



## ENROLLMENT PACKET

508 N State Hwy 342, Red Oak, TX 75154  
(469) 807-1221 | [info@benevolenthouseacademy.org](mailto:info@benevolenthouseacademy.org)  
[benevolenthouseacademy.org](http://benevolenthouseacademy.org)

Effective April 2026  
Licensed by HHSC Child Care Regulation Division

**Please complete all forms in this packet  
before your child's first day of enrollment.**



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## WELCOME TO BENEVOLENT HOUSE ACADEMY

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Dear Family,

Welcome to Benevolent House Academy! We are honored that you have chosen us to be part of your child's early learning journey. This is more than a childcare center to us. It is a place where children are loved, supported, and given the foundation they need to thrive.

BHA was born from a deeply personal mission. As parents of nine children with lived experience in the child welfare system, we understand the importance of a safe, nurturing environment where every child feels seen and valued.

Our programs are built on three unique practices: (1) A Character Development Framework focusing on monthly traits like kindness, courage, patience, and respect. (2) Daily Social-Emotional Check-Ins so every child starts the day seen, heard, and connected. (3) A Family Connection practice honoring the diversity of family structures.

We are partners with you. Our door is always open. The Parent Handbook is at [benevolenthouseacademy.org](http://benevolenthouseacademy.org) and at the front desk. Questions? Just ask.

We look forward to building something meaningful with your family.

With gratitude,

**Tanya J. Orr**

Founder and Executive Director

**Christopher R. Orr**

Chief Operating Officer



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## ENROLLMENT PACKET CHECKLIST

Parent Copy: Check off each form as you complete it.

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**Child's Full Name:**

**Date of Enrollment:**

1. Form 2935, Admission Information
2. Child Care Enrollment Agreement
3. Discipline and Guidance Policy Acknowledgment
4. Emergency Medical Authorization and Consent
5. Medication Authorization (if child requires medication)
6. Photo, Video, and Media Release and Consent
7. Tuition and Fee Agreement
8. Supplemental Authorized Pick-Up Form
9. Transportation Permission Form
10. Field Trip and Water Activity Permission
11. Technology and Screen Time Consent
12. Family Information and Connection Questionnaire
13. Child Interest and Developmental Profile
14. Infant Feeding Plan (infant room only, if applicable)
15. Safe Sleep Acknowledgment (infant room only, if applicable)
16. Liability Insurance Notice (Attachment A)
17. Immunization Records or Exemption Affidavit on file
18. Health Statement from Health Care Professional on file
19. Food Allergy Emergency Plan (if applicable)
20. Registration Fee Paid (\$75)
21. Supply/Activity Fee Paid

Check each box as you complete and sign each form. Return the full packet to the Center Director.

## 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		Director's Name	
Child's Full Name			Child's Date of Birth
Child Lives With: <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> 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			
<b>List phone numbers below where parents or guardian may be reached while child is in care.</b>			
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? <input type="radio"/> Yes <input type="radio"/> No			
<b>In case of an emergency, when the parent or guardian cannot be reached, call:</b>			
Name of Emergency Contact		Relationship	Area Code and Phone No.
Street Address, City, State and ZIP Code			
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>only</b> 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Discipline and guidance<br><input type="checkbox"/> Suspension and expulsion<br><input type="checkbox"/> Emergency plans<br><input type="checkbox"/> Procedures for conducting health checks<br><input type="checkbox"/> Safe sleep<br><input type="checkbox"/> Procedures for parents to discuss concerns with the director<br><input type="checkbox"/> Procedures for parents to participate in activities<br><input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for release of children<br><input type="checkbox"/> Illness and exclusion criteria<br><input type="checkbox"/> Procedures for dispensing medications<br><input type="checkbox"/> Immunization requirements for children<br><input type="checkbox"/> Meals and food service practices<br><input type="checkbox"/> Procedures to visit the center without securing prior approval<br><input type="checkbox"/> Procedures for supporting inclusive services<br><input type="checkbox"/> 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					





### 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
<b>Hepatitis B</b>	Birth (first dose)	
	1 – 2 months (second dose)	
	6 – 18 months (third dose)	
<b>Rotavirus</b>	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
<b>Diphtheria, Tetanus, Pertussis</b>	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15 – 18 months (fourth dose)	
	4 – 6 years (fifth dose)	
<b>Haemophilus Influenza Type B</b>	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12 – 15 months (fourth dose)	
<b>Pneumococcal</b>	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12 – 15 months (fourth dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
<b>Inactivated Poliovirus</b>	2 months (first dose)	
	4 months (second dose)	
	6 – 18 months (third dose)	
	4 – 6 years (fourth dose)	
<b>Influenza</b>	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.	
<b>Measles, Mumps, Rubella</b>	12 – 15 months (first dose)	
	4 – 6 years (second dose)	
<b>Varicella</b>	12 – 15 months (first dose)	
	4 – 6 years (second dose)	
<b>Hepatitis A</b>	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 [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

**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



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## CHILD CARE ENROLLMENT AGREEMENT

Required per TAC 746.501

**Child's Full Name:**

**Date of Birth:**

**Parent/Guardian Name:**

**Date of Enrollment:**

By signing this agreement, I acknowledge that I have received, reviewed, and understand the operational policies of Benevolent House Academy as described in the Parent Handbook (effective April 2026) and as summarized below.

### Operational Policies Acknowledged

**Hours of Operation:** 24/7 year-round. Daytime 6:00 AM-6:00 PM. Night 6:00 PM-6:00 AM. Closed 11 holidays.

**Tuition and Payment:** Due each Friday in advance. Late fee \$25. Registration \$75. Supply fee \$100. Due regardless of absences.

**Discipline:** Positive guidance only. No corporal punishment. Max time-out: 1 min/year of age. Prohibited methods = termination.

**Authorized Pickup:** Photo ID required. No release to unauthorized persons.

**Illness:** Fever 100.4+, vomiting, diarrhea, rash = stay home. Pickup within 1 hour. 24-hour symptom-free to return.

**Medication:** Written authorization required. Original labeled container only.

**Emergencies:** First aid + 911. Parent notified immediately. Incident report for every injury.

**Emergency Plan:** Relocation: Oaks Church, 777 S I-35E, Red Oak. Fire drills monthly. Weather/lockdown quarterly.

**Transportation:** BHA van. Age-appropriate restraints. Head counts. Vehicle inspected after each trip.

**Meals:** USDA CACFP: breakfast, lunch, snack, dinner. Allergies documented at enrollment.

**Safe Sleep:** Back to sleep. Bare cribs. No swaddling. CPSC-approved cribs only.

**Abuse Reporting:** All staff mandatory reporters. DFPS Hotline: 1-800-252-5400.

**Parent Rights:** Visit anytime without notice. Review records and inspection reports anytime.

**Withdrawal:** 2 weeks written notice. Tuition due through notice. Center may disenroll for cause.

**Liability Insurance:** See Attachment A included in this packet.

**Inclusive Services:** ADA compliance. Reasonable accommodations for children with special needs.

**Immunizations:** DSHS requirements must be met. Records provided at enrollment.

**Gang-Free Zone:** 1,000 feet from center = gang-free zone under Texas Penal Code.

### Parent/Guardian Acknowledgment

I have read and understand the operational policies above and in the Parent Handbook. I agree to comply with all center policies.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Staff Witness Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness Signature



508 N State Hwy 342, Red Oak, TX 75154 | (469) 807-1221

## DISCIPLINE AND GUIDANCE POLICY ACKNOWLEDGMENT

Required per TAC 746.2805

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**Child's Full Name:**

**Parent/Guardian Name:**

BHA uses positive, developmentally appropriate guidance: (1) Praise and encouragement. (2) Clear, positive reminders. (3) Redirection. (4) Brief supervised separation, max one minute per year of age.

