

# Admission Information 2023-2024

Operation Name: New Beginnings Child Development Center LLC

Director's Name: Andrea A. Navarro

				1		
Child's Full Name	Child's Date of Birth		Child Lives with			
				☐ Both Pare	nts	☐ Guardian
				□ Mom		$\square$ Dad
Child's Home Address	1		Date of Ad	mission	Dat	e of Withdrawal
Tive 1 1 NT 1 1 1	. / 1:		1 1 1	1.1 1.11.	•	
List telephone Number below whe	ere parents/guardian	may	be reached v			
Parent 1 Name	Parent 1 Telephone No.		).	Parent 1 Emai		Address
Parent 2 Name	Parent 2 Telephone No.		Parent 2 Email Address			
Give the name, address and phone	number of the respo	nsibl	le individual	to call in cas	e	Relationship
of an emergency if parents/guardia						1
T 4 ' 4 1'11	4 1 1 111	, 1	4 1 1 1 1		0)	II X7 '41 41
I authorize the childcare operation						
following persons. Please list nam					y be	released to a parent
or guardian or to a person designate.  Name	Phone			cation of 1D.	Т	Relationship to Child
Name	riione	Nulli	.001		r	Cetationship to Child
Name	Dhama	Marea	<b>l</b> a ou		Г	) alatianshin to Child
Name	Phone	Phone Number		1	Relationship to Child	
27	71					
Name	Phone	Phone Number			ŀ	Relationship to Child
Name	Phone	Phone Number		F	Relationship to Child	
Name	Phone	Phone Number		I.	Relationship to Child	
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Nama	D1	<b>N</b> I	<b>l</b> a o <i>u</i>		Т	) alatiameliin 4 - C1:11
Name	Pnone	Phone Number		h	Relationship to Child	

## **Admission Information**

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Consent Information							
Check all that apply:							
Transportation: I give consent for  ☐ For Emergency Care ☐ To and from home							
Comments:	my child to participate in field trips						
Water Activities: I give consent fo  ☐ Water Table Play  ☐ Aquatic Playgrounds	or my child to participate in the follov    Sprinkler play	ving water activities:  ☐ Splashing / Wading pools					
Receipt of Written Operational Policies  I acknowledge receipt of the facility's operational policies, including those for:  □ Discipline and Guidance □ Procedures for release of child □ Suspension and Expulsion □ Illness and exclusion criteria □ Immunization requirements for Children □ Safe Sleep □ Procedures for Conducting Health Checks □ Meal and food service practices □ Procedures for dispensing medications □ Emergency Practices □ Procedures for parents to discuss concerns with the director □ Procedures for parents to participate in operation activities □ Procedures to visit the center without securing prior approval □ Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline and Cowenside Website							
Meals: I understand that the following meals will be served to my child while in care:  □ Breakfast □ Lunch □ Afternoon Snack							
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	3.000	- 171-1					
Tuesday							
Wednesday							
Thursday							
Friday							

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Aut	horization for Emergency N	<b>Iedical Attention</b>					
In the event I cannot be reached to	make arrangements for eme	rgency medical care, I authorize the person in					
charge to take my child to:							
Name of Physician:	Address:	Phone Number					
N. CF. C	A 11	DI N I					
Name of Emergency Care Facility	Address:	Phone Number					
1 actives							
I give consent for the facility to se	cure any and all necessary en	nergency medical care for my child					
Sig	gnature of Parent or legal Gua	ırdian					
	Child's Additional Informa						
		mental allergies, food intolerances, existing					
		ring the past 12 months, any medication					
prescribed for long-term continuous use, and any other information which caregivers should be aware of:							
B 1311 1: 10	1 11 ' 0 - 77						
Does your child have diagnosed for If yes, please specify:	ood allergies?   Yes	□ No					
if yes, please specify.							
*If you child has any food alle		re to provide the center with an Action Plan					
completed by their physician*							
Child day care operations are publ	ic accommodations under the	e Americans with Disabilities Act (ADA), Title					
		erimination in violation of Title III, you may					
call the ADA information Line at (800)514-0301 (voice) or (800) 514 – 0383 (TTY).							
Signature of Parent of							