

ANNUAL ENROLLMENT UPDATE


Date received:	
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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
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:

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 _____		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: _____

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  .

SCHOOL AGE CHILDREN

My child attends:	School Contact Number:
My child has permission to (check all that apply): <input type="checkbox"/> Ride Kids' Campus bus <input type="checkbox"/> 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 LUNCHES AND/OR SNACKS BROUGHT FROM HOME.	
Name of sibling/s:	Contact Number:

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' 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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