



**ADMISSION INFORMATION**

**GENERAL INFORMATION**

Operation's Name: The Learning Skool House		Director's Name: Sarah Sim	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Dad <input type="checkbox"/> Mom <input type="checkbox"/> 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 and emails below where parents/guardian may be reached while child is in care.			
Parent 1 Phone No. & Email	Parent 2 Phone No. & Email	Guardian's Phone No. & Email	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual <b>to call</b> in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> 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:	

**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 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/PARENT HANDBOOK**

I acknowledge receipt of the facility's operational policies

**5. PHOTO RELEASE**

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken during the course of the student's registration exclusively for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

**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

**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 Signed:

**SCHOOL AGE CHILDREN**

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:

**ADMISSION REQUIREMENT**

CHECK ALL THAT APPLY:

1.  His/her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.
2. My child has permission to:
  - ride a bus and/or van/car
  - walk to or from school or home
  - be released to the care of his/her sibling(s) under 18 years old.

**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:

Date Signed:

X

Center Designee:

Date Signed:

X