



High Hopes Preschool Admission Form

600 W. New Hope Road
 Cedar Park, Texas 78613
 (512)260-5922
Fall 2019-2020

FOR OFFICE USE ONLY:

Check#: _____

Amount: _____

Class: _____

Date/Initial: _____

Child's Name		Date of Birth [m/d/y]	Church Affiliation	
Child's Home Address – Please include city and Zip code				Child's Home No.
Child's age as of 9/1/19	Date of Admission	Hours and days child will be in care: 9am – 2pm Circle days your child will attend below:		
Parents' or Guardians' Names		M/W	M/W/F	T/TH
		T/TH/F	M thru F	
Email:	Mother's Cell No.	Father's Cell No.	Father's Work No.	
Give the name, address, phone number & relationship of person to call in case of an emergency if parents / guardian cannot be reached:			How did you hear about us?	
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.				
_____	_____	_____	_____	_____

List any **allergies** or **medical issues** your child has **[must provide doctor's note]**

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:	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**

HEALTH REQUIREMENTS

IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					

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

Signature: _____

Date: _____

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 (date) _____ and does not need varicella vaccine.

Parent's signature

Date

- I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm

ADMISSION REQUIREMENT: Please 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 / she is physically able to take part in the day care program.

Health Care Professional's Signature

Date

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.

Name and address of health care professional:

Signature - Parent or Legal Guardian

Date

4-Year-Old Requirement

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____		DATE _____	

By signing this form, I hereby agree to relieve High Hopes Preschool, its officers and its Director of any liability for injury or accident occurring on school premises. By signing below, I verify that all the information included on this admission form is correct.

Signature of Parent or Guardian _____

Date _____