

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information					
Operation's Name		Director's Name:			
KINGDOM KIDZ DAYCARE		Teresa Carrillo			
Child's Full Name:		Child's Date of Birth:	Child Lives	With?	
		○ Both parents ○ Mom ○ Dad ○ C		rents OMom ODad OGuardian	
Child's Home Address:		Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Com	pleting Form:	Address of Parent or Gu	ıardian <i>(if dit</i>	fferent from the child's):	
Traine or Farences Gaardian Com	produing it office.	Address of Faront of Co.	aaraari (ii aii	roront from the orma of.	
List phone numbers below where	parents or guardian may be reacl	hed while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:		Custody Documents on File?	
				○ Yes ○ No	
In case of an emergency, call:					
Name of Emergency Contact:		Relationship:		Area Code and Phone No.:	
Address					
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 phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.					
Name:			Area Code and Phone No.:		
Name:			Area	a Code and Phone No.:	
Name:			Area Code and Phone No.:		

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4. Receipt of Written	Operational Policies			
acknowledge receipt of the facility's operational policies, including those for (Check all that apply).				
Discipline and guidance			Procedures for release of children	
Suspension and expulsion			☐ Illness and exclusion criteria	
☐ Emergency plans			Procedures for dispensing medications	
Procedures for conducting health checks			☐ Immunization requirements for children	
Safe sleep			☐ Meals and food service practices	
☐ Procedures for pare	ents to discuss concer	ns with the director	Procedures to visit the center without securing prior approval	
Promotion of indoor criteria for extreme	and outdoor physical weather conditions	activity including	Procedures for supporting inclusive services	
Procedures for pare	ents to participate in op	peration activities	Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website	
5. Meals:				
Lunch is provided by parent(s) and an afternoon snack will be supplied by Kingdom Kidz				
6. 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				
Saturday				
Sunday				
7. Receipt of Parent's Rights:				
I acknowledge I have r	l acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.			
	Signature — Paren	t or Legal Guardian	Date Signed	

8. Child's Special Care Needs (check all that apply)				
☐ Environmental allergies ☐ Limitations or restrictions on child's activities		n child's activities		
☐ Food intolerances	Reasonable accommodations or modifications			
Existing illness	Adaptive equipment (include instructions below)			
Previous serious illness	Symptoms or indications of	f complications		
☐ Injuries and hospitalizations (past 12 months)	Medications prescribed for	continuous long-term use		
Other:				
Explain any needs selected above:	_			
Does your child have diagnosed food allergies? OYes ONO F	ood Allergy Emergency Plan Subr	nitted 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			
9. School Age Children				
-		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 und	der 18 years old		
Authorized pick up or drop off locations other than the child's address	:			
☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.				
Authorization For Em	ergency Medical Attention			
In the event I cannot be reached to arrange for emergency medical ca	are, I authorize the person in charg	ge 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	s (Fail		
Signature		Date Signe	ed .	
		Hearing Exam Result	s	
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				O Pass O Fail
Left				Pass Fail
Signature		Date Signe	ed	
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 Hea	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		

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.				
Vaccine	Vaccine Schedule	Dates Child Received Vaccine		
Hepatitis B	Birth (first dose)			
	1–2 months (second dose)			
	6–18 months (third dose)			
Rotavirus	2 months (first dose)			
	4 months (second dose)			
	6 months (third dose)			
Diphtheria, Tetanus, Pertussis	2 months (first dose)			
	4 months (second dose)			
	6 months (third dose)			
	15–18 months (fourth dose)			
	4–6 years (fifth dose)			
Haemophilus Influenza Type B	2 months (first dose)			
	4 months (second dose)			
	6 months (third dose)			
	12–15 months (fourth dose)			
Pneumococcal	2 months (first dose)			
	4 months (second dose)			
	6 months (third dose)			
	12–15 months (fourth dose)			
Inactivated Poliovirus	2 months (first dose)			
	4 months (second dose)			
	6–18 months (third dose)			
	4–6 years (fourth dose)			
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.			
Measles, Mumps, Rubella	12–15 months (first dose)			
	4–6 years (second dose)			
Varicella	12–15 months (first dose)			
	4–6 years (second dose)			
Hepatitis A	12–23 months (first dose)			
	The second dose should be given 6 to 18 months after the first dose.			

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Vericelle //	Chickenney	
varicella (Chickenpox)	
Varicella (chickenpox) vaccine is not required if your child has had chic	kenpox disease. If your child has had chickenpox, please complete the	
statement: My child had varicella disease (chickenpox) on or about [da	ite] and does not need varicella vaccine.	
-	_	
Signature	Date Signed	
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Additional Information	De gerding Immunications	
Additional Information	Regarding Immunizations	
For additional information regarding immunizations, visit the Texas Dep	partment of State Health Services website at www.dshs.state.tx.us/	
immunize/public.shtm.		
TB Test ((If required)	
Openitive Objective D		
Positive Negative Date:		
Gang F	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	
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.		
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Privacy	Statement	
HHSC values your privacy. For more information, read our privacy police	cy online at: https://hhs.texas.gov/policies-practices-privacy#security	
Sign	natures	
Child's Parent or Legal Guardian	Date Signed	
- China C F at China C F at Call and the	Duto orginou	
Center Designee	Date Signed	
Physician or Public Hea	alth Personnel Verification	
Signature or stamp of a physician or public health personnel verifying in	nmunization information above:	
Signature	Date Signed	
Juguature	Date Signed	