Strictly prohibited: Corporal punishment. Verbal abuse. Punishment tied to food, rest, or toileting. Locked/dark rooms. Physical exercise as punishment. Any frightening or humiliating discipline. Violation = immediate termination.

I have read and understand the discipline and guidance policy. I have received a copy.

---

*Parent/Guardian Printed Name*

---

*Date*

---

*Parent/Guardian Signature*



508 N State Hwy 342, Red Oak, TX 75154 | (469) 807-1221

## EMERGENCY MEDICAL AUTHORIZATION AND CONSENT

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### Child Information

**Child's Full Name:**

**Date of Birth:**

**Known Allergies:**

**Current Medications:**

**Chronic Conditions:**

**Blood Type (if known):**

### Health Insurance

**Insurance Provider:**

**Policy/Group Number:**

**Subscriber Name:**

### Primary Care Physician

**Physician Name:**

**Phone Number:**

**Clinic/Office Address:**

### Preferred Hospital / ER

**Hospital Name:**

**Address:**

### Emergency Medical Consent

In the event of an emergency and I cannot be reached, I authorize BHA to:

Call 911 and transport to nearest emergency facility

Authorize emergency medical treatment

Transport to preferred hospital above (if feasible)

I understand BHA will make every effort to contact me first. I am responsible for medical expenses.

---

Parent/Guardian Printed Name

---

Date

---

Parent/Guardian Signature



508 N State Hwy 342, Red Oak, TX 75154 | (469) 807-1221

## MEDICATION AUTHORIZATION

Complete this form when your child requires medication to be administered at the center.

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**Child's Full Name:**

**Date of Birth:**

**Parent/Guardian Name:**

### Medication 1

**Medication Name:**

**Dosage/Amount:**

**Route (oral, topical, inhaled, etc.):**

**Time(s) to be given:**

**Start Date:**

**Stop Date:**

**Possible Side Effects:**

**Special Instructions:**

### Medication 2

**Medication Name:**

**Dosage/Amount:**

**Route (oral, topical, inhaled, etc.):**

**Time(s) to be given:**

**Start Date:**

**Stop Date:**

**Possible Side Effects:**

**Special Instructions:**

### Authorization

I authorize the caregivers at Benevolent House Academy to administer the medication(s) listed above according to the instructions provided. I understand that:

All medication must be in the original, labeled container with the child's name, medication name, dosage, and directions. Medications are stored out of reach of children and refrigerated medications are stored separately from food. A medication administration log is maintained and available for parent review. Medications are returned to the parent when no longer needed or upon expiration.

---

Parent/Guardian Printed Name

---

Date

---

*Parent/Guardian Signature*

This form may be completed at any time during enrollment when medication is needed. A separate form is required for each medication change.



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## PHOTO, VIDEO, AND MEDIA RELEASE AND CONSENT

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**Child's Full Name:**

**Parent/Guardian Name:**

### I Grant Permission For:

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- Classroom documentation and portfolios (internal only)
- Brightwheel daily reports
- Display within the center
- BHA website (benevolenthouseacademy.org)
- BHA social media (Facebook, Instagram)
- Printed marketing materials
- Local media / press coverage

### I Do NOT Grant Permission For:

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- No use beyond Brightwheel family reports
- Other (specify):

Child will never be identified by full name externally without separate consent. Revocation accepted in writing; not retroactive.

