****[](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiE4f-u7OPeAhULT98KHSi9BacQjRx6BAgBEAU&url=https://www.pinterest.com/pin/361273201341893443/&psig=AOvVaw04kWCVrP0Z_fiyjL6Uu5Zw&ust=1542833376429817)

DearOnes Daycare & Preschool

8061 S. Hulen St.

Ft. Worth, TX 76123

817-761-6900

info@dearonesdaycare.com

**ADMISSION INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Operation Name – **DearOnes Daycare & Preschool** | | | | | Director’s Name – R.C. | | | |
| Child’s Full Name | | | Child’s Date of Birth | | | Child’s Home Telephone No. | | |
| Child’s Home Address | | | | | | | | |
| Date of Admission | | | | Date of Withdrawal | | | | |
| Parent’s or Guardian’s Name | | | | | | Address (if different from child’s address) | | |
| List telephone numbers below where parents/guardian may be reached while child will be in care: | | | | | | | | |
| Mother’s Telephone No. | Father’s Telephone No. | Guardian’s Telephone No. | | | | | Cell Phone No | |
| Give the name, address and phone number of persons 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. TRANSPORTATION:** | I hereby Give  or Do Not Give | |  consent for my child to be transported and supervised by the operation’s employees: | |
| **Walk home** | for emergency care  | on field trips  | to and from home  | to and from school  |
| **2. FIELD TRIPS:** | I hereby give do not give  | |  my consent for my child to participate in Field Trips: | |
| **Parent’s Comments:** | | | | |
| **3. WATER ACTIVITIES:** | I hereby give do not give  | |  my consent for my child to participate in Water Activities: | |
| sprinkler play  | splashing/wading pools  | | swimming pools  | water table play  |
| **4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:**  I acknowledge receipt of the facility’s operational policies including those for discipline and guidance. | | | | |
| **5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:**  None  Breakfast  AM Snack  Lunch  PM Snack  Supper Evening Snack  | | | | |
| [Image result for bee clipart](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiE4f-u7OPeAhULT98KHSi9BacQjRx6BAgBEAU&url=https://www.pinterest.com/pin/361273201341893443/&psig=AOvVaw04kWCVrP0Z_fiyjL6Uu5Zw&ust=1542833376429817)**6**. **MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:**  Mondays from: to:  Tuesdays from: to:  Wednesdays from: to:  Thursdays from: to:  Fridays from: to: | | | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| **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 | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SCHOOL AGE CHILDREN (Siblings)** | | | | |
| My child attends the following school: | | | | |
| Name of School and Address | | | | School Ph.# |
| * **CHECK ALL THAT APPLY:** | | | | |
| 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. | My child has permission to: | walk to or from school or home, Yes  No  | | |
| ride a bus, and/or  | | be released to the care of his/her sibling(s) under 18 years old. Yes  No  | |
| Name of sibling(s): | | | | |

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child’s most current immunization record

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:  1.HEALTH-CARE PROFESSIONAL’S STATEMENT: I have examined the above-named child within the past year and find that he / she is able to take part in the day care program. | | | | | | | | | |
| Health Care Professional's Signature | | | | | | | Date | | |
| 2. A signed and dated copy of a health care professional’s statement is attached. | | | | | | | | | |
| 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. 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. | | | | | | | | | |
| 4. My | | | | | | | | | |
| Name and address of health care professional: | | | | | | | | | |
| Signature - Parent or Legal Guardian | | | | | | | | Date | |
| **VISION** | | R 20/ \_\_\_\_\_\_\_\_ | | | L 20/ \_\_\_\_\_\_\_\_ | | | | PASS  FAIL  |
| SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | [Image result for bee clipart](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiE4f-u7OPeAhULT98KHSi9BacQjRx6BAgBEAU&url=https://www.pinterest.com/pin/361273201341893443/&psig=AOvVaw04kWCVrP0Z_fiyjL6Uu5Zw&ust=1542833376429817)  DATE **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **HEARING** | **1000 Hz** | **2000 Hz** | **4000 Hz** | | | | | | |
| **R** | | | | | PASS  FAIL  | | | | |
| **L** | | | | | | | | | |
| SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Signature – Parent or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |