

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.

	Ge	neral Information			
Operation's Name:		Director's Name:	Director's Name:		
		Olin Diri (Diri	Object to the control of the control		
Child's Full Name:		Child's Date of Birth:	Child Lives		
		D	Both parents Mom Dad Guardial		
Child's Home Address:		Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or G	Address of Parent or Guardian (if different from the child's):		
List phone numbers below whe	re parents or guardian may be re	eached while child is in care			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:		Custody Documents on File?	
				○ Yes ○ No	
In case of an emergency, cal	:				
Name of Emergency Contact:		Relationship:		Area Code and Phone No.:	
Address:					
				following persons. Please list name nated by the parent or guardian after	
Name:		Area Code and Phone No.:			
Name:			Area Code and Phone No.:		
Name:			Area Code and Phone No.:		
	Co	nsent Information			
1. Transportation:					
I give consent for my child to be	e transported and supervised by	the operation's employees (Check all tha	t apply).	
☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school					
2. Field Trips:					

Form 2935

O I give consent for my child to participate in field trips. O I do not give consent for my child to participate in field trips.			
Comments:	٦		
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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	Is your child able to swim without assistance: O Yes O No If no, what type of assistance is needed:				
4. Receipt of Written	Operational Policies	:			
I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).					
Discipline and guid	lance		☐ Procedures for release of children		
Suspension and ex	xpulsion		☐ Illness and exclusion criteria		
☐ Emergency plans			Procedures for dispensing medications		
Procedures for cor	nducting health checks		☐ Immunization requirements for children		
☐ Safe sleep			☐ Meals and food service practices		
☐ Procedures for parents to discuss concerns with the director		ns with the director	Procedures to visit the center without securing prior approval		
Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions		activity including	Procedures for supporting inclusive services		
☐ Procedures for parents to participate in operation activities ☐ Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL 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					

Child's Special Care Needs (check all	that apply)			
☐ Environmental allergies		Limitations or restrictions or	n child's activities	
☐ Food intolerances		Reasonable accommodations or modifications		
Existing illness		Adaptive equipment (include	e instructions below)	
☐ Previous serious illness		Symptoms or indications of	complications	
☐ Injuries and hospitalizations (past 12 months)		☐ Medications prescribed for	continuous long-term use	
Other:				
Explain any needs selected above:				
Does your child have diagnosed food all	ergies? OYes ONo Foo	od Allergy Emergency Plan Subn	nitted Date:	
Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit https://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	1	Date Signed		
School Age Children				
My child attends the following school:			School Area Code and Phone No.:	
My child has permission to (check all tha	t apply):			
walk to or from school or home	ride a bus	the care of his or her sibling und	er 18 years old	
Authorized pick up or drop off locations	other than the child's address:			
☐ Child's required immunizations, vision	n and hearing screening, and TE	3 screening are current and on fil	e at their school.	
	Authorization For Emer	gency 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		Phone No.	
Name of Emergency Care Facility	Address		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					
				s for reason of conscience, including than the 90th day after the affida	
	ached a signed and dated affidav denomination that I am an adhere			reening conflicts with the tenets of	r practices of a church or
<u> </u>					
		Vi	sion Exam Result	S	
Right Eye 20/					
Signature			Date Sign	ed	
		He	aring Exam Resul	ts	
Ear	1000 Hz		2000 Hz	4000 Hz	Pass or Fail
Right					O Pass O Fail
Left					
					Pass Fail
Signature			Date Sign	ed	
Admission F	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 that he or she is 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					

Date Signed

Signature — Parent or Legal Guardian

Vaccine Information

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)	
nactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
nfluenza	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)	
/aricella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Varicella (Chickenpox)				
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the				
statement: My child had varicella disease (chickenpox) on or about [dat	e] and does not need varicella vaccine.			
Signature	Date Signed			
Additional Information F	Regarding Immunizations			
For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/ immunize/public.shtm .				
TB Test (I	f required)			
Positive Negative Date:				
Gang F	ree 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				
Sign	atules			
Child's Parent or Legal Guardian	Date Signed			
Center Designee	Date Signed			
Physician or Public Health Personnel Verification				
2				
Signature or stamp of a physician or public health personnel verifying immunization information above:				
Signature	Date Signed			