



ADMISSION INFORMATION

Operation Name:		Director's Name:	
Child's Name:		Date of Birth:	Child's Home Telephone No.:
Child's Home Address:			
Date of Admission:	Date of Withdrawal:	Hours and days child will be in care:	
Parent's or Guardian's Name:		Address (if different from child's):	
Telephone numbers where parents/guardian may be reached	Mother's Ph.#:	Father's Ph.#:	Guardian's Ph.#:
Name, address and phone number of person to call in case of an emergency if parents/guardian cannot be reached:			Relationship:
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
CHECK ALL THAT APPLY:			
1. <input type="checkbox"/> TRANSPORTATION: I hereby give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to/from home <input type="checkbox"/> to/from school			
2. <input type="checkbox"/> FIELD TRIPS: I hereby give consent for my child to participate in Field Trips: <input type="checkbox"/> Yes <input type="checkbox"/> No Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby give consent for my child to participate in Water Activities: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
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:	Ph.#:	
Name of Emergency Medical Care Facility:	Address:	Ph.#:	
I give consent for the facility to secure any and all necessary emergency medical care for my child.			
_____ Signature - Parent or Legal Guardian		_____ Date	
List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of: _____ _____			
SCHOOL AGE CHILDREN (CHECK ALL THAT APPLY):			
<input type="checkbox"/> My child attends the following school: _____ Name of School and Address Phone Number			
<input type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.			
<input type="checkbox"/> My child has permission to: <input type="checkbox"/> ride a bus <input type="checkbox"/> walk to and from school <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old Name of sibling(s): _____			

Signature - Parent or Legal Guardian

Date



ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:				Date of Birth:	
Immunizations	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
Polio IPV or OPV					
Measles					
Mumps					
Rubella					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB Test (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Signature or stamp of a physician or public health personnel verifying immunization information above.					
_____ Signature			_____ Date		
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.					
_____ Parent's signature			_____ Date		
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.					
For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm					
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.					
PLEASE CHECK ONLY ONE OPTION:					
<input type="checkbox"/> 1. Health-Care Professional's Statement: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.					
_____ Health Care Professional's Signature			_____ Date		
<input type="checkbox"/> 2. A signed and dated copy of a health care professional's statement is attached.					
<input type="checkbox"/> 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.					
<input type="checkbox"/> 4. 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 will submit it to the child-care operation.					
Name and address of health care professional:					
_____ Signature - Parent or Legal Guardian					
_____ Date					
VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Signature:			Date:		
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
R					
L					
Signature:			Date:		

Signature - Parent or Legal Guardian

Date