**** Form 2935

October 2023

 

 Admission Information

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| **General Information** |
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| Operation’s Name:**Excelencia – Creative Bilingual Preschool** | Director’s Name:  |
| Child’s Full Name:      | Child’s Date of Birth      | Child Lives With: [ ]  Both Parents [ ]  Mom [ ]  Dad [ ] 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? [ ]  Yes [ ]  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.:      |

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| **Consent Information** |
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| 1. **Transportation** (Check all that apply)
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| I give consent for my child to be transported and supervised by Excelencia staff:[ ]  for emergency care ~~[ ]  on field trips~~ [ ]  to and/or from home [ ]  to and/or from |
| 1. **2. Field Trips** (are not offered)
 |
| ~~O I give consent for my child to participate in field trips. O I do not give consent for my child to participate in field trips.~~ |
| Comments: |
|       |
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| **3. Water Activities**  |
| I give consent for my child to participate in the following water activities: (Check all that apply)[ ]  Water table play [ ]  Splash pad [ ]  Sprinkler play [ ]  small wading pool |
| Is your child able to swim without assistance?[ ]  Yes [ ]  No  | Does your child have any physical, health, behavioral, or other condition that would put them at risk while swimming? [ ]  Yes [ ]  No [x]  N/A |
| Do you want your child to wear a lifejacket while in or near a swimming pool?[ ]  Yes [ ]  No [x]  N/A |

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

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| **5. Meals**  |
| I understand that the following meals will be served to my child while in care: (Check all that apply)[ ]  Morning snack [ ]  Lunch (parent provided) [ ]  Afternoon snack [ ]  Pizza on Fridays[ ]  Special occasion snacks provided by parents for birthdays, etc. |

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| **6. Days and Times in Care** |

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

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

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| **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

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| **8. Child’s Special Care Needs** (Check All that Apply) |
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| [ ]  Environmental allergies  | [ ]  Limitations or restrictions on child’s activities |
| [ ]  Food intolerances | [ ]  Reasonable accommodations or modifications |
| [ ]  Existing illness | [ ]  Adaptive equipment (include instructions below) |
| [ ]  Previous serious illness | [ ]  Symptoms or indications of complications |
| [ ]  Injuries and hospitalizations (past 12 months) | [ ]  Meal and food service practices |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Explain any needs selected above: | [ ]  Medications prescribed for continuous long-term use |

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|       |
| Does your child have diagnosed food allergies? |

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| **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):

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| [ ]  walk to or from school or home [ ]  ride a bus [ ]  be released to the care of his or her sibling under 18 years old |

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| Authorized pick up or drop off locations other than the child’s address: |
| N/A |
| [ ]  Child’s required, immunizations, vision, and hearing screening, and TB screening are current and on file at their school. |

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| **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 |

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| **Requirements from Exclusion from Compliance** |
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| 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. |

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| **Vision Exam Results** |
| (Required within 120 days of 4th birthday) |
| Right Eye 20 / Left Eye 20 / O Pass O Fail |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed |

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| **Hearing Exam Results** |
| (Required within 120 days of 4th birthday) |
| **Ear** | **1000 Hz** | **2000 Hz** | **4000 Hz** | **Pass or Fail** |
| Right |  |  |  | O Pass O Fail |
| Left |  |  |  | O Pass O Fail |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature – healthcare Professional  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signed |

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| **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 |

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| **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. |  |

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| **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 |

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| **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](http://www.dshs.state.tx.us/immunize/public.shtm). |

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| **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.  |

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| **Privacy Statement** |
| HHSC values your privacy. For more information, read our privacy policy online at [www.hhs.texas.gov/policies-practices-privacy#security](http://www.hhs.texas.gov/policies-practices-privacy#security) |

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| **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.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signed |

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