center, or an affidavit stating that the hearing or vision screening conflicts with the tenets or practices of a church or religious denomination. -----

Allergy Information Form

Please fill out this form if your child has an allergy to food, insects, or the environment that may require medical intervention while at school.

Antihistamines such as Benadryl are frequently brought to school to manage allergies.

Students who have severe reactions must have an EpiPen at school at all times.

If your child has a severe allergy, in addition to this form, please have you and your physician fill out and sign the attached *Food Allergy Action Plan*.

Student's Name: _____ Date: _____

Parent's Name: _____ Contact #: _____

Physician: _____ Contact #: _____

Allergy:	Reaction Symptoms:	Treatment:

Reaction symptoms might include, but are not limited to, watery eyes, shortness of breath, coughing, swelling, nausea/vomiting, runny nose, tightening of throat, hives, or dizziness.

Treatments might include, but are not limited to, antihistamine, cortisone cream, Vaseline, ice pack, or EpiPen.

Reminder: Any prescription medications must be in the original pharmacy labeled container, and any over the counter medications must be clearly labeled with your child's first and last name. All medication must be current and replaced by the expiration date.

I hereby authorize designated school staff at The Blue Elephant Learning Center to provide any allergy treatment medication or first aid treatment **listed above to my child in the event of an allergic reaction. I also give permission to the staff to contact my child's physician if necessary.

**In consideration of administering said medication, I hereby forever release, discharge, and hold harmless The Blue Elephant Learning Center, its employees of and from any and all claims, demands, suits, actions, and liabilities or responsibilities of whatsoever kind or nature, arising out of or in connection with the administering of said medication.

Parent's Signature: _____ Date: _____



Transportation to The Blue Elephant Learning Center

2014-2015 School Year

We will make every effort to provide transportation to your child's school, provided that your child's school is located within a reasonable distance to TBE.

SCHOOL'S NAME: _____

SCHOOL'S ADDRESS: _____

SCHOOL'S PHONE NUMBER: _____

TBE School Bus Policies:

1. Be on time. After school is dismissed, all students must be ready to go when the Blue Elephant bus arrives for pick-up. Any student with continuous tardies to The Blue Elephant bus might lose transportation privileges.
2. Stay in your seat. Remember to be safe and face forward.
3. Use your talking voice. Loud voices and shouting are unsafe while on the bus.
4. No eating or drinking while on the bus. Keep all food and drinks in your backpack or lunchbox.

Safety is very important! The Blue Elephant reserves the right to cease transportation for any student who does not follow TBE School Bus Policies

Please call our front office at 469-287-0332 by 2pm if your child **does not** need to be picked up from their elementary school. Failure to do so 3 times during the school year will result immediate withdrawal from the Kids' Club program.

I authorize The Blue Elephant to transport _____ (print child's full name).

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____



TBE Dress Code

All Students 2 yrs. - Pre-K

- Any TBE shirt

Please see the front office to purchase a TBE t-shirt!

- Socks

- Tennis Shoes

Shoes that Velcro are greatly appreciated.

TOMS shoes are permitted.

- FISD requires elementary students to wear tennis shoes on the days that their class has Physical Education. Since every day is Physical Education at TBE, tennis shoes are required. TOMS shoes fit snug on a child's feet and do not slip on and off, therefore they are acceptable to wear at TBE. For safety and all-day comfort; boots, ballet flats, dress shoes, sandals, and Crocs are NOT permitted.

- Pants, shorts, and skirts are all permitted and in any color.

- Please send your daughter to school with shorts under her skirt.

- For safety, all long hair, as well as bangs, must be pulled away from your child's face to allow for adequate vision to see and play freely.
- Kids' Club is NOT required to follow our uniform policy. However, ALL Kids' Club students must wear a TBE t-shirt during field trips.