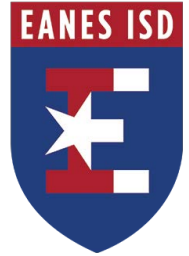




## ADMISSION INFORMATION



### GENERAL INFORMATION

Operation's Name:		Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the information of the responsible individual <b>to call</b> in case of an emergency if parents/ guardian cannot be reached: <b>Name:</b> _____ <b>Phone:</b> _____ <b>Address:</b> _____			Relationship:
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 telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION</b>			
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	

## CONSENT INFORMATION

### CHECK ALL THAT APPLY:

#### 1. TRANSPORTATION

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care     on field trips

#### 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:

water table play     sprinkler play

#### 4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

#### 5. MEALS

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

Morning snack     Lunch     Afternoon snack

#### 6. DAYS AND TIMES IN CARE

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

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

### 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 diagnosed food allergies? Yes  No  Plan submitted on:

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).

Signature - Parent or Legal Guardian:

Date Signed:

## ADMISSION REQUIREMENTS

1.  HEALTH CARE PROFESSIONAL'S STATEMENT
2.  COPY OF IMMUNIZATION RECORD SIGNED BY PHYSICIAN  
 AFFIDAVIT FOR IMMUNIZATION EXEMPTION
3.  HEARING AND VISION RECORD FOR CHILDREN 4 YEARS AND OLDER
4.  COPY OF BIRTH CERTIFICATE

## 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 Health and Safety Code submitted no later than the 90<sup>th</sup> 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.

## 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).

## 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>.

## SIGNATURES

Child's Parent or Legal Guardian:

X

Date Signed:

Center Designee:

X

Date Signed: