Moody Early Childhood Center

" Giving all Galveston children the opportunity to soar"

Dear Parent or Guardian,

Thank you for your interest in enrolling your child at Moody Early Childhood Center! We are excited to welcome your family into our community. To complete the enrollment process, please ensure that you submit the following **required documents** along with your child's application:

Required Documents:

1. **Child's Birth Certificate**
2. **Parent's Valid Photo ID**
3. **Child's Immunization Record**
    - The record must include the **signature and stamp** of a physician, physician's designee, or public health personnel.
    - If the immunization record is generated from an electronic health record system, it must also include the **clinic contact information** and the **provider's signature and stamp.**
4. **Child Health Statement**
    - Attached to this application is a **Child Health Statement** form that your child's medical provider may complete.
    - Alternatively, the provider may use their own form, as long as it clearly states that your child is **healthy and able to participate in child care activities.**

Please submit all documents as soon as possible to avoid any delays in processing your child's enrollment.

If you have any questions or need assistance, feel free to contact us at (409) 761-6930.

We look forward to partnering with you in your child's early education journey!
Warm regards,

Moody Early Childhood Center
(409) 761-6930

TEXAS Health and Human Services

Form 2935
June 2026

Admission Information

Use this form to collect all required information about a child enrolling in day care. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

Section 1 – General Information

Operation's Name Moody Early Childhood Center	Director's Name Karin Miller	
Child's Full Name		Child's Date of Birth
Child lives with: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian		
Child's Home Street Address, City, State and ZIP Code		
Date of Admission	Date of Withdrawal	
Name of Parent or Guardian 1		
Address of Parent or Guardian 1, if different from the child's		
Name of Parent or Guardian 2		
Address of Parent or Guardian 2, if different from the child's		

List phone numbers below where parents or guardian may be reached while child is in care.

Parent 1 Area Code and Phone No.	Parent 2 Area Code and Phone No.	Guardian's Area Code and Phone No.
Custody documents on file? ◯ Yes ◯ No		

In case of an emergency, when the parent or guardian cannot be reached, call:

Name of Emergency Contact	Relationship	Area Code and Phone No.
Street Address, City, State and ZIP Code		

I authorize the child care operation **to release** my child to leave the child care operation **only** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name	Area Code and Phone No.
Name	Area Code and Phone No.
Name	Area Code and Phone No.

Section 2 – Consent Information

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☑ For emergency care ☐ On field trips ☐ To and from home ☐ To and from school

2. Field Trips

◯ I give consent for my child to participate in field trips.

◯ I do not give consent for my child to participate in field trips.

Comments

3. Water Activities

I give consent for my child to participate in the following water activities. Check all that apply.

☐ Water table play ☐ Sprinkler play ☐ Wading pools ☐ Swimming pools ☐ Aquatic playgrounds

1. Is your child a competent swimmer? ◯ Yes ◯ No If no, your child is required to wear a life jacket while in or near a swimming pool.

2. Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ◯ Yes ◯ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Note: A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Procedures for parents to participate in activities
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website

5. Meals

I understand the following meals will be served to my child while in care. Check all that apply.

☐ None ☑ Breakfast ☐ Morning snack ☑ Lunch ☑ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care

My child is normally in care on the following days and times.

Day of Week	A.M.	P.M.	Day of Week	A.M.	P.M.
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

7. Receipt of Parent's Rights

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Parent or Legal Guardian Signature **Date Signed**

8. Child's Special Care Needs

Check all that apply.

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment, include instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above.

Does your child have diagnosed food allergies? ◯ Yes ◯ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an 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).

Parent or Legal Guardian Signature **Date Signed**

9. School-Age Children

My child attends the following school	School Area Code and Phone No.

My child has permission to: ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address.

☐ Child's required immunizations, vision and hearing screening are current and on file at their school.

Section 3 – Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Area Code and Phone No.

Street Address, City, State and ZIP Code

Name of Emergency Care Facility	Area Code and Phone No.

Street Address, City, State and ZIP Code

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent or Legal Guardian Signature **Date Signed**

Section 4 – Requirements for Exclusion from Compliance

◯ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Health and Safety Code Section 161.0041 submitted no later than the 90th day after the affidavit is notarized.

◯ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Section 5 – Vision Exam Results

Right Eye 20/ Left Eye 20/ ◯ Pass ◯ Fail

Signature **Date Signed**

Section 6 – Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right:				◯ Pass ◯ Fail
Left:				◯ Pass ◯ Fail

Signature **Date Signed**

Section 7 – Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

◯ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.

◯ A signed and dated copy of a health care professional's statement is attached.

◯ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to 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 day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

Health Care Professional Signature **Date Signed**

Parent or Legal Guardian Signature **Date Signed**

Section 8 – Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1 – 2 months (second dose)	
	6 – 18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15 – 18 months (fourth dose)	
	4 – 6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12 – 15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12 – 15 months (fourth dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6 –18 months (third dose)	
	4 – 6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12 – 15 months (first dose)	
	4 – 6 years (second dose)	
Varicella	12 – 15 months (first dose)	
	4 – 6 years (second dose)	
Hepatitis A	12 – 23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

Section 9 – Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above.

