ADMISSION INFORMATION

18916 Freeport Drive
Montgomery, Texas 77356

Please complete entire form, do not leave blanks. PRINT CLEARLY!

GENERAL INFORMATION			
Operation's Name		Director's Name	
Child's Full Name	Child's Date of Birth	Child Lives With ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian	
Child's Home Address		City	Zip
Date of Admission	Date of Withdrawal	Days and Times in care	

Parent One Full Name		Parent Two Full Name	
Work Phone	Cell Phone	Work Phone	Cell Phone
Email Address		Email Address	
Address of Parent (if different from child's)		Address of Parent (if different from child's)	

Is there a custody order on file? ◯ YES ◯ NO ◯ PENDING
If YES, a current copy of your court order MUST be attached

Give the **NAME, ADDRESS** and **PHONE** number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached. Relationship

Name: _____ Phone: _____
Address:

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 telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verfication of ID.

Name	Phone Number
Name	Phone Number
Name	Phone Number

PERMISSIONS

1. Transportation I give consent for my child to be trasported and supervised by the operation's employees:
☐ 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

3. Water Activities I give consent for my child to pariticpate in the following water activities:
☐ water table play ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ aquatic

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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

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

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

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

Signature - Parent or Legal Guardian

CHILD'S ADDITIONAL INFORMATION SECTION

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 medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have doctor diagnosed food allergies? ◯ YES ◯ NO

If YES, please have doctor fill out Emergency Plan and Special Meals forms

Plan submitted on

I give consent for the child care operation to post my child's allergies in the classroom.

_____ _____

Signature - Parent or Legal Guardian Date Signed

MEALS

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

☐ Breakfast ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack

SCHOOL AGE CHILDREN

My child attends the following school	School Phone Number

My child has permission to (check all that apply):

☐ ride a bus ☐ walk to or from school or home ☐ be release to the care of his/her sibling under 18 years

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

RECEIPT OF WRITTEN OPERATIONAL POLICIES (CHECK ALL THAT APPLY)

I acknowledge receipt of the facility's operational policies, 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 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 parents to participate in operation activities

☐ Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline and CCL website

Child's Name	Child's Date of Birth

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.

Check **only one** option:

◯ 1. Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

_____ _____

Signature - Health Care Professional Date Signed

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

◯ 3. 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.

◯ 4. My child has been examined within the past year by a health care professinal 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.

Name of health care professional	Address of health care professional

_____ _____

Signature - Parent or Legal Guardian Date Signed

VISION EXAM RESULTS

Right eye 20/ ____ Left eye 20/ ____

◯ Pass

◯ Fail

_____ _____

Signature Date Signed

HEARING EXAM RESULTS

EAR	1000 Hz	2000 Hz	4000Hz	Pass or Fail
Right				◯ Pass ◯ Fail
Left				◯ Pass ◯ Fail

_____ _____

Signature Date Signed

VACCINE INFORMATION

VACCINE	DATE / dose 1	DATE / dose 2	DATE / dose 3	DATE / dose 4	DATE / booster
Hepatitis B					
DTP/DTap/ DT					
Hib					
Pneumococcal					
Polio					
MMR					
Varicella					
Hep A					

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

_____ _____

Signature - Physician or public health personnel | Date Signed

VARICELLA (CHICKENPOX)

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

_____ _____

Signature - Parent or Legal Guardian | Date Signed

REQUIREMENTS FOR EXCLUSION

☐ 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 Section 161.0041 Heatlh and Safety Code sumbitted no later than the 90th day after the affidavit is notarized.

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.

AMERICANS WITH DISABILITIES ACT

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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).

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 penalities.

SIGNATURES

_____ _____

Child's Parent or Legal Guardian | Date Signed

_____ _____

Center Designee | Date Signed

Clear Form