

Admission Information

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| Operation Name StoneWater Preschool | | Director's Name | |
| 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 | E-mail Address: | |
| 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: | | | |
| Parent 1 Telephone No. | Parent 2 Telephone No. | Guardian's Telephone No. | Custody Documents on File Yes No |
| Give the name, address and phone number 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 ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. | | | |
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| 1. <input type="checkbox"/> Permission to use images | 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"/> Sunscreen/rash ointment | 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"/> WATER ACTIVITIES: | 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"/> RECEIPT OF Parent Handbook: (includes Operational Policies) | <input type="checkbox"/> E-mail <input type="checkbox"/> Hardcopy (all items are online) | I acknowledge receipt of the facility's operational policies, in the parent handbook, including those for discipline and guidance. |
| 5. <input type="checkbox"/> AM Snack <input type="checkbox"/> Parent provided lunch <input type="checkbox"/> PM Snack (for those in extended care) | | |
| 6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES: (Check days of attendance; Circle times of attendance) | | |
| <input type="checkbox"/> Monday | from: 7am / 8:30am | to: 3:30pm / 5:30pm |
| <input type="checkbox"/> Tuesday | from: 7am / 8:30am | to: 3:30pm / 5:30pm |
| <input type="checkbox"/> Wednesday | from: 7am / 8:30am | to: 3:30pm / 5:30pm |
| <input type="checkbox"/> Thursday | from: 7am / 8:30am | to: 3:30pm / 5:30pm |
| <input type="checkbox"/> Friday | from: 7am / 8:30am | to: 3:30pm / 5:30pm |
| (7-8:30 & 3:30-5:30 are an additional fee, see handbook) | | |

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| 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: | 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. | | |
| _____ Signature - Parent or Legal Guardian | | |

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 caregiver's 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 90th 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>.

| SIGNATURES | |
|--|--------------|
| Child's Parent or Legal Guardian: X | Date Signed: |
| Center Designee: X | Date Signed: |