Signature **Date Signed**

Section 10 – Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature **Date Signed**

Section 11 – Additional Information About Immunizations

For more information about immunizations, visit the Texas Department of State Health Services website at https://www.dshs.texas.gov/immunizations/public.

Section 12 – Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Section 13 – Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

Section 14 – Signatures

Child's Parent or Legal Guardian Signature **Date Signed**

Center Designee Signature **Date Signed**

TEXAS Health and Human Services

Form 2550
September 2023

Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards Sections 746.501(9) and 747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at Moody Early Childhood Center and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx

Safe Sleep Policy

All staff, substitute staff, and volunteers at Moody Early Childhood Center will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2427 and 747.2327].
- Place infants on a firm mattress, with a tight-fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non full-size cribs [Sections 746.2409 and 747.2309].
- For infants who are younger than 12 months old, cribs play yards should be bare except for a tight-fitting sheet and a mattress cover or protector. Items that should not be placed in a crib or play yard include: soft or loose bedding, such as blankets, quilts or comforters; pillows; stuffed toys and animals; soft objects; bumper pads; liners; or sleep positioning devices [Sections 746.2415(b) and 747.2315(b)]. Also, infants must not have their heads, faces or cribs covered at any time by items such as blankets, linens, or clothing [Sections 746.2429 and 747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [Sections 746.2415(b) and 747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [Sections 746.3407(10) and 747.3203(10)].
- If an infant needs extra warmth, use sleep clothing footed pajamas (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [Sections 746.2415(b) and 747.2315(b)].
- Place only one infant in a crib to sleep [Sections 746.2405 and 747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [Sections 746.2415(b) and 747.2315(b)] or the infant’s clothing by a string, cord or other attaching mechanism that might be a suffocation or strangulation risk [Sections 746.2401(6) and 747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2426 and 747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [Sections 746.3703(d) and 747.3503(d)].
- Actively observe sleeping infants by sight and sound [Sections 746.2403 and 747.2303].
- If an infant can roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [Sections 746.2427 and 747.2327].
- Awake infants will have supervised “tummy time” several times daily. This will help them strengthen their muscles and develop normally [Sections 746.2427 and 747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant’s health care professional [Sections 746.2428 and 747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security.

Signatures

This policy is effective on: _____ Child's name: _____

_____ _____
Signature — Director or Owner Date Signed

_____ _____
Signature — Staff member Date Signed

_____ _____
Signature — Parent Date Signed

TEXAS Health and Human Services

Form 1099
November 2025

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

Directions: Parents will review this policy when enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Section 1 – Discipline and Guidance Policy

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 on 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) grabbing or pulling a child;
4) putting anything in or on a child's mouth;
5) humiliating, ridiculing, rejecting or yelling at a child;
6) subjecting a child to harsh, abusive or profane language;
7) placing a child in a locked or dark room, bathroom or closet;
8) placing a child in a restrictive device for time out;
9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Section 2 – Additional Discipline and Guidance Measures

Only applies to Before or After School Program (BAP) or School Age Program (SAP) that operates under 26 TAC Chapter 744.

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:

- make sure the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for more information; and
- make sure that the disciplinary measures used are not considered abuse, neglect or exploitation as specified in Texas Family Code Section 261.001.

Section 3 – Effective Date, Signature and Role

This policy is effective on the following date	**Signed by**

Role: ◉ Parent ○ Caregiver or Employee ○ Household Member, Chapter 747 only

Section 4 – Minimum Standards Related to Discipline

- Title 26, Chapter 744 Subchapter G
- Title 26, Chapter 746 Subchapter L
- Title 26, Chapter 747 Subchapter L

Water Activity Permission Form

This form may assist child care operations in meeting the water safety requirements in Chapter 341 of the Health and Safety Code, section 341.0646.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child participates in water activities. The day care provider keeps the form on file at the child care facility and has the parent or guardian update the form annually.

General Information

Operation's Name: Moody Early Childhood Center	Child's Full Name:	
Child's Date of Birth:	Child's Weight: (lbs.)	Child's Chest Size: (inches)

I give consent for my child to participate in the following water activities: (Check all that apply)

- ☐ Water Table Play
- ☐ Sprinkler Play
- ☐ Splash Pad
- ☐ Wading pool
- ☐ Water Park or Aquatic Playground
- ☐ Swimming Pool (at or away from the operation)

Child's Swimming Abilities

My child can swim without assistance: ☐ Yes ☐ No

My child's swimming abilities: (Check all that apply)

- ☐ A non-swimmer

  Please place a properly fitted and fastened US Coast Guard approved life jacket on my child before entering any swimming pool or water park area and require it to be left on **at all times** while in or around water.

  - ☐ I will provide a Type 1, 2, or 3 US Coast Guard approved life jacket for my child.
  - ☐ Please provide my child with a Type 1, 2, or 3 US Coast Guard approved life jacket.

- ☐ A competent swimmer (has successfully completed swimming lessons)
  - ☐ My child CAN enter and exit a pool safely on their own.
  - ☐ My child CAN tread water or float on their back for 1 minute.
  - ☐ My child CAN swim 25 yards with no assistance.

- ☐ **My child has special needs with water activities.** Please describe.

  _____

  _____

Signature

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

Signature of Parent/Guardian: _____

Date of Signature: _____

Resources

https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/water-safety.html

https://drowningispreventable.org/

Moody Early Childhood Center

Consents/Photo/Video Release Form

Child's Name: _____ Parent Name:_____

GIVE	DO NOT GIVE	
☐	☐	Permission for my child to receive all required health and developmental screenings, assessments, and lab tests required by the program. These services may be provided by Moody Early Childhood Center (MECC) and/or Galveston ISD (GISD) staff.
☐	☐	Mental Health professionals will be making routine Mental Health observations at MECC. Permission for the Mental Health professional to review my child's records and to advise on behavior issues.
☐	☐	Authorization for my child's developmental screenings, assessments, and summary of services to be shared with the public school, if requested by a parent or the school.
☐	☐	Your child will be participating in various activities, events, and fun learning experiences while attending our center. We often take photos/videos to post in the classroom, use for crafts or to share them on our promotional materials, website and/or social media pages. Permission to take and use my child's photos/videos for the reasons listed above. *No names of students will be displayed on the facility website, in social media, or video. First names with last initial may be displayed throughout the center to identify student's personal items and work.

_____ _____

Signature of Parent or Legal Guardian Date

Moody Early Childhood Center

Child Information Form

CHILD'S NAME: _____

GENDER: ☐ MALE ☐ FEMALE

ETHNICITY: ☐ HISPANIC OR LATINO ☐ NOT HISPANIC OR LATINO

RACE: ☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ WHITE

HOME LANGUAGE: _____

CHILD LIVES WITH: ☐ BOTH PARENTS ☐ ONLY:_____ ☐ OTHER: _____

PARENT/GUARDIAN NAME NAME: _____

PHONE NUMBER: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME NAME: _____

PHONE NUMBER: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

EMAIL ADDRESS: _____

Moody Early Childhood Center

"Giving all Galveston children the opportunity to soar"

Tuition and Payment Agreement

Tuition is based on enrollment <u>not</u> attendance

Child's Name: _____

Payment Schedule

Tuition payments may be made on a **weekly or monthly** basis via your **Bill.com account**.

- **Weekly Tuition**:
  Payment is due **by the end of the business day each Monday**.
  A **$20 late fee** will be applied if payment is not received on time. An **additional $20** late fee will be added **each additional week** the balance remains unpaid.

- **Monthly Tuition**:
  Payment is due **by the end of the business day on the first business day of each month**.
  A **$20 late fee** will be applied if payment is not received on time. An **additional $20** late fee will be added **each additional week** the balance remains unpaid.

Refund & Credit Policy

- **Illness**: Refunds or credits **will not** be issued for days missed due to illness.
- **Vacations (Infant & Toddler Program only)**:
  - No refunds or credits are issued for vacations **less than 2 weeks**.
  - For vacations **2 weeks or longer**, families may request a **half-price tuition rate** during the child's absence.
  - To qualify, a written notice or email must be submitted to the **Accounting Department** at least 2 weeks in advance at:
    acct@moodychildhoodcenter.org
- **Holidays**: Refunds or credits **will not** be given for scheduled holiday closures.
- **Inclement Weather**: Refunds or credits **will not** be given for emergency weather-related closures.

Tuition Amount: _____

Check One…

☐ **Option 1: I/We prefer to pay weekly (due on Monday of each week).**

☐ **Option 2: I/We prefer to pay monthly (due on the 1st of each month).**

I have read and understand the above information and agree to adhere to the policies throughout the school year.

Parent/Guardian Signature_____ Date_____

Moody Early Childhood Center

"Giving all Galveston children the opportunity to soar"

This form must be completed by a medical provider

CHILD HEALTH STATEMENT FOR CHILD CARE

AT

MOODY EARLY CHILDHOOD CENTER

(Doctor's office may use their own form or this form)

Doctors may fax the form to **(409) 750-7177**

This is to certify that I have examined_____(print child's name)

on_____(date), and found him/her to be healthy, free of contagious disease and able to participate in school/daycare activities.

Health Care Professional Name _____

Health Care Professional Contact Information

_____

_____

_____

Health Care Professional Signature _____

The Moody Early Childhood Center is a private nonprofit 501 (c) (3) and does not discriminate on the basis of sex, race, color, national origin, disability, religion or age in the administration of its educational policies, admissions policies, and all other school-administered program