



Admission Information

General Information

Operation's Name: Excelencia – Creative Bilingual Preschool		Director's Name:	
Child's Full Name:		Child's Date of Birth	Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian
Child's Home Address:		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address: (if different from the child's)	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent 1 E-mail:	Parent 2 E-mail:	Guardian's E-mail:	
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the Excelencia Preschool to release my child to leave the preschool ONLY with the following persons. Please list the name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/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 (Check all that apply)
I give consent for my child to be transported and supervised by Excelencia staff: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and/or from home <input type="checkbox"/> to and/or from
2. Field Trips (are not offered)
○ 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: (Check all that apply)	
<input type="checkbox"/> Water table play <input type="checkbox"/> Splash pad <input type="checkbox"/> Sprinkler play <input type="checkbox"/> small wading pool	
Is your child able to swim without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any physical, health, behavioral, or other condition that would put them at risk while swimming? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Do you want your child to wear a lifejacket while in or near a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

4. Receipt of Written Operational Policies	
I acknowledge receipt of Excelencia Preschool’s operational policies (Parental Handbook) including those for: (Check All that Apply)	
<input type="checkbox"/> Discipline and guidance <input type="checkbox"/> Suspension and expulsion <input type="checkbox"/> Emergency plans <input type="checkbox"/> Procedures for conducting health checks <input type="checkbox"/> Safe sleep <input type="checkbox"/> Procedures for parents to discuss concerns with the director <input type="checkbox"/> Promotion of Indoor and outdoor physical activity, including criteria for extreme weather conditions <input type="checkbox"/> Procedures for parents to participate in Excelencia activities	<input type="checkbox"/> Procedures for release of children <input type="checkbox"/> Illness and exclusion criteria <input type="checkbox"/> Procedures for dispensing medications <input type="checkbox"/> Immunization requirements for children <input type="checkbox"/> Meal and food service practices <input type="checkbox"/> Procedures to visit Excelencia Preschool without securing prior approval <input type="checkbox"/> Procedures for supporting inclusive services <input type="checkbox"/> Procedures for parents to contact Child Care Regulation, DFPS, Child Abuse Hotline, and CCR website

5. Meals
I understand that the following meals will be served to my child while in care: (Check all that apply)
<input type="checkbox"/> Morning snack <input type="checkbox"/> Lunch (parent provided) <input type="checkbox"/> Afternoon snack <input type="checkbox"/> Pizza on Fridays <input type="checkbox"/> Special occasion snacks provided by parents for birthdays, etc.

6. Days and Times in Care

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday	Closed	Closed
Sunday	Closed	Closed

7. 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 Excelencia Preschool.

Signature – Parent or legal guardian

Date Signed



8. Child's Special Care Needs (Check All that Apply)	
<input type="checkbox"/> Environmental allergies <input type="checkbox"/> Food intolerances <input type="checkbox"/> Existing illness <input type="checkbox"/> Previous serious illness <input type="checkbox"/> Injuries and hospitalizations (past 12 months) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Limitations or restrictions on child's activities <input type="checkbox"/> Reasonable accommodations or modifications <input type="checkbox"/> Adaptive equipment (include instructions below) <input type="checkbox"/> Symptoms or indications of complications <input type="checkbox"/> Meal and food service practices <input type="checkbox"/> Medications prescribed for continuous long-term use
Explain any needs selected above:	
Does your child have diagnosed food allergies?	

9. School Age Children (Only complete if your child will attend a K-12 school in addition to Excelencia Preschool)	
My child attends the following school:	School Area Code and Phone No.:
My child has permission to (check all that apply):	
<input type="checkbox"/> walk to or from school or home <input type="checkbox"/> ride a bus <input type="checkbox"/> be released to the care of his or her sibling under 18 years old	
Authorized pick up or drop off locations other than the child's address:	
N/A	
<input type="checkbox"/> Child's required, immunizations, vision, and hearing screening, and TB screening are current and on file at their school.	

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:	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 guardian	_____ Date Signed	

Requirements from Exclusion from Compliance

At Excelencia Preschool we only accept exclusions from compliance for medical reasons. Other reasons for non-compliance, such as reasons of conscience or religious beliefs are not allowed.

- I have attached a signed and dated letter from my child's physician stating that they do not recommend the child receive immunizations for reasons of health or adverse response.

Vision Exam Results

(Required within 120 days of 4th birthday)

Right Eye 20 / Left Eye 20 / Pass Fail

Signature – healthcare Professional

Date Signed

Hearing Exam Results

(Required within 120 days of 4th birthday)

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

Signature – healthcare Professional

Date Signed

Admission Requirement

If your child does not attend pre-kindergarten or school away from Excelencia Preschool, one of the following must be presented when your child is admitted to Excelencia Preschool or within one week of admission. **(Select only one option)**

- Healthcare 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 daycare program.
- A signed and dated copy of a healthcare professional's statement is attached.
- My child has been examined within the past year by the healthcare professional named below, and is able to participate in a daycare program. Within 12 months of admission, I will provide a written, signed, healthcare professional's statement to Excelencia Preschool.

Name of healthcare professional, if selected

Address of Healthcare Professional, if selected

Signature – Healthcare 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 received
Hepatitis B	Birth (first dose)	
	1 – 2 months (second dose)	
	6–18 months (third dose)	
DTaP (Diphtheria, Tetanus, and 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 (Hib)	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Pneumococcal (PNV-13)	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Inactivated Polio Virus (IPV)	2 months	
	4 months	
	6–18 months	
	4 – 6 years	
MMR (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 - 18 months after the first dose.	

Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had the 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 the varicella vaccine.

Signature

Date Signed

Additional Information Regarding immunizations

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

Gang Free Zone

Under the Texas Penal Code, any area within 1000 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 www.hhs.texas.gov/policies-practices-privacy#security

Signatures

Child's Parent or Legal Guardian

Date Signed

Excelencia Preschool Designee

Date Signed

Physician or Public Health Personnel Verification

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

Signature

Date Signed

