

Childcare Admission Form



Child's Name _____

Date _____

Program Permissions

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"/> for emergency care	<input type="checkbox"/> on field trips	<input type="checkbox"/> to & from home	<input type="checkbox"/> to and from school
2. <input type="checkbox"/> PARALLEL BARS & TRAMPOLINE:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	– consent for my child to use the trampoline and parallel bars. I have been informed of the dangers of these apparatus' and been provided with Jump!'s policy regarding these apparatus.'		
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

Authorization for Emergency Medical Attention

I give permission for my child to receive appropriate medical attention from Jump! staff, such as first aid, CPR, etc., or, if it is determined that my child needs immediate professional medical care. I authorize Jump! to transport him or her to the nearest emergency hospital. Parents will be contacted immediately. I understand that I will be responsible for all of his/her expenses in relation to emergency medical services. 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 _____

Receipt of Operational Policies

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Signature - Parent or Legal Guardian _____

Location of Records

If your child attends public school or another licensed childcare facility and currently has records on file, please provide the requested information below. You do not need to submit the immunization records, vision and hearing or health statement.

If your child does not currently have records on file at another school, skip to the next page.

SCHOOL NAME _____ SCHOOL PHONE _____

SCHOOL ADDRESS: _____

I hereby certify that my child's immunization record and health statement is on file at the school listed above and all required immunizations are current.

Signature - Parent or Legal Guardian & Date _____

If your child's records are on file at another school, you do not need to fill out anything on this page, you may skip it.

Immunization Records

Please provide one of the following for proof of Immunization. Proof must be provided before attendance	
1. <input type="checkbox"/> Original immunization record or a photocopy of the record. An official immunization record generated from a state or local health authority, such as a registry, or a record received from school officials including a record from another state, is also acceptable.	
The immunization record must include: child's name and birthdate, number of doses and vaccine type, month, day and year the child received each vaccination and the signature or stamp of the physician or other health care professional who administered the vaccine.	
2. <input type="checkbox"/> If you meet criteria specified by the Texas Department of State Health Services rules in 25 TAC §97.62 (relating to Exclusions from Compliance), please provide necessary documentation.	
_____	_____
Signature - Parent or Legal Guardian	Date

Health Statement

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. <input type="checkbox"/> 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. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.	
3. <input type="checkbox"/> 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. <input type="checkbox"/> 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 and Hearing

Please provide one of the following for proof of Vision and Hearing Screening for children over 4 within 120 days after enrollment.	
1. <input type="checkbox"/> The individual visual acuity and sweep check results; or a signed statement that the child's screening records are current and on file at the pre-kindergarten program or school the child attends away from the center. The statement must be dated and include the name, address, and telephone number of the pre-kindergarten program or school.	
2. <input type="checkbox"/> An affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination of which the affiant is an adherent or member.	
_____	_____
Signature - Parent or Legal Guardian	Date

Authorization for Pick-up (only list those not listed on the website registration form)

Child's Name _____

Parent/Guardian's Name _____

Work Phone Home Phone Mobile Phone

Parent/Guardian's Name _____

Work Phone Home Phone Mobile Phone

I understand that only those individuals listed on this page are authorized to pick up my child. Under no circumstances will my child be released by Jump! staff to any other individual.

Name Relationship Work Phone Mobile Phone

1. _____

2. _____

In case of emergency and I cannot be reached, please contact the following people who may pick up my child:

Name Relationship Work Phone Mobile Phone

1. _____

2. _____

Signature of Parent/Guardian

Date

Late Pick-up Policy

1. The primary responsibility of Jump! is your child's protection and well-being. Therefore the following policy has been set in place in the event that you do not pick up or arrange to have someone pick up your child at the designated, agreed upon time.
2. Jump! will attempt to reach all emergency contact numbers, including parents or guardians at home, work, and cell phone followed by emergency contact numbers as provided by parents.
3. It is your responsibility as parents or guardians to keep Jump! informed of any changes in emergency contact numbers.
4. In the event that you have not notified us about a late pick up, after 3 unsuccessful attempts to reach all of your contact numbers and one hour has elapsed, Jump! will call outside authorities such as the police.
5. A late fee of \$10.00 will be assessed after the first 10 minutes and an additional \$2.00 for every minute after that will be assessed until your child is picked up and signed out. This fee will be doubled on early holiday closings.
6. Under all circumstances, the staff of Jump! shall not hold your child responsible in any way for the late pick up, and discussion of this issue will only be with the parent or guardian and never with your child.

I hereby certify that I/we have read the Policy on Late Pick up and agree to adhere to all of this policy.

Child's Name (please print)

Signature – Legal Guardian