

## **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.

General Information					
Operation's Name:		Director's Name:			
Child's Full Name:		Child's Date of Birth:	Child Lives		
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 phone numbers below where	parents or guardian may be rea	ched while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.: Custody Document		Custody Documents on File?	
In case of an emergency, call:	·				
Name of Emergency Contact:		Relationship:		Area Code and Phone No.:	
Address:					
				following persons. Please list name ated by the parent or guardian after	
Name:			Area	a Code and Phone No.:	
Name:			Area Code and Phone No.:		
Name:			Area	a Code and Phone No.:	
	Con	sent Information	·		
1. Transportation:					
I give consent for my child to be tr	ransported and supervised by th	ne operation's employees (	Check all tha	t apply).	
☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school					
2. Field Trips:					
O I give consent for my child to p Comments:	articipate in field trips. O I do r	not give consent for my ch	ild to participa	ate in field trips.	

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3. Water Activities:				
I give consent for my child to participate in the following water activities (Check all that apply).				
water table play	v 🔄 sprinkler play	splashing or wadir	ng pools 🔄 swimming pools 📄 aquatic playgrounds	
Is your child able to	o swim without assistar	nce: 🔿 Yes 🔿 No	If no, what type of assistance is needed:	
4. Receipt of Written	Operational Policies	:		
I acknowledge receipt	of the facility's operatio	nal policies, including t	those 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 cor	nducting health checks		Immunization requirements for children	
Safe sleep			Meals and food service practices	
<ul> <li>Procedures for parents to discuss concerns with the director</li> </ul>		ns with the director	Procedures to visit the center without securing prior approval	
Promotion of indoor and outdoor physical activity including		activity including	Procedures for supporting inclusive services	
Procedures for parents to participate in operation activities		peration activities	$\Box$ Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website	
5. Meals:				
I understand that the following meals will be served to my child while 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	a care on the following o	lays and times:		
Day of the Week	A.M.	P.M.		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

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Child's Special Care Needs (check a	ll that apply)		
Environmental allergies		Limitations or restrictions or	n child's activities
Food intolerances		Reasonable accommodatio	ns or modifications
Existing illness		Adaptive equipment (includ	le instructions below)
Previous serious illness		Symptoms or indications of	complications
Injuries and hospitalizations (past 1	2 months)	Medications prescribed for	continuous long-term use
Other:			
Explain any needs selected above:			
Does your child have diagnosed food a	llergies? (Yes () No Foo	od Allergy Emergency Plan Subr	nitted Date:
Child day care operations are public ac <u>www.ada.gov/resources/child-care-cen</u> may call the ADA Information Line at (8	ters/. If you believe that such an	operation may be practicing disc	
Signature — Parent or Legal Guardia	an	Date Signed	
School Age Children			
My child attends the following school:			School Area Code and Phone No.:
My child has permission to (check all th	at apply):		l
walk to or from school or home	ride a bus 🗌 be released to	the care of his or her sibling und	ler 18 years old
Authorized pick up or drop off locations	s other than the child's address:		
Child's required immunizations, visio	on and hearing screening, and TE	3 screening are current and on fi	le at their school.
	Authorization For Emor	gency Medical Attention	
In the event Leepnet be reached to arr			e to take my shild to:
In the event I cannot be reached to arra Name of Physician	Address	e, i autionze the person in charg	Phone No.
	Autess		FILCHE NO.
Name of Emergency Care Facility	Address		Phone No.
I give consent for the facility to secure a	any and all necessary emergenc	y medical care for my child.	

Signature — Parent or Legal Guardian

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	Req	uirements for Exclusion from	Compliance	
	ached a signed and dated affidavit s cribed by Section 161.0041 Health a			
	ached a signed and dated affidavit s denomination that I am an adherent		eening conflicts with the tenets or	practices of a church or
		Vision Exam Results		
Right Eye 20/ OPass OFail				
Signature		Date Signed	d	
		Hearing Exam Results	5	
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				🔿 Pass 🔵 Fail
Left				🔿 Pass 🔵 Fail
		Data Cirra	4	
Signature		Date Signed	u	
Admission Requirement				
	loes not attend pre-kindergarten or s ted to the child care operation or wit			be presented when your
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.				
<ul> <li>○ A signed and dated copy of a health care professional's statement is attached.</li> </ul>				
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.				
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Name of Health Care Professional, if selected Address of Health Care Professional, if selected				
Signature — Health Care Professional		Date Signed		
Signature — Parent or Legal Guardian		Date Signed		

	Vaccine Information		
The following vaccines require multiple doses over time. Please provide the date your child received 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)		
Haemophilus Influenza Type B	2 months (first dose)		
	4 months (second dose)		
	6 months (third dose)		
	12–15 months (fourth dose)		
Pneumococcal	2 months (first dose)		
	4 months (second dose)		
	6 months (third dose)		
	12–15 months (fourth dose)		
Inactivated Poliovirus	2 months (first dose)		
	4 months (second dose)		
	6–18 months (third dose)		
	4–6 years (fourth dose)		
Influenza	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.		
Measles, Mumps, Rubella	12–15 months (first dose)		
	4–6 years (second dose)		
Varicella	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.		

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	Varicella (Chickenpox)
	has had chickenpox disease. If your child has had chickenpox, please complete the
statement: My child had varicella disease (chickenpox) on	or about [date] and does not need varicella vaccine.
Signature	Date Signed
Additional Inf	formation Regarding Immunizations
For additional information regarding immunizations, visit the immunize/public.shtm.	e Texas Department of State Health Services website at <u>www.dshs.state.tx.us/</u>
	TB Test (If required)
Positive Negative Date:	
	Gang Free Zone
Under the Texas Penal Code, any area within 1,000 feet of	f 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, read our	privacy policy online at: <u>https://hhs.texas.gov/policies-practices-privacy#security</u>
	Signatures
	o grata co
Child's Parent or Legal Guardian	Date Signed
Center Designee	Date Signed
Physician or I	Public Health Personnel Verification
Signature or stamp of a physician or public health personne	el verifying immunization information above:
Cianatura	Data Signad
Signature	Date Signed