



Admission Information



Child's Name: _____

Mother's Information

Name: _____ Home Number: _____

Address: _____ City: _____ Zip Code: _____

Social Security Number: _____ Drivers License Number: _____

Place of Employment: _____ Work Number: _____

Cell Phone Number: _____ Email Address: _____

Father's Information

Name: _____ Home Number: _____

Address: _____ City: _____ Zip Code: _____

Social Security Number: _____ Drivers License Number: _____

Place of Employment: _____ Work Number: _____

Cell Phone Number: _____ Email Address: _____

Emergency Contact

Name: _____ Home Number: _____

Address: _____ City: _____ Zip Code: _____

Work Number: _____ Cell Phone Number: _____

Relationship to Child: _____ Referred By: _____

Authorized Pick-Up

Name: _____ Drivers License Number: _____

Name: _____ Drivers License Number: _____



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 With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information
<p>Check All That Apply:</p> <p>1. Transportation</p> <p>I give consent for my child to be transported and supervised by the operation's employees:</p> <p> <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school </p> <p>2. Field Trips</p> <p> <input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips. </p> <p>Comments</p>

3. Water Activities

I give consent for my child to participate in the following water activities:

- water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|--|---|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> 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:

- 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		

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	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian

Requirements for Exclusion

- 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.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ Pass Fail

Signature

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

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)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	12–15 months (fourth dose)	
	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
Influenza	4–6 years (fourth dose)	
	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)	
Varicella	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.	

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature

Date Signed

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 (date) _____ and does not need varicella vaccine.

Signature

Date Signed

Additional Information 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 (If Required)

Positive Negative Date: _____

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

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



Child's Name: _____

Initial all statements please

____ We hereby grant to A Child's Reflection permission for our child to take part in all program activities and use all indoor equipment.

____ We hereby grant permission to A Child's Reflection for our child to be photographed or videotaped while participating in ACR sponsored activities and understand that such images might be used in the classroom, on the front hallway video screen or for marketing purposes.

____ We hereby grant permission to the staff at A Child's Reflection to administer basic first-aid (i.e. band aids, ant bite ointment, etc.) to our child in the event an accident occurs.

____ We understand that tuition is due by Wednesday of each week and that a late fee of \$5 per day may be charged for payments received after Wednesday. Field trip fees, late payment fees and late pick up charges are due at the time incurred. Annual supply fees are due by September 1st of each year.

____ We understand that if we leave with an unpaid balance or NSF check that our account may be turned over to a collection agency or District Attorneys' office and that we, as parents, are responsible for related collection agency fees and court costs, as applicable.

____ We have received and read a copy of the Parent Handbook and have reviewed all the policies contained within. We agree to comply with all provisions and understand that A Child's Reflection can change any policy at any time.

PLEASE DO NOT PARK IN THE NO PARKING ZONE. WE HAVE A COVERED AREA FOR DROP-OFF AND PICK-UP AS WELL AS REGULAR PARKING SPACES TO USE IF YOU PLAN ON BEING IN THE BUILDING FOR MORE THAN A FEW MINTUES

Signature: _____ Date: _____