

ADMISSION INFORMATION

Date of Admission:	Date of Withdraw:
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Please complete this form in its entirety and return to Kids' Campus **BEFORE** the child's first day of enrollment. This form will be kept on file at the child care facility.

Operation Name KIDS' CAMPUS CHILD CARE		Director's Name SHAWN WAGNER	
Child's Full Name		Child's Date of Birth	Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian
Child's Home Address		Name of Parent/Guardian Completing Form:	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother/Guardian's Name	Date of Birth	Driver License Number	Address (if different from child's)
Father/Guardian's Name	Date of Birth	Driver License Number	Address (if different from child's)
List telephone numbers below where parent(s)/guardian may be reached while child will be in care:			
Mother/Guardian Place of Employment	Work No.	Home No.	Cellphone No.
Father/Guardian Place of Employment	Work No.	Home No.	Cellphone No.
Give the name, address and phone number of the responsible individual TO CALL in case of an EMERGENCY if parent/guardian cannot be reached.			
Name:	Address:	Relation:	Contact Number:
Name:	Address:	Relation:	Contact Number:
Name:	Address:	Relation:	Contact Number:
I authorize the child care operation to RELEASE my child to leave Kids' Campus ONLY with the following persons. Children will only be released to a parent/guardian or a person designated by the parent/guardian after verification of ID			
Name:	Address:	Relation:	Contact Number:
Name:	Address:	Relation:	Contact Number:
Name:	Address:	Relation:	Contact Number:

CONSENT INFORMATION:																
1. TRANSPORTATION	I give consent for my child to be transported and supervised by Kids' Campus employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school															
2. FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> 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: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools (school-age only) <input type="checkbox"/> aquatic playgrounds (school-age only)															
4. PHOTOGRAPHS:	I <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to have his/her photo taken at Kids' Campus and on field trips, for posting at the facility, for use in projects to be sent home, on our web site www.mykidscampus.com and our Facebook page															
5. RECEIPT OF WRITTEN OPERATIONAL POLICIES:	I acknowledge that I have received Kids' Campus Child Care's Parent Handbook (Operational Policies), including those for: (check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Discipline and guidance</td> <td><input type="checkbox"/> Procedures for release of children</td> <td><input type="checkbox"/> Suspension and expulsion</td> </tr> <tr> <td><input type="checkbox"/> Illness and exclusion criteria</td> <td><input type="checkbox"/> Emergency Plans</td> <td><input type="checkbox"/> Procedures for dispensing medication</td> </tr> <tr> <td><input type="checkbox"/> Immunization requirements</td> <td><input type="checkbox"/> Safe sleep</td> <td><input type="checkbox"/> Meals and food service practices</td> </tr> <tr> <td><input type="checkbox"/> Procedures for parents to discuss concerns with the director</td> <td></td> <td><input type="checkbox"/> Procedures to visit the center without prior approval</td> </tr> <tr> <td><input type="checkbox"/> Procedures for parents to participate in center activities</td> <td></td> <td><input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website</td> </tr> </table>	<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children	<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria	<input type="checkbox"/> Emergency Plans	<input type="checkbox"/> Procedures for dispensing medication	<input type="checkbox"/> Immunization requirements	<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices	<input type="checkbox"/> Procedures for parents to discuss concerns with the director		<input type="checkbox"/> Procedures to visit the center without prior approval	<input type="checkbox"/> Procedures for parents to participate in center activities		<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website
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6. I understand the following meals will be served to my child while in care:	<input type="checkbox"/> None <input type="checkbox"/> breakfast brought from home <input type="checkbox"/> AM snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> late PM snack for Toddlers and 2 year olds. (4:00)															
KIDS' CAMPUS IS NOT RESPONSIBLE FOR THE NUTRITIONAL CONTENT OF LUNCHESES, BREAKFAST AND/OR SNACKS BROUGHT FROM HOME.																
7. My child is normally in care on the following days and times: Part time positions offered in the 2's, 3's, & Pre-K classes																
<input type="checkbox"/> Monday from: to:	<input type="checkbox"/> Tuesday from: to:															
<input type="checkbox"/> Thursday from: to:	<input type="checkbox"/> Friday from: to:															
<input type="checkbox"/> Wednesday 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:	Contact Number:
Name of Emergency Medical Care Facility:	Address:	Contact Number:

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

Signature – Parent/Guardian _____

IMMUNIZATION RECORD:

I have provided the child-care operation with a copy of my child's most current immunization record.

Varicella (chicken pox vaccine) is not required if your child has had chicken pox disease. If your child has had chicken pox, please complete the statement:

My child had varicella disease (chicken pox) on or about (date) _____ and does not need the varicella vaccine.

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

Signature Parent/Guardian:	Date:
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SCHOOL AGE CHILDREN

My child attends:	School Contact Number:
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My child has permission to (check all that apply):

Ride Kids' Campus bus Be released to the care of his/her sibling under 18 years old

During summer session and school holidays, school-age children will need to bring a sack lunch. Snacks will be provided in the morning and afternoon.

KIDS' CAMPUS IS NOT RESPONSIBLE FOR THE NUTRITIONAL CONTENT OF LUNCHEES AND/OR SNACKS BROUGHT FROM HOME.

Name of sibling/s:	Contact Number:
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VISION/HEARING RESULTS:

VISION	R 20/	L 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Signature:	Date:
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HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Signature:	Date:
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The Special Senses and Communications Act, Texas Health and Safety Code, Chapter 36, requires a screening or a professional examination for possible vision and hearing problems for children by the age of 4. Check in your child's mailbox for notices of Kids' Campus providing this service. It is possible, however, that this service will not always be provided. By signing below, you agree to have this testing done by the time your child turns 4 if it is not offered at the center. You also agree, by signing below, to provide Kids' Campus the results of this testing.

Signature Parent/Guardian:	Date:
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ADDITIONAL CONSENT:

Minimum Standards for Child Care states that all employees must demonstrate competency, good judgment, and self-control when performing assigned responsibilities. In the event that Kids' Campus staff determines it is in the best interest of your child/children not allow you or your designated person/s to drive off Kids' Campus property, ultimately putting children at risk, the following actions can be taken (check all that apply):

<input type="checkbox"/> Call 9-1-1	<input type="checkbox"/> Call other parent/guardian	<input type="checkbox"/> Keep child/children at Kids' Campus
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<input type="checkbox"/> Use emergency contact list	<input type="checkbox"/> Allow child to be taken	<input type="checkbox"/> Other:
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Signature Parent/Guardian:	Date:
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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 Kids' Campus 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 child care program.

Health care professionals 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.

4. My child has been examined within the past year by a health care professional and is able to participate in the child care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to Kids' Campus.

Name of health care professional:	Address of health care professional:

Signature – Parent/Guardian:	Date:

ADDITIONAL INFORMATION:

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Does your child have diagnosed food allergies? Yes No Plan submitted on:

PLEASE NOTE: IF YOUR CHILD HAS A FOOD ALLERGY, WE WILL NEED A "FOOD ALLERGY ACTION PLAN" THAT INCLUDES THE FOOD ALLERGY, SYMPTOMS IF EXPOSED AND STEPS TO TAKE IN CASE OF ALLERGIC REACTION. SIGNED AND DATED BY PHYSICIAN. This is a policy set forth by the Minimum Standards for Child-Care Centers

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe 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/Guardian:	Date:

REQUIREMENTS FOR EXCLUSION:

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 member of.

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:

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privicay.asp>

SIGNATURES:

Parent/Guardian:	Date:
Center Designee:	Date: