



Admission Information

2026-2027

General Information			
Operation's Name:		Director Name:	
Christ Lutheran Learning Center		April Peters	
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 No. 1:		Email of Parent or Guardian No. 1:	
Name of Parent or Guardian No. 2 :		Email of Parent or Guardian No. 2:	
Parent No. 1 Area Code & Phone No.:	Parent No. 2 Area Code & Phone No.:	Guardian's Area Code & Phone No.:	Custody Documents on File?
			<input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.
Address:			
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).			
<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			
2. Field Trips:			
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> 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 (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

Does your child have any physical, health, behavioral or other conditions that would put them at risk while swimming?

If no, your child is required to wear a life jacket while in or near a swimming pool.

Yes No

Do you want your child to wear a life jacket while in or near a swimming pool? Yes No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

NOTE: Parents must provide the life jacket.

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operation Policies:

(Please check each box to acknowledge this information.)

- | | |
|--|--|
| <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 for supporting inclusive services |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

NOTE: The Parent Handbook, which includes all of the facility's operational policies, is available for your review at any time on our preschool website at www.cilcpreschool.org. If you prefer a paper copy, please contact the preschool office.

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:

Days of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

7. Tuition, Late & Withdrawal Policies

(Please mark each box to acknowledge this information.)

- 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 or prorated for months with holidays or scheduled days off from school.
 - 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 withdrawals. You are responsible for the full tuition amount during that 30-day period.

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.

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 and hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Child's Special Care Needs (Check all that apply)

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

Other:

Explain any needs selected above:

Food Allergies

Does your child have diagnosed food allergies? Yes No

Food Allergy Emergency Plan Submitted
Date:

Child day care operations are public accommodations under the American Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation to Title III, you may call the ADA Information Line at (800)514-0301 (voice) or (800)514-0383(TTY).

Admission Requirements

ATTENTION: Please submit a copy of your child's immunization records along with this paperwork.

- 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 they are 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. **A copy must be submitted before the first day of school.**
- 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. **A copy must be submitted before the first day of school.**
- 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

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date _____] and does not need varicella vaccine.

Vision Exam Results - Only for Students Aged 4 and Above

Right Eye 20/

Left Eye 20/

Pass

Fail

NOTE: The doctor's office may use their own form or ours to submit vision results.

Doctor's Office Signature and Printed Name

Date Signed

Hearing Exam Results - Only for Students Aged 4 and Above

Ear

1000Hz

2000 Hz

4000 HZ

Right

Pass

Fail

Left

Pass

Fail

NOTE: The doctor's office may use their own form or ours to submit hearing results.

Doctor's Office Signature and Printed Name

Date Signed

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

Privacy Statement

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

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

Area Code & Phone No.

Name of Emergency Care Facility

Address

Area Code & Phone No.

I give my consent for the facility to secure any and all necessary emergency medical care for my child, including transportation to a medical facility and treatment by a licensed physician or medical personnel, in the event that I cannot be reached.

Signature - Parent or Legal Guardian

Date Signed

Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility. I further acknowledge that I am aware that they are also located in the CLLC Parent Handbook.

Signature — Parent or Legal Guardian

Date Signed

Signature:

By signing below, I acknowledge that I have read the Admission Information Form in its entirety and that all information provided is accurate to the best of my knowledge. I understand that it is my responsibility to ensure the form is completed fully and truthfully. I agree to promptly notify the school of any changes to the information provided.

Signature — Parent or Legal Guardian

Date Signed

