

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.

		General Information			
Operation's Name:		Director's Name:			
Child's Full Name:		Child's Date of Birth:	Child Lives		
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	reached 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, call	:				
Name of Emergency Contact:		Relationship:		Area Code and Phone No.:	
Address:	_		1		
				following persons. Please list name nated by the parent or guardian after	
Name:			Area	a Code and Phone No.:	
Name:			Area Code and Phone No.:		
Name:			Area	Area Code and Phone No.:	
		Consent Information			
1. Transportation:					
I give consent for my child to be	e transported and supervised b	by the operation's employees (Check all tha	at apply).	
for emergency care on field trips to and from home to and from school					
2. Field Trips:					
O I give consent for my child to	participate in field trips. OI	do not give consent for my chi	ild to participa	ate in field trips.	
Comments:					

3. Water Activities:				
I give consent for	my child to participa	ate in the following w	rater activities (Check all that apply).	
water table play	□ 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 operatio	nal policies, including t	hose for (Check all that apply).	
☐ Discipline and guidance			Procedures for release of children	
Suspension and ex	kpulsion		☐ 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		peration 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 o	lays 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 accommodation	ns or modifications	
Existing illness		Adaptive equipment (includ	le instructions below)	
☐ Previous serious illness		Symptoms or indications of	complications	
Injuries and hospitalizations (past 12 months)			continuous long-term use	
Other:				
Explain any needs selected above:		-		
Does your child have diagnosed food all	lergies? (Yes () No Fo	od Allergy Emergency Plan Subr	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 Guardia	n	Date Signed		
School Age Children				
My child attends the following school:			School Area Code and Phone No.:	
My child has permission to (check all that	at apply):			
walk to or from school or home	ride a bus be released to	the care of his or her sibling und	ler 18 years old	
Authorized pick up or drop off locations Child's required immunizations, visio	n and hearing screening, and T	<u>-</u>	le at their school.	
	Authorization For Eme	rgency Medical Attention		
In the event I cannot be reached to arra	nge for emergency medical car	e, I authorize the person in charg	e 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				
I have att	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.			
	•	n and Safety Code submitted no later it stating that the vision or hearing scr	·	
	denomination that I am an adhere		eening confincts with the tenets of	i practices of a church of
		Vision Exam Results		
Right Eye 20	/ Left Eye 20/ OPa	ass OFail		
Signature			 ed	
_		Hearing Exam Result		
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				Pass Fail
Left				Pass Fail
Signature			ed	
Admission	Paguiramant			
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. (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 —	Signature — Health Care Professional Date Signed			
Oi man a t				
Signature —	Parent or Legal Guardian	Date Signed		

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)	
piphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
laemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
neumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated 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 Depimmunize/public.shtm.	artment of State Health Services website at www.dshs.state.tx.us/			
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 S	Statement			
HHSC values your privacy. For more information, read our privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security				
Signatures				
Child's Parent or Legal Guardian	Date Signed			
Center Designee	Date Signed			
Physician or Public Health Personnel Verification				
Signature or stamp of a physician or public health personnel verifying immunization information above:				
Signature	Date Signed			