TEXAS
Health and Human Services

Form 2935
January 2025

Admission Information

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: Ryndi's Rainbow Academy	Director's Name: Ryndi Burnett		
Child's Full Name:	Child's Date of Birth:	Child Lives With: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian 1:	Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:	Address of Parent or Guardian 2 if different from the child's:		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: ◯ Yes ◯ No
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact:	Relationship:	Area Code and Phone No.:	
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 Code and Phone No.:
Name:	Area Code and Phone No.:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ 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.

Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance? ◯ Yes ◯ No If no, your child is required to wear a life jacket while in or near a swimming pool.	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ◯ Yes ◯ No If yes, your child is required to wear a life jacket while in or near a swimming pool.
Do you want your child to wear a life jacket while in or near a swimming pool? ◯ Yes ◯ No	

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for parents to participate in operation activities
☐ 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 supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website

5. Meals:

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

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

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 received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ _____

Signature — Parent or Legal Guardian **Date Signed**

8. Child's Special Care Needs, check all that apply

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment, include instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies? ◯ Yes ◯ No 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 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

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 their sibling younger than 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 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	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and 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				◯ Pass ◯ Fail
Left				◯ Pass ◯ 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 they are 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

Vaccine Information

The following vaccines require multiple doses over time. 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 six to 18 months after the first dose.	

Varicella for Chickenpox

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

Signature **Date Signed**

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

◯Positive ◯Negative Date: _____

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

HHSC values your privacy. For more information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

Signatures

Child's Parent or Legal Guardian **Date Signed**

Center Designee **Date Signed**

Physician or Public Health Personnel Verification

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

Signature **Date Signed**

PROVIDER NAME:					**Enrollment Form**	
Child First Name	**Child Last Name**	**Date of Birth**	**Hour In**	**Hour Out**	**Days In Care**	**Meals Attending**
					MON TUE WED THR	breakfast am snack lunch pm snack
(Optional) Ethnicity: Asian, Black, Hispanic, Native American, Alaskan Native, White Non Hispanic, Pacific Islander			AM PM	AM PM	FRI SAT SUN	supper eve snack
					MON TUE WED THR	breakfast am snack lunch pm snack
(Optional) Ethnicity: Asian, Black, Hispanic, Native American, Alaskan Native, White Non Hispanic, Pacific Islander			AM PM	AM PM	FRI SAT SUN	supper eve snack
					MON TUE WED THR	breakfast am snack lunch pm snack
(Optional) Ethnicity: Asian, Black, Hispanic, Native American, Alaskan Native, White Non Hispanic, Pacific Islander			AM PM	AM PM	FRI SAT SUN	supper eve snack

Parent First Name **Parent Last Name**	**Date of Enrollment:**
Address:	**EMAIL:**
City, State, Zip	
Cell Phone	**Work phone**

IF YOUR CHILD IS UNDER 12 MONTHS OLD, INDICATE WHO SUPPLIES FORMULA:
____Provider supplies ____parent supplies

_______The provider will supply formula	**______I Will bring the Breastmilk**	**I will bring the Iron fortified infant formula listed here:________________________(If this formula is low-iron or non iron fortified a medical statement is necessary.)**
Date of change:	**New instructions: example:** *change formula to Iron fortified Similac*	

Provider must update this information as the situation changes, such as a change in the infant's formula. Update in the space provided above.

When your child is developmentally ready, the center is required to supply solid foods such as iron-fortified infant cereal, fruits, vegetables, meat/meat alternates as they become developmentally ready to accept according to the Infant Meal Pattern. Please select your food preference:

_______I will supply solid foods.	**______The Provider will supply the solid foods when my child is developmentally ready to accept them**

Dear Parent, Because your day care provider cares about good nutrition, they have chosen the benefits of the Chld and Adult Care Food Program. This program is sponsored by Nutriservice, Inc. 972-772-3200. Under the regulations of the CACFP, your provider may not charge you separate fees for rmeals, nor may you be asked to provide food for your child for those meals claimed under the program. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the based onf race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. To file a Program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) Found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter by: 1 mail: US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, , 1400 Independence Avenue, SW, Washington D.C. 20250-9410; fax: 202-690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider and employer.

Signature X	**Date of Signature**

Fax: 972-203-9429 office 972-772-3200 Email: Homes@nutriservice.org

Nutriservice
30 Years Serving Texas Children

TEXAS
Health and Human Services

Form 2962
December 2020-E

Verification of Liability Insurance

Use this form to indicate whether your operation has liability insurance as required by Human Resources Code (HRC) §§42.049 or 42.0495.

Exception: You are not required to carry liability insurance if you are applying to operate, or have been issued a permit to operate, a relative-only listed family home, a small employer-based child care operation, a temporary-shelter day care program or a state-operated facility.

Directions:

Applicant: Complete this form in its entirety and send it to Child Care Regulation (CCR) at the same time you submit an application.

Permit Holder: Every year after your permit is issued, you must verify your liability insurance coverage with CCR by completing a verification though your online Child Care Licensing account or by completing and sending this form to CCR. The verification must be completed by the time frame outlined below:

- Licensed operations: The anniversary date of when CCR issued your initial license;
- Registered operations: The anniversary date of when CCR issued your registration; or
- Listed operations: The anniversary date of when CCR issued your listing.

General Information

Operation Name:	Operation Number:
Ryndi's Rainbow Academy	1805741
Operation Address: 1213 Daventry Dr Glenn Heights Texas, 75154	

Does your operation have liability insurance:

- in the amount of $300,000 for each occurrence of negligence; and
- that covers injury to a child that occurs while the child is in your care, regardless of whether the injury occurs on or off the premises of your operation?

○ Yes (if yes, attach a copy of the certificate of insurance) If yes, start date and expiration date:

◉ **No. This operation does not have liability of insurance as required by HRC §§42.049 or 42.0495 for the following reason:**

◉ Financial reasons; provide explanation:

○ Coverage not available from an underwriter; provide explanation:

○ The limitations of the current policy have been exhausted. Date the policy will be available:

Notification of Lack of Insurance (if applicable)

I understand that Texas law requires my operation to provide written notification to the parent/guardian of each child in my operation's care if my operation does not maintain liability insurance coverage. (HRC §§42.049(c) or 42.0495(c)). Moreover, CCR may impose an administrative penalty if my operation does not notify parents/guardians within the time frame provided in minimum standards (HRC §42.078(e-1)(4)).

Certification and Signature

Ryndi Burnett

Digitally signed by Ryndi Burnett
Date: 2024.10.28 15:08:22 -05'00'

Signature of Permit Holder, Designee or Director

10-28-2024

Date Signed

X

Parent Acknowledgment

Date