

Admission Information

2022-2023

Consent Information

Check all that apply:

Transportation: I give consent for my child to be transported and supervised by the operation's employees:

- | | |
|---|---|
| <input type="checkbox"/> For Emergency Care | <input type="checkbox"/> on Field Trips |
| <input type="checkbox"/> To and from home | <input type="checkbox"/> To and from School |

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:

Water Activities: I give consent for my child to participate in the following water activities:

- | | | |
|--|---|---|
| <input type="checkbox"/> Water Table Play | <input type="checkbox"/> Sprinkler play | <input type="checkbox"/> Splashing / Wading pools |
| <input type="checkbox"/> Aquatic Playgrounds | | |

Receipt of Written Operational Policies

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

- | | |
|--|---|
| <input type="checkbox"/> Discipline and Guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and Expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Immunization requirements for Children | <input type="checkbox"/> Safe Sleep |
| <input type="checkbox"/> Procedures for Conducting Health Checks | <input type="checkbox"/> Meal and food service practices |
| <input type="checkbox"/> Procedures for dispensing medications | <input type="checkbox"/> Emergency Practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | |
| <input type="checkbox"/> Procedures to visit the center without securing prior approval | |
| <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline and CCL Website | |

Meals: I understand that the following meals will be served to my child while in care:

- | | | |
|------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> 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		
Tuesday		
Wednesday		
Thursday		
Friday		

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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 of 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

If yes please specify: _____

****If you child has any food allergies or asthma, please be sure to provide the center with an Action Plan completed by their physician****

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 of Parent or Legal Guardian

Date Signed