



# Admission Information

## General Information

Operation's Name:		Director's Name:	
Child's Full Name:		Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address: (Street, City, Zip Code)		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 reached while child is in care.

Parent No. 1 Name:		Parent No. 1 Email:	
Parent No. 2 Name:		Parent No. 2 Email:	

Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
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### In case of an emergency, call:

Name of Emergency Contact:	Relationship:	Area Code and Phone No.:
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Address:
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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 phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:

## Consent Information

### 1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees (Check all that apply).

☐ 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:

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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    ☐ sprinkler play    ☐ splashing or wading pools    ☐ swimming pools    ☐ aquatic playgrounds

Is your child able to swim without assistance: ☐ Yes ☐ No

If no, what type of assistance is needed:

### 4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- |  |   |
|--|---|
| <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"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications  |
| <input type="checkbox"/> Procedures for conducting health checks   | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval   |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services   |
| <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 |

### 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 care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### Child's Special Care Needs (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Environmental allergies                                 | <input type="checkbox"/> Limitations or restrictions on child's activities        |
| <input type="checkbox"/> Food intolerances                                       | <input type="checkbox"/> Reasonable accommodations or modifications               |
| <input type="checkbox"/> Existing illness  | <input type="checkbox"/> Adaptive equipment ( <i>include instructions below</i> ) |
| <input type="checkbox"/> Previous serious illness                                | <input type="checkbox"/> Symptoms or indications of complications                 |
| <input type="checkbox"/> Injuries and hospitalizations ( <i>past 12 months</i> ) | <input type="checkbox"/> Medications prescribed for continuous long-term use      |
| <input type="checkbox"/> Other:  |   |

Explain any needs selected above:



## 7. Receipt of Parent's Rights:

I acknowledge that the Provider's Guide to Parents Rights is available in the parents' handbook and can be accessed at any time on the preschool's website at [www.cllcpreschool.org](http://www.cllcpreschool.org). I am also aware that I have the option to request a physical copy of the parents' handbook from the preschool office.

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. 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).

### Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

   
Signature — Parent or Legal Guardian Date Signed

### Requirements for Exclusion from Compliance

- ☐ 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

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. (Select **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. **Health Care Professional's name, address, signature, and date must be completed below.**
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ 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.

Name of Health Care Professional, if selected	Address of Health Care Professional, if selected
	
Signature — Health Care Professional	Date Signed

**Note:** An immunization form is required for each child and must be submitted before enrollment is complete, unless an exclusion from compliance is provided.

### Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child 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. \_\_\_\_\_  
Date

### Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

### Vision Exam Results

Right Eye 20/  Left Eye 20/  ☐ Pass ☐ Fail

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail	
Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Pass	<input type="radio"/> Fail
Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Pass	<input type="radio"/> Fail

### 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

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

### Tuition, Late & Withdrawal Policies

- **Tuition:** Tuition payments are due on the first day of each month and considered late after the fifth day of each month, unless other arrangements are made with the center director.
  - Tuition will not be reduced for months with holidays.
  - There are no refunds for illness, absences, or withdrawals after the first of the month.
- **Late payments:** Late payments are subject to a late fee of \$25.00.
- **Returned Check Fee:** A \$25.00 service fee will be charged for returned checks. Repayment of the check must be made by cash, cashier's check, or money order.
- **Late Pick-Up:** If your child is not picked up within 10 minutes after dismissal time, you will be charged \$1.00 per minute per child as a late pick-up fee. Late pick-up fees will automatically be charged to your account at the time you pick up your child. Failure to pay late fee may result in the dismissal of your child from school.
- **Withdrawal Notice:** Thirty days written notice is required for withdrawal so we may fill the vacated spot. You are responsible for the full amount within that 30 day period.

### Signatures

	
Child's Parent or Legal Guardian	Date Signed