

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.

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	G	General Information		
Operation's Name:		Director's Name:		
Child's Full Name:		Child's Date of Birth:	Child Live	
Child's Home Address:		Date of Admission:		Date of Withdrawal:
Name of Parent or Guardian C	Completing Form:	Address of Parent or G	Guardian <i>(if a</i>	lifferent from the child's):
List phone numbers below wh	ere parents or guardian may be	reached while child is in care		
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:		Custody Documents on File? Yes No
In case of an emergency, ca	ıll:	•		
Name of Emergency Contact:		Relationship:		Area Code and Phone No.:
Address:				
				e following persons. Please list name nated by the parent or guardian after
Name: Area Code and Phone No.:			ea Code and Phone No.:	
Name:			Are	ea Code and Phone No.:
Name:			Area Code and Phone No.:	
	C	onsent Information		
1. Transportation:				
	pe transported and supervised b	v the operation's employees (Check all the	at apply)
I give consent for my child to be transported and supervised by the operation's employees (Check all that apply). ☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school				
2. Field Trips:				
·	to participate in field trips. OI	do not give consent for my ch	ild to particin	pate in field trips.
Comments:		3		•
1				l

	Form 2935 Page 2 / 04-2023			
3. Water Activities:				
I give consent for my child to participate in the following wa	ater activities (Check all that apply).			
☐ water table play ☐ sprinkler play ☐ splashing or wadin	ng pools			
Is your child able to swim without assistance?	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?			
◯ Yes ◯ No	○ Yes ○ No			
Do you want your child to wear a life jacket while in or near a swimming pool? Yes No				
4. Receipt of Written Operational Policies:				
I acknowledge receipt of the facility's operational policies, including the	hose for (Check all that apply).			
☐ 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			
Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions	Procedures for supporting inclusive services			
Procedures for parents to participate in operation activities	Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website			
5. Meals:				
I understand that the following meals will be served to my child whil	e in care (Check all that apply):			
☐ 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				
7. Receipt of Parent's Rights:				
I acknowledge I have received a written copy of my rights as a pare	ent or guardian of a child enrolled at this facility.			

Signature — Parent or Legal Guardian			Date Signed		
cknowledge I have	received a written copy	of my rights as a pare	nt or guardian of a c	nild enrolled at this facility.	
Receipt of Parent'	s Rights:				
Sunday					
Saturday					
Friday					

8. Child's Special Care Needs (check	all that apply)			
Environmental allergies	<u> </u>	Limitations or restrictions or	n child's activities	
Food intolerances		Reasonable accommodatio	ns or modifications	
Existing illness		Adaptive equipment (includ	e instructions below)	
☐ Previous serious illness		Symptoms or indications of	complications	
☐ Injuries and hospitalizations (past 12	? months)	☐ Medications prescribed for o	continuous long-term use	
Other:				
Explain any needs selected above:				
Does your child have diagnosed food all	ergies? OYes ONo Foo	od Allergy Emergency Plan Subn	nitted Date:	
Child day care operations are public acc	commodations under the Americ	cans with Disabilities Act (ADA).	Title III. To learn more. visit https://	
www.ada.gov/resources/child-care-cent	ers/. If you believe that such an	operation may be practicing disc		
may call the ADA Information Line at (80	JU) 514-0301 (Voice) or (800) 5	14-0383 (TTY).		
Signature — Parent or Legal Guardian	1	Date Signed		
9. School Age Children				
My child attends the following school:			School Area Code and Phone No.:	
My child has permission to (check all tha	nt apply):			
walk to or from school or home	ride a bus	the care of his or her sibling und	er 18 years old	
Authorized pick up or drop off locations	other than the child's address:			
Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.				
	Authorization For Emer	rgency Medical Attention		
In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:				
Name of Physician	Address		Phone No.	
Name of Emergency Care Facility	Address		Phone No.	
g,,				
I give consent for the facility to secure any and all necessary emergency medical care for my child.				
Signature — Parent or Legal Guardian Date Signed				

Page 4 / 04-2023

Requirements for Exclusion from Compliance						
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.						
	ached a signed and dated affidavit s denomination that I am an adherent		eening conflicts with the tenets o	or practices of a church or		
		Vision Exam Results	3			
Right Eye 20/	Right Eye 20/					
Signature		Date Signe	ed			
		Hearing Exam Result	s			
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail		
Right				Pass Fail		
Left				Pass Fail		
Signature		Date Signe	ed			
Admission F	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. (Select only one option.)						
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.						
A signed and dated copy of a health care professional's statement is attached.						
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.						
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 Hea	lth Care Professional, if selected	Address of Health C	are Professional, if selected			
Signature — Health Care Professional		Date Signed				
Signature — Parent or Legal Guardian		 Date Signed				

Vaccine Information

The following vaccines require multip	ole doses over time. Please provide the date your child received e	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)		
laemophilus Influenza Type B	2 months (first dose)		
	4 months (second dose)		
	6 months (third dose)		
	12–15 months (fourth dose)		
neumococcal	2 months (first dose)		
	4 months (second dose)		
	6 months (third dose)		
	12–15 months (fourth dose)		
activated Poliovirus	2 months (first dose)		
	4 months (second dose)		
	6–18 months (third dose)		
	4–6 years (fourth dose)		
nfluenza	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.	four weeks apart are recommended for children who are getting the vaccine for the first time and for some other	
Measles, Mumps, Rubella	12–15 months (first dose)		
	4–6 years (second dose)		
'aricella	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.		

Varicella (C	Chickenpox)			
Varicella (chickenpox) vaccine is not required if your child has had chicl	kenpox disease. If your child has had chickenpox, please complete the			
statement: My child had varicella disease (chickenpox) on or about [dat	.ej and does not need vancena vaccine. 			
0:	D. (1. 0)			
Signature	Date Signed			
Additional Information F	Regarding Immunizations			
For additional information regarding immunizations, visit the Texas Dep	partment of State Health Services website at www.dshs.state.tx.us/			
immunize/public.shtm.				
TB Test (If required)			
Desitive Alexative D				
Positive Negative Date:				
Gang F	ree 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, road our privacy police	over online at: https://bbs.tovas.gov/policies.practices.privacy#security			
HHSC values your privacy. For more information, read our privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security				
0'	-1			
Sign	atures			
Child's Parent or Legal Guardian	Date Signed			
Center Designee	Date Signed			
Physician or Public Hea	Ith Personnel Verification			
-				
Signature or stamp of a physician or public health personnel verifying immunization information above:				
Signature	Date Signed			