

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

		General Information			
Operation's Name: Allstars Daycare & Preschool LLC		Director's Name: Hicks, Tonya	Director's Name:		
<u> </u>			1011111	Maria o	
Child's Full Name:		Child's Date of Birth:	Child Lives With? Both parents Mom Dad Guard		
Child's Home Address:		Date of Admission:	•	Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or G	Address of Parent or Guardian (if different from the child's):		
List phone numbers below wh	nere parents or guardian may be	reached while child is in care			
Parent 1 Phone No.:	Parent 2 Phone No.:	e No.: Guardian's Phone No.:		Custody Documents on File? Yes No	
In case of an emergency, ca	all:	•	•		
Name of Emergency Contact:		Relationship:		Area Code and Phone No.:	
Address:					
				following persons. Please list name nated by the parent or guardian after	
Name:			Area Code and Phone No.:		
Name:			Area Code and Phone No.:		
Name:			Area Code and Phone No.:		
	q	Consent Information	L		
1. Transportation:					
	be transported and supervised b	ov the operation's employees (Check all tha	t apply).	
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:					
O I give consent for my child	to participate in field trips. OI	do not give consent for my ch	ild to participa	ate in field trips.	
Comments:		· ·		·	
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3. Water Activities:					
I give consent for	my child to participa	te in the following w	rater activities (Check all that apply).		
☐ water table play	sprinkler play	splashing or wadir	ng pools		
Is your child able to	o swim without assistar	nce: O Yes O No	If no, what type of assistance is needed:		
4. Receipt of Written	Operational Policies				
I acknowledge receipt	of the facility's operatio	nal policies, including t	hose for (Check all that apply).		
☐ Discipline and guidance			Procedures for release of children		
Suspension and ex	kpulsion		☐ Illness and exclusion criteria		
Emergency plans			☐ Procedures for dispensing medications		
Procedures for cor	nducting health checks		☐ Immunization requirements for children		
Safe sleep			☐ Meals and food service practices		
Procedures for parents to discuss concerns with the director		ns with the director	Procedures to visit the center without securing prior approval		
Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions		activity including	Procedures for supporting inclusive services		
Procedures for parents to participate in operation activities Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website					
5. Meals:					
I understand that the t	following meals will be	served to my child whi	le 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)			
☐ Environmental allergies		Limitations or restrictions or	n child's activities
☐ Food intolerances		Reasonable accommodation	ns or modifications
Existing illness		Adaptive equipment (includ	le instructions below)
Previous serious illness		Symptoms or indications of	complications
☐ Injuries and hospitalizations (past 12 months)		Medications prescribed for	continuous long-term use
Other:		_	
Explain any needs selected above:			
Does your child have diagnosed food a	llergies? (Yes (No Fo	od Allergy Emergency Plan Subr	nitted Date:
Child day care operations are public ac www.ada.gov/resources/child-care-cer may call the ADA Information Line at (i	<u>iters/</u> . If you believe that such an	operation may be practicing disc	
Signature — Parent or Legal Guardia	an	Date Signed	
School Age Children			
My child attends the following school:			School Area Code and Phone No.:
My child has permission to (check all th	at apply):		
walk to or from school or home	ride a bus be released to	the care of his or her sibling und	er 18 years old
Authorized pick up or drop off location Child's required immunizations, vision		B screening are current and on fi	le at their school.
	Authorization For Eme	rgency Medical Attention	
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	e, . saanenze and person in onarg	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 Guardia	an	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.		
		Vision Exam Results		
Right Eye 20/ Pass Fail				
Signature		Date Signed	<u>1</u>	
		Hearing Exam Results		
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				O Pass O Fail
Left				Pass Fail
Signature		Date Signed	t l	
Admission F	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.				
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 Hea	Name of Health Care Professional, if selected Address of Health Care Professional, if selected			
Signature — Health Care Professional		Date Signed		
Signature — Parent or Legal Guardian		 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)		
Haemophilus 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.		

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 [da	te] and does not need varicella vaccine.		
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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 F	ree 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			
Sign	atures		
Child's Parent or Legal Guardian	Date Signed		
Center Designee	Date Signed		
Physician or Public Health Personnel Verification			
Signature or stamp of a physician or public health personnel verifying immunization information above:			
Signature	Date Signed		