



Place child's photo here

Admission Information

Directions: Complete the form in its entirety and return it to the Pebble Pond Preschool before the child's first day of enrollment. We will keep the form on file at the child care facility.

General Information

Operation's Name Pebble Pond Preschool		Director's Name Nicole Gilbert	
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		Date of Admission	Date of Withdrawal
Name of Parent/Guardian Completing Form	Address of Parent/Guardian (if different from the child's)		
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent/Guardian 1 Name and Phone Number (Home/Cell, Work)		Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No	
Parent/Guardian 2 Name and Phone Number (Home/Cell, Work)			
Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of an emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.			
Name & Address		Phone Number (Home/Cell, Work)	
<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release Only			
Name & Address		Phone Number (Home/Cell, Work)	
<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release Only			
Name & Address		Phone Number (Home/Cell, Work)	
<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release Only			
Name & Address		Phone Number (Home/Cell, Work)	
<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release Only			

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	Phone Number
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.	<hr/> Signature — Parent or Legal Guardian	

Consent Information

Check All That Apply:

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees:

- for emergency care on field trips (Walking only)

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

3. Water Activities

I give consent for my child to participate in the following water activities:

- water table play sprinkler play splashing/wading pools

4. Photo/Video Consent

I understand that my child may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs will be used within the center for documentation and may be used in promoting child care services, either in print or on the Internet.

- I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting the Pebble Pond Preschool's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.
- I grant permission for my child to be photographed for use, within the center, for documentation purposes.

5. Meals

I understand that the following meals will be served to my child while in care:

- None Breakfast Lunch Afternoon 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		

Parent/Guardian Signature

Date Signed

Child's Additional Information Section

Does your child have diagnosed food allergies? Yes No

Plan Submitted on

Child day care 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).

List any 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 for long-term continuous use, and any other information which caregivers should be aware of:

Parent/Guardian Signature

Date Signed

Admission Requirement

One of the following must be presented when your child is admitted to the child care operation or within one week of admission.

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 or she is able to take part in the day care program.

Health Care Professional Signature

Date Signed

- 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 submit it to the child care operation.

Name	Address of Health Care Professional
<p>_____ Parent/Guardian Signature</p> <p>_____ Date Signed</p>	

Requirements 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.

Vision Exam Results

Right Eye 20/ Left Eye 20/ Pass Fail

Parent/Guardian Signature

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail
_____ Parent/Guardian Signature			_____ 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)	
Hemophilus 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.	

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Physician's Signature

Date Signed

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 on or about ___/___/___ and does not need varicella vaccine.

Parent/Guardian Signature

Date Signed

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.

TB Test (If Required)

Positive

Negative

Date

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>

Receipt of Written Operational Policies (Check all that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- Discipline and guidance
- Suspension and expulsion
- Emergency plans
- Procedures for conducting health checks
- Meals and food service practices
- Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website
- Procedures for parents to participate in operation activities
- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medications
- Immunization requirements for children
- Procedures to visit the center without securing prior approval
- DFPS, Child Abuse Hotline, and CCL website

Signatures

Parent/Guardian Signature

Date Signed

Center Designee

Date Signed