



# CLLC ADMISSION INFORMATION

CHILD	
Child's Full Name	Date of Birth (Month, Day, Year)
Child's Address	Starting Date

MOTHER			FATHER		
Name:			Name:		
Street: (If Different)			Street: (If Different)		
City:	State	Zip	City:	State	Zip
Home Phone:	Work:		Home Phone:	Work:	
Cell:	Email:		Cell:	Email:	
Place of Employment:			Place of Employment:		

Emergency Contacts		
The persons listed below may be contacted in the event of an emergency AND are also authorized to drop-off and pick-up this child.		
Name	Phone Number	Relationship
Name	Phone Number	Relationship

**Additional Pickup Authorizations:** In addition to the parents and emergency contacts, the following may pick-up and drop-off this child.

Name	Phone Number	Relationship
Name	Phone Number	Relationship

Child's Legal Guardian:       Both Parents  Mother       Father       Other \_\_\_\_\_

Child's Living Arrangements       Both Parents  Mother       Father       Other \_\_\_\_\_

Child's Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Clinic or Hospital Name: \_\_\_\_\_

My Child will attend Christ Lutheran Learning Center the following days and hours:

T/W/TH	From: _____	To: _____
M/F	From: _____	To: _____

Child's Additional Information	
List all 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 long-term continuous use, and any other information which caregivers should be aware of:	
Does your child have diagnosed food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan submitted on _____
Does your child have an Epi-pen <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Requirement for Exclusion

- 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.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

### Admission Requirement (Check 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.

\_\_\_\_\_  
Signature – Health Care Professional

\_\_\_\_\_  
Date Signed

\*\*\* A copy of your child's immunizations must be attached with this admission form.

- A signed and dated copy of a health care professional's statement and my child's immunization is attached.
- My child has been examined within the past year by a health care professional and is able to participate in the preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation. \*\*\* A copy of your child's immunizations must be attached with this admission form.

### Receipt of Written Operation Policies

All operation policies are located on the preschool website:

<https://cllcpreschool.org/wp-content/uploads/2022/05/Parent-Handbook-2022-2023.pdf>

I acknowledge receipt of the facility's operation policy, including those for the following:

<input type="checkbox"/> Tuition policy & Late fee policy	<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website
<input type="checkbox"/> Withdrawal policy	<input type="checkbox"/> Procedures for release of children	<input type="checkbox"/> Meal and food service practice
<input type="checkbox"/> Medication policy	<input type="checkbox"/> Illness and exclusion criteria	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Procedures for parents to discuss concerns with the director

- 1) I understand that I will submit vision and hearing exam results if my child is in the 4 year old class or older.  
My child is younger than 4 years old \_\_\_\_\_. My child is 4 years old or older\_\_\_\_\_.
- 2) Water activities: I give \_\_\_\_\_ do not give \_\_\_\_\_ permission for my child to participate in water activities such as water table play, sprinkler play, and splashing/wading pools play.
- 3) Transportation: I give \_\_\_\_\_ do not give \_\_\_\_\_ consent for my child to be transported in case of an emergency as deemed necessary by the director or emergency personnel.

### Acknowledgements

- 1) I understand it is my responsibility to keep the center advised on changes of address, phone number, and contacts.
- 2) I understand that I must give thirty (30) days written notice to the Director prior to the withdrawal of my child. Tuition continues to be due and payable during this period.

### 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 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

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed