



Admission Information Form

General Information

Little Buccaneers GISD Staff Childcare Center
Operation's Name Director's Name

Child's Full Name Child's Date of Birth Enrollment Date Withdrawal Date

Child Lives with: Mom Dad Both Guardian
Child's Home Address

Name of Parent(s) or Guardian(s) Address of Parent(s) or Guardian(s) (if different from child's)

Parent employed by GISD and Location of employment:

Parent 1 Work Phone No Parent 1 Cell Phone No. Parent 1 Email Address

Parent 2 Work Phone No Parent 2 Cell Phone No. Parent 2 Email Address

Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardians cannot be reached Relationship to Child

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

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 fields 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

4. Receipt of Written Operational Policies

I acknowledge receipt of the facilities operational policies, including those for:

- Discipline and Guidance
- Suspension and expulsion
- Emergency Plans
- Procedures for conducting health checks
- Safe Sleep
- Procedures for parents to discuss concerns with Director
- Procedures for parents to participate in operation activities
- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medications
- Immunization requirements for children
- Meals and food service practices
- Procedures to visit the center without securing prior approval
- 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:

- Morning Snack
- Lunch (Parent Provided)
- Afternoon Snack

6. Days and Times in Care

My child is normally in care on the following days and times:

Days of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Authorization for Emergency Medical Attention

In the event that 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 of Parent or Legal Guardian

Immunization Records

A copy of my child's immunization records are attached.

Signature – Parent or Legal Guardian

Date

Admission Requirements

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.

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 or she is able to take part in the day care program.

Signature – Health Care Professional

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 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 child care operation.

Name of Health Care Professional

Address of Health Care Professional

Signature – Parent or Legal Guardian

Date

Child's Additional Information Section

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 day care 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

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.

Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if you child has had chickenpox disease. If you 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 Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

Signatures

Child's Parent or Legal Guardian Signature

Date Signed

Center Designee Signature

Date Signed

