

# Admission Information

Operation Name <b>StoneWater Preschool</b>		Director's Name <b>Misty Carter</b>	
Child's Full Name _____ Male / Female		Child's Date of Birth _____	Child Lives With: Both parents Mom Dad Guardian
Child's Home Address _____			
Date of Admission _____	Date of Withdrawal _____	<b>E-mail Address:</b> _____	
Parent's or Guardian's Name _____		Address (if different from child's address) _____	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mom's Telephone No. _____	Dad's Telephone No. _____	Guardian's Telephone No. _____	Custody Documents on File Yes _____ No _____
Give the <b>NAME, ADDRESS and PHONE #</b> of person to call in case of an emergency if parents / guardian cannot be reached: _____			Relationship _____
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list <b>NAME &amp; PHONE #</b> for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

1. <input type="checkbox"/> <b>Permission to use images</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give _____ – my consent for images of my child to be used in the school's publications, publicity or advertising.	
2. <input type="checkbox"/> <b>Sunscreen/rash ointment</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give _____ – my consent to be applied. <input type="checkbox"/> special product provided by parent	
3. <input type="checkbox"/> <b>WATER ACTIVITIES:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give _____ – my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> water table play	
4 <input type="checkbox"/> <b>RECEIPT OF <u>O N L I N E</u> Parent Handbook: (includes Operational Policies)</b> <input type="checkbox"/>	
I acknowledge receipt of the facility's operational policies, in the parent handbook, including those for discipline and guidance . _____	
5. <input type="checkbox"/> <b>AM Snack</b> <input type="checkbox"/> <b>Parent provided lunch</b> <input type="checkbox"/> <b>PM Snack (for those in extended care)</b>	
6. <b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES: (Check days of attendance; Circle times of attendance)</b>	
<input type="checkbox"/> Monday	from: 7:00am / 9am to: 3pm / 5pm
<input type="checkbox"/> Tuesday	from: 7:00am / 9am to: 3pm / 5pm
<input type="checkbox"/> Wednesday	from: 7:00am / 9am to: 3pm / 5pm
<input type="checkbox"/> Thursday	from: 7:00am / 9am to: 3pm / 5pm
<input type="checkbox"/> Friday	from: 7:00am / 9am to: 3pm / 5pm <b>(7-9 &amp; 3-5 are an additional fee, see handbook)</b>

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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: _____	Ph.#: _____
Name of Emergency Medical Care Facility: _____	Address: _____	Ph.#: _____
I give consent for the facility to secure any and all necessary emergency medical care for my child. _____		
<b>Signature - Parent or Legal Guardian</b>		

List any special problems that your child may have, such as allergies, 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 caregivers should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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**

\_\_\_\_\_  
**Date**

# Admission Information

**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.

**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 day care program.

\_\_\_\_\_ Health Care Professional's 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 on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized. Please indicate if this also includes vision and hearing screening. \_\_\_\_\_
4.  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 will submit it to the child-care operation.

Name and address of health care professional:

**IMMUNIZATION RECORD**

- I have provided the childcare operation with a copy of my child's most current immunization record.  
**This includes vision and hearing screening for children 4 years of age and older**

**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/privacy.asp>.

**VARICELLA (CHICKEN POX)**

Varicella (Chicken Pox) vaccine is not required if your child has had Chicken Pox.

**Please check one of the following:**

- My child has had the varicella (chicken pox) vaccination
- My child has had the chicken pox virus

**COPY OF DRIVER'S LICENSE ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_**

**PLEASE SIGN BELOW INDICATING ALL INFORMATION ON THIS FORM IS TRUE**

Child's Parent or Legal Guardian:  <b>X</b>	Date Signed:
Center Designee:  <b>X</b>	Date Signed: