

**The Learning Center**  
**Family Orientation, 2025-2026**

Child's Name (PLEASE PRINT): \_\_\_\_\_

***Please initial each line, sign below and the back page, and return to the front office.***

*\*Interpreter available upon request for select languages*

My signature below confirms I have received an orientation to The Learning Center. I understand the parental role in making this a positive educational experience for my child.

\_\_\_\_ Tour of The Learning Center

\_\_\_\_ Introduction to Teachers; Opportunity to visit and observe classroom

\_\_\_\_ Receipt and review of TLC's Emergency Preparedness Plan

\_\_\_\_ Receipt and review of the facilities operational policies, (Family Handbook), including those for:

- \* 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 school activities
- \* Procedures for release of children
- \* Illness and exclusion criteria
- \* Procedures for dispensing medication
- \* Immunization requirements for children
- \* Meals and food service practices
- \* Procedures for visiting the center without securing prior approval
- \* Procedures for parents to contact Child Care Licensing, Child Abuse Hotline, and DFPS website

\_\_\_\_ I have read, had an opportunity to ask questions about, understand, and agree to follow the policies outlined in the Family Handbook.

\_\_\_\_ I understand the following meals will be served to my child while in care:

- \* Morning Snack
- \* Lunch
- \* Afternoon Snack (Not applicable if your child leaves at 12:00)

**The Learning Center is a NUT FREE school**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

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

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregivers should be made aware of:

Does your child have diagnosed food allergies? \_\_\_\_\_ If **YES**, has a **FOOD PLAN** been submitted to the front office? Date submitted: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Hotline at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

\_\_\_\_\_  
Signature— Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### 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.

### Privacy Statement

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

### Additional Information Regarding Immunizations

For additional information regarding 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).

### SIGNATURES

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed