

Admission Information

Use this form to collect all required information about a child enrolling in day care. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form 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.

Section 1 – General Information

| | |
|---|----------------------------------|
| Operation's Name Christian Bible Academy - License # 1828539 | Director's Name Valarie White |
|---|----------------------------------|

| | |
|--------------------------------|-----------------------|
| Child's Full Name Doe, Jane | Child's Date of Birth |
|--------------------------------|-----------------------|

Child Lives With: Both parents Mom Dad Guardian

Child's Home Street Address, City, State and ZIP Code

| | |
|-------------------|--------------------|
| 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. |
|---------------------------|--------------|-------------------------|

Street Address, City, State and ZIP Code

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. |

Section 2 – 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 Wading pools Swimming pools Aquatic playgrounds

1. Is your child a competent swimmer? Yes No If no, your child is required to wear a life jacket while in or near a swimming pool.

2. 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.

Note: 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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Discipline and guidance | <input checked="" type="checkbox"/> Procedures for release of children |
| <input checked="" type="checkbox"/> Suspension and expulsion | <input checked="" type="checkbox"/> Illness and exclusion criteria |
| <input checked="" type="checkbox"/> Emergency plans | <input checked="" type="checkbox"/> Procedures for dispensing medications |
| <input checked="" type="checkbox"/> Procedures for conducting health checks | <input checked="" type="checkbox"/> Immunization requirements for children |
| <input checked="" type="checkbox"/> Safe sleep | <input checked="" type="checkbox"/> Meals and food service practices |
| <input checked="" type="checkbox"/> Procedures for parents to discuss concerns with the director | <input checked="" type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input checked="" type="checkbox"/> Procedures for parents to participate in activities | <input checked="" type="checkbox"/> Procedures for supporting inclusive services |
| <input checked="" type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input checked="" type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website |

5. Meals

I understand 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 Week | A.M. | P.M. | Day of Week | A.M. | P.M. |
|-------------|------|------|-------------|------|------|
| Monday | | | Friday | | |
| Tuesday | | | Saturday | | |
| Wednesday | | | Sunday | | |
| Thursday | | | | | |

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.

Parent or Legal Guardian Signature

Date Signed

8. Child's Special Care Needs

Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Environmental allergies | <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 in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

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).

Parent or Legal Guardian Signature

Date Signed

9. School-Age Children

My child attends the following school

School Area Code and Phone No.

My child has permission to: 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 are current and on file at their school.

Section 7 – 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.

- 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.

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

Health Care Professional Signature

Date Signed

Parent or Legal Guardian Signature

Date Signed

Section 8 – 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) | |

| Vaccine | Vaccine Schedule | Dates Child Received Vaccine |
|-------------------------|--|------------------------------|
| 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. | |

Section 9 – Physician or Public Health Personnel Verification

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

Signature

Date Signed

Section 10 – 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

Section 11 – Additional Information About Immunizations

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

Section 12 – 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.

Section 13 – Privacy Statement

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

Section 14 – Signatures

Child's Parent or Legal Guardian Signature

Date Signed

Center Designee Signature

Date Signed