



ADMISSION INFORMATION

Purpose: Use this form to collect all required information about a child enrolling in daycare.

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.

GENERAL INFORMATION

Operation's Name: Martial Arts & Athletic Center		Director's Name: Dena Lister	
Child's Full Name:	Child's Date of Birth:	Child Lives With: Both parents Dad	Mom Guardian
Child's Home Address: Street:		City:	State: ZIP
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 below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: Yes No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:			Relationship:
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 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		
I acknowledge receipt of the facility's operational policies, including those for:		
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	
Procedures for parents to participate in operation activities	Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website	
5. MEALS		
I understand that the following meals will be served to my child while in care: 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	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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:
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SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:	School Phone Number:
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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:

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: X	Date Signed:
Center Designee: X	Date Signed: