ADMISSION INFORMATION

Purpose: 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.

Operation's Name: FAITH CHILD CARE CENTER SW	Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With: Both parents Mom Dad 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: Yes 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 childcare operation **to release** my child to leave the childcare 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 and Phone Number:	Name and Phone Number:	Name and Phone Number:

CHECK ALL THAT APPLY:

1. TRANSPORTATION

I give consent for my child to be transported and supervised by the operation's employees:
for emergency care on field trips to and from home to and from school

2. FIELD TRIPS

I give consent for my child to participate in field trips.
I **do not** give consent for my child to participate in field trips.
Comments:

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

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

Discipline and guidance	Procedures for release of children
Suspension and expulsion	Illness and exclusion criteria
Emergency plans	Procedures for dispensing medications
Procedures for conducting health checks	Immunization requirements for children
Safe sleep	Meals and food service practices
Procedures for parents to discuss concerns with the director	Procedures to visit the center without securing prior approval
Procedures for parents to participate in operation activities	Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS 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	**AM**	**PM**
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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

List any special needs that your child may have, such as environmental allergies, food intolerances, 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:

Does your child have diagnosed food allergies? Yes No Plan submitted on:

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 Signed:

My child attends the following school:

Name of School:	School Phone Number:

My child has permission to (check all that apply):

walk to or from school or home ride a bus be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

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. HEALTHCARE 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.

HealthCare Professional's Signature:	Date Signed:

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 stating this.

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 submit it to the childcare operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:	Date Signed:

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.

R 20/	L 20/	Pass Fail
Signature:	Date Signed:	

Ear	**1000 Hz**	**2000 Hz**	**4000 Hz**	**Pass or Fail**
Right				Pass Fail
Left				Pass Fail
Signature:			Date Signed:	

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) 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)	
Influenza	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.	

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

Signature :	Date Signed:

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.

Parent's Signature:	Date Signed:

For additional information regarding immunizations,visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm.

Positive	Negative	Date:

Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

DFPS values your privacy. For more information, read our Privacy and Security Policy online at http://www.dfps.state.tx.us/policies/privacy.asp.

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



FAITH CHILD CARE CENTER SW

6230 Hwy 6 South
Houston, TX 77083
(281) 564-6723

Admission Requirement

In order to complete your registration should have the following:

1-SOCIAL SECURITY CARD.
2-BIRTH CERTIFICATE.
3-IMMUNIZATION RECORDS (UPDATED ONE).