

Enrollment Form

Child's Name: _____	Date of Birth: _____	Gender: _____
Address: _____	City: _____	Zip: _____
Identifying Marks: _____	Primary Language: _____	
Height: _____	Weight: _____	Hair Color: _____
		Eye Color: _____

Mother's Name: _____	Cell Phone: _____	
Address: _____	City: _____	Zip: _____
Employment: _____	Work Phone: _____	
Employee Address: _____	City: _____	Zip: _____
Email Address: _____		

Father's Name: _____	Cell Phone: _____	
Address: _____	City: _____	Zip: _____
Employment: _____	Work Phone: _____	
Employee Address: _____	City: _____	Zip: _____
Email Address: _____		

Parent's Signature: _____	Date: _____		
For Office Use Only:			
Date of Admission: _____	Age of Admission: _____	Forms Received Date: _____	
Dep. Pd. Amount _____	Check # _____	Date Rec'd _____	Date Entered _____

ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> TRANSPORTATION:			
<input type="checkbox"/> Walk home <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. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

Child daycare 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

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

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.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. 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.

4. 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 will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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Signature or stamp of a physician or public health personnel verifying immunization information above.

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.

Parent's signature	Date
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I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

OAK TREE

Kids Academy
4724 Atascocita Road
Humble, Texas 77346
Ph: 281-812-5444

Statement of Health

Child's Name: _____ **Date of Birth:** _____

I have examined the above child within the past year and find that he/she is physically able to take part in the day care program.

Health Care Professional Signature

Date

**FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM**

Child's Name _____ Date of Birth _____

I authorize staff, trained in the basics of First Aid, to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention to my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility or to _____, and to secure necessary medical treatment for my child.

Child's Physician's Name _____

Physician's Address _____

Physician's Telephone Number _____

Child's Allergies _____

(If none, please write none)

Chronic Health Conditions _____

(If none, please write none)

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care. Please complete form.

CHILD'S NAME _____ DATE OF BIRTH _____

Health

Any known complications at birth? _____

Serious illnesses or hospitalizations _____

Special physical conditions, disabilities _____

Allergies (e.g. asthma, hay fever, insect bites, medicine, food restrictions) _____

Medication taken regularly _____

Eating Habits

Special characteristics or difficulties _____

Favorite foods _____

Foods refused _____

Sleeping Habits

Does child become tired/nap during the day? _____ If so, at what time and for how long?

Does child sleep in a crib? _____ In own bed _____ Other? _____

Describe any special characteristics or needs or needs (stuffed animals, story, mood upon waking)

Toilet Habits

Is child toilet trained? _____ has toilet training been attempted? _____

Describe any special toileting procedure to be used at preschool _____

How does child indicate bathroom needs? _____

Is child ever reluctant to use the toilet? _____

Does child have bathroom accidents? _____

What is used at home? (Regular seat, special child seat, potty?) _____

Are diapers used? (Disposable or cloth) _____ During day, night, both? _____

Is there frequent occurrence of diaper rash? _____ If so, how is treated? (powder, lotion, other)

Are bowel movements regular? _____ How many per day? _____

Is there a problem with diarrhea? _____ Constipation? _____

Social Relationships

How would you describe your child? _____

Previous experience with other children or in child care: _____

Reaction to stranger: _____ Able to play alone? _____

Favorite toys and activities _____

Fears (animals, the dark etc.) _____

How do you comfort child? _____

What is the method of behavior management/discipline at home? _____

Parent/guardian signature _____ Date _____