---

*Parent/Guardian Printed Name*

---

*Date*

---

*Parent/Guardian Signature*



508 N State Hwy 342, Red Oak, TX 75154 | (469) 807-1221

## TUITION AND FEE AGREEMENT

---

**Child's Full Name:**

**Date of Birth:**

**Parent/Guardian Name:**

**Date of Enrollment:**

### Enrollment Selection

**Daytime Care (6:00 AM - 6:00 PM):**

Full-Time (5-Day)

3-Day (M/W/F)

2-Day (T/Th)

**School-Age:**

Before/After School 4-Day (\$115/wk)

Before/After School 5-Day (\$135/wk)

Full Day: Summer/Breaks (\$175/wk)

Full-Time Scholar K-5th

**Night Care (6:00 PM - 6:00 AM):**

Drop-In \$75/night

2-3 Nights \$150/wk

4-5 Nights \$225/wk

24-Hour Combo \$325/wk

Daytime Drop-In (2yr+) \$65/day

Add Transportation \$25/week

**Weekly Tuition Rate:**

**Discount:**

**Adjusted Rate:**

### Fees Due at Enrollment

Registration \$75

Supply/Activity Fee \$\_\_\_\_\_

First Week Tuition \$\_\_\_\_\_

**Total Due:**

### Discount

Sibling (10% off additional)

Military (\$10/wk)

First Responder (\$10/wk)

Teacher (\$10/wk)

No discount

One per family. Cannot combine. Verify at enrollment and annually Sept 1.

### Payment Terms

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Due Friday in advance. Late: \$25. Returned payment: \$35. Late pickup: \$1/min. Covers spot regardless of attendance. 2 weeks written notice for withdrawal.

---

Parent/Guardian Printed Name

---

Date

---

Parent/Guardian Signature



508 N State Hwy 342, Red Oak, TX 75154 | (469) 807-1221

## SUPPLEMENTAL AUTHORIZED PICK-UP FORM

---

**Child's Full Name:**

**Parent/Guardian Name:**

In addition to persons on Form 2935, these individuals may pick up my child. Photo ID required.

**Authorized Person 1**

**Name:**

**Relationship:**

**Phone:**

**Authorized Person 2**

**Name:**

**Relationship:**

**Phone:**

**Authorized Person 3**

**Name:**

**Relationship:**

**Phone:**

**Authorized Person 4**

**Name:**

**Relationship:**

**Phone:**

**Authorized Person 5**

**Name:**

**Relationship:**

**Phone:**

**Authorized Person 6**

**Name:**

**Relationship:**

**Phone:**

### Custody Restrictions

---

No custody restrictions.

Custody order on file restricting:

---

Parent/Guardian Printed Name

---

Date

---

Parent/Guardian Signature



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## TRANSPORTATION PERMISSION FORM

---

**Child's Full Name:**

**Date of Birth:**

**Parent/Guardian Name:**

**I Authorize Transportation For:**

Daily school transport (school-age)

**School Name:**

**School Address:**

**Dismissal Time:**

Field trips and off-site activities

Emergency transport (evacuation/relocation)

### Safety Practices

BHA van. Age-appropriate restraints. Head counts before departure, on arrival, every transition. Driver inspects entire vehicle after children exit. Transportation log maintained. Staff maintain valid TX license, insurance, clear driving record.

---

*Parent/Guardian Printed Name*

---

*Date*

---

*Parent/Guardian Signature*



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## FIELD TRIP AND WATER ACTIVITY PERMISSION

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**Child's Full Name:**

**Parent/Guardian Name:**

### Field Trip Authorization

Parents notified in advance via Brightwheel. Ratios maintained. First aid kit on all trips.

I give permission for field trips.

I do NOT give permission for field trips.

### Water Activity Authorization

Sprinkler play only. No pools on site. Under-5 within arm's reach.

I give permission for water activities.

I do NOT give permission.

**Can your child swim?**

**Water assistance needed?**

---

*Parent/Guardian Printed Name*

---

*Date*

---

*Parent/Guardian Signature*



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## TECHNOLOGY AND SCREEN TIME CONSENT

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**Child's Full Name:**

**Parent/Guardian Name:**

Play-based learning environment. Screen time limited, supervised, educational only. Not used under 2. Max 30 min/day for 2+.

My child may participate in supervised educational screen time.

I do NOT want screen time. Alternative activity provided.

---

*Parent/Guardian Printed Name*

---

*Date*

---

*Parent/Guardian Signature*



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## FAMILY INFORMATION AND CONNECTION QUESTIONNAIRE

Helping us honor and celebrate your family

---

All information is voluntary and confidential.

**Child's Full Name:**

**Parent/Guardian 1:**

**Parent/Guardian 2:**

### Family and Household

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**Who lives in the household?**

**Siblings (names and ages):**

**Pets?**

### Language and Culture

---

**Primary language at home:**

**Other languages:**

**Cultural traditions or holidays:**

**Foods not eaten for cultural/religious reasons?**

### Family Involvement

---

**How to stay informed? (Brightwheel, phone, email, in person)**

**Volunteer or share a skill/tradition?**

**What does your child call you?**

### Anything Else

---

**Anything about your family you want us to know?**



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## CHILD INTEREST AND DEVELOPMENTAL PROFILE

Helping us personalize from day one

---

**Child's Full Name:**

**Date of Birth:**

**Age at Enrollment:**

**Completed by:**

### Personality and Temperament

---

**Describe your child's personality:**

**Reaction to new people/places?**

**What helps them feel comfortable?**

### Interests and Favorites

---

**Favorite activities/toys:**

**Favorite books/songs/characters:**

**Favorite foods:**

**Foods disliked:**

### Routines

---

**Usual wake time:**

**Usual bedtime:**

**Nap schedule?**

**Comfort items or sleep routines?**

**Toileting status?**

### Social and Emotional

---

**Group care experience?**

**How expresses frustration?**

**What calms them?**

**Fears or anxieties?**

**Developmental Notes**

---

**Concerns or support areas?**

**Special services (speech, OT, PT, ECI)?**

**Anything Else**

---

**Anything else for caregivers?**



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## INFANT FEEDING PLAN

Required for children 6 weeks through 12 months

---

**Child's Full Name:**

**Date of Birth:**

**Parent/Guardian Name:**

**Date:**

### Feeding Type

---

Breast milk (parent provides, labeled)

Formula: Center-provided standard

Formula: Parent-provided specialty

**Brand/Type:**

Combination breast milk and formula

### Feeding Schedule

---

**How often?**

**Amount per feeding (oz)?**

**Feeding cues:**

### Solid Foods

---

**Started solids?**

**Foods currently eating:**

**Foods to avoid:**

**Known food allergies:**

### Special Instructions

---

**Other feeding instructions:**

Reviewed every 3 months minimum. Notify center of changes.

---

Parent/Guardian Printed Name

---

Date

---

Parent/Guardian Signature



508 N State Hwy 342, Red Oak, TX 75154 | (469) 807-1221

## SAFE SLEEP ACKNOWLEDGMENT

Required for children 6 weeks through 12 months

---

**Child's Full Name:**

**Parent/Guardian Name:**

- Always on back to sleep.
- Individual CPSC-approved cribs.
- Firm mattress + fitted sheet only. No blankets, pillows, bumper pads, toys, positioners.
- Never in swings, bouncers, or car seats for sleep.
- Moved to crib immediately if fall asleep elsewhere.
- No swaddling.
- Frequent visual checks.

If physician requires different sleep position, provide signed HHSC Form 3019 (available from Center Director or [hhs.texas.gov](http://hhs.texas.gov)).

I have read and understand the safe sleep policy. My infant will be placed on their back unless Form 3019 is on file.

---

*Parent/Guardian Printed Name*

---

*Date*

---

*Parent/Guardian Signature*



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## LIABILITY INSURANCE NOTICE

Attachment A - Required per TAC 746.205

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**Child's Full Name:**

**Parent/Guardian Name:**

Texas Administrative Code Section 746.205 requires child care centers to carry liability insurance with a minimum of \$300,000 per occurrence or to provide written notice to parents if insurance is not currently in place.

As a newly established center, Benevolent House Academy is in the process of securing liability insurance coverage. As of the effective date of this notice, liability insurance has not yet been obtained. This is common for new child care operations during their initial year of licensure, and we are actively working with insurance providers to put coverage in place. We anticipate obtaining liability insurance within the first year of operation.

Until coverage is obtained, this means that if your child is injured while in care at this center, there may not be insurance coverage to pay for medical expenses or other damages related to the injury.

This notice is provided before your child is admitted into care, as required by Texas law. A signed copy is maintained in your child's enrollment file. When BHA obtains liability insurance, all enrolled families will be notified and this notice will be updated.

### Parent/Guardian Acknowledgment

I have been notified that Benevolent House Academy has not yet obtained liability insurance as described above. I understand this information and choose to enroll my child at this center.

---

*Parent/Guardian Printed Name*

---

*Date*

---

*Parent/Guardian Signature*



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## **ILLNESS AND EXCLUSION POLICY**

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### **Children Must Stay Home If They Have**

Fever 100.4+. Vomiting/diarrhea (2+ episodes/24 hrs). Severe cough/breathing difficulty. Undiagnosed rash. Pink eye with discharge. Head lice (until treated). Any DSHS Communicable Disease Chart condition.

### **Return to Care**

Symptom-free 24 hours without medication, or physician clearance.

### **Illness During the Day**

Child separated. Parent contacted immediately (Brightwheel + phone). Pickup within 1 hour. Emergency contacts called if unreachable.

### **Communicable Disease Notification**

Written notice to affected group within 48 hours. Lice/infestation reported within 48 hours.

### **COVID-19 and Respiratory Illness**

Current DSHS and CDC guidance followed. Updates communicated as needed.



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## **EMERGENCY PROCEDURES SUMMARY**

For Parent Reference

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### **Emergency Contact Numbers**

911 (Police/Fire/EMS)  
Poison Control: 1-800-222-1222  
Red Oak Police: (972) 617-3008  
DFPS Hotline: 1-800-252-5400  
BHA: (469) 807-1221

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### **Fire/Evacuation**

Exit via posted routes. Assembly: front parking lot. Head counts by name. Brightwheel notification.

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### **Relocation Site**

**Oaks Church, 777 S I-35E, Red Oak, TX 75154**

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### **Severe Weather**

Interior hallways, away from windows. Shelter until all-clear.

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### **Lockdown**

Doors locked. Children in classrooms. 911 called. Wait for law enforcement.

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### **Drills**

Fire: monthly. Weather: quarterly. Lockdown: quarterly.

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### **What Parents Should Do**

Do not call center (lines for emergency services). Monitor Brightwheel. If relocation: go to Oaks Church. Bring photo ID. Children released only to authorized persons.



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## ENROLLMENT PACKET VERIFICATION

TO BE COMPLETED BY STAFF ONLY

**Review the completed packet. Verify all documents received, complete, and signed.**

**Child's Full Name:**

**Date of Enrollment:**

1. Form 2935 complete and signed
2. Enrollment Agreement signed + witnessed
3. Discipline Policy signed
4. Emergency Medical complete and signed
5. Medication Authorization (if applicable)
6. Photo/Media Release signed
7. Tuition Agreement signed, rate confirmed
8. Authorized Pick-Up signed
9. Transportation Permission signed
10. Field Trip / Water Permission signed
11. Tech Consent signed
12. Family Questionnaire received
13. Child Profile received
14. Infant Feeding Plan (if applicable)
15. Safe Sleep Acknowledgment (if applicable)
16. Liability Notice signed
17. Immunization records on file
18. Health statement on file
19. Food Allergy Plan (if applicable)
20. Registration fee collected (\$75)
21. Supply/Activity fee collected
22. Custody order on file (if applicable)

### Staff Verification

I verify all checked items have been received and filed.

\_\_\_\_\_  
*Staff Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

### Director / Executive Director Approval

I confirm this packet is complete and the child is approved for admission.

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Director/ED Printed Name

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Date

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Director/ED Signature