



# Admissions Application 2018-19

This application provides information that we need to properly register your child. Please print. Each question should be answered completely.

All parents must include copies of the following with your application: your child's birth certificate, social security card, and documentation of any learning disabilities or health restrictions.

Student Legal Name: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_  
Last First Middle

Prefers the Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_  
City State

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ School District: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Resides with:

- Mother/Father
- Mother Only
- Father Only

- Mother/Stepfather
- Father/Stepmother
- Grandparent(s)
- Other \_\_\_\_\_

Father's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Office Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Office Email Address: \_\_\_\_\_

Stepparent's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Stepparent's Employer: \_\_\_\_\_ Office Email Address: \_\_\_\_\_

If Parents Are Divorced or Separated, Which Parent Has Legal Responsibility For:

School Related Decisions: \_\_\_\_\_ School Fees: \_\_\_\_\_ Receiving Communications: \_\_\_\_\_

Names And Ages Of Other Children In Family: \_\_\_\_\_

What Language Other Than English, if any, Is Spoken in the Home? \_\_\_\_\_

Reason for Selecting This School: \_\_\_\_\_ Last School and Grade Attended: \_\_\_\_\_

Has Student Ever Been Retained? \_\_\_\_\_ What Grade and Why? \_\_\_\_\_

Has Student Ever Been Suspended or Expelled? \_\_\_\_\_ On Probation? \_\_\_\_\_ Comments: \_\_\_\_\_

Student Grades Have Been:  Above Average  Average  Below Average  Failed

Does Student Have Learning Disabilities? \_\_\_\_\_ Has Student Been Tested? \_\_\_\_\_ When? \_\_\_\_\_

Test Results: \_\_\_\_\_

Comments: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_



<b>Full Name of Student:</b> _____ <b>Last Name of Parent:</b> _____
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**EMERGENCY AUTHORIZATIONS**

Name of Persons to Contact in Case of Emergency (Other Than Parents):

_____	_____	_____	_____
Name	Relationship	Address	Phone
_____	_____	_____	_____
Name	Relationship	Address	Phone
_____	_____	_____	_____
Name	Relationship	Address	Phone

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>	
<b>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:</b>	
Name of Physician: _____	Phone: _____
Address: _____	
Name of Emergency Medical Care Facility: _____	Phone: _____
Address: _____	
Personal Insurance Company: _____	Policy No. _____

List any special problems that your child may have, such as allergies (**if your child suffers from Severe Food Allergies an additional form must be filled by his/her Pediatrician**), existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which teacher's should be aware of:

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Child daycare operations are public accommodations under the American with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY)

**EMERGENCY AUTHORIZATIONS**

Names of Persons Authorized to Pick Up Student (Other Than Parents)

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone



Full Name of Student: \_\_\_\_\_  
Last Name of Parent: \_\_\_\_\_

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**CHECK ALL THAT APPLY:**

1. **TRANSPORTATION