



## ADMISSION INFORMATION

**Directions:** Katy GT Academy & Montessori gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it before the child's first day of enrollment.

### General Information

Operation's Name: <i>Katy GT Academy &amp; Montessori</i>		Director's Name: <i>Mary Huang</i>	
Child's Full Name:	Child's Date of Birth:	Child Lives With? <input type="checkbox"/> Both parents <input type="checkbox"/> Dad <input type="checkbox"/> Mom <input type="checkbox"/> Guardian	
Child's Home Address:		Home Phone No.	Date of Admission:
Name of Parent/ Guardian 1:	Phone No.	Email Address:	
Name of Parent/ Guardian 2:	Phone No.	Email Address:	

### In case of emergency, call:

Name of Emergency Contact:	Relationship:	Area Code and Phone No.:
Address:		

### Pick up authorization:

I authorize Katy GT Academy & Montessori **to release** my child to leave the child care operation **ONLY** with the following persons. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification ID.

Name:	Relationship:	Area and Phone No.:
Name:	Relationship:	Area and Phone No.:

### Consent Information

<b>1. Transportation</b> I give consent for my child to be transported and supervised by the operation's employees ( <i>check all that apply</i> ): <input type="checkbox"/> For emergency care <input type="checkbox"/> On field trips <input type="checkbox"/> To and from home <input type="checkbox"/> To and from school	<b>2. Water Activities:</b> I give consent for my child to participate in the following water activities ( <i>check all that apply</i> ): <input type="checkbox"/> Water table play <input type="checkbox"/> Sprinkler play <input type="checkbox"/> Splashing or wading pools <input type="checkbox"/> Swimming pools <input type="checkbox"/> Aquatic playgrounds
<b>3. Field Trips:</b> <input type="checkbox"/> I give consent for my child to participate in field trips <input type="checkbox"/> I do not give consent for my child to participate in field trips.	
<b>4. Picture</b> <input type="checkbox"/> I give consent for my child's image to be used in photographs and videos on Katy GT Academy & Montessori's website and official social media channels. <input type="checkbox"/> I do not give consent for my child's image to be used in photographs and videos on Katy GT Academy & Montessori's website and official social media channels.	
_____ <b>Signature – Parent or Legal Guardian</b>	_____ <b>Date Signed</b>

**5. Receipt of Written Operational Policies**

I acknowledge receipt of the facility's operational policies including those for discipline and guidance  
(available online at [www.katygtacademy.org](http://www.katygtacademy.org)).

**6. Meals**

I understand that the following meals will be served to my child while I care (check all that apply):

- None  
 Breakfast  
 Morning Snack  
 Lunch  
 Afternoon Snack

**7. Days and Times in Care:**

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

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Child's Special Care Needs (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Environmental                                  | <input type="checkbox"/> Limitations or restrictions on child's activities   |
| <input type="checkbox"/> Food intolerances                              | <input type="checkbox"/> Reasonable accommodations or modifications          |
| <input type="checkbox"/> Existing illness                               | <input type="checkbox"/> Adaptive equipment (include instructions below)     |
| <input type="checkbox"/> Previous serious illness                       | <input type="checkbox"/> Symptoms or indications of complications            |
| <input type="checkbox"/> Injuries and hospitalizations (past 12 months) | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Others: _____                                  |  |

Explain any needs selected above:

**Food allergies:**

Does your child have diagnosed food allergies?  Yes  No

If yes, list all: \_\_\_\_\_

Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. 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

**School Age Children**

My child attends the following school: \_\_\_\_\_

School Area Code and Phone No.: \_\_\_\_\_

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

- Walk to or from school or home  
 Ride a bus  
 Be released to the care of his or her sibling under 18 years old

Documents:

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

**Authorization For Emergency Medical Attention**

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

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

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

\_\_\_\_\_  
Signature – Parent or Legal Guardian

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

**Requirements for Exclusion from Compliance**

- 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 90th 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.

### Vision Exam Results

Right Eye 20/\_\_\_\_\_ Left Eye 20/\_\_\_\_\_

- Pass
- Fail

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

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

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

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

### 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 (*select **only one** option*):

- 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.
- 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.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

\_\_\_\_\_  
**Signature – Health Care Professional**

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

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

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

I, \_\_\_\_\_, hereby acknowledge that I have read and accurately filled out the Admission Form with the correct information.

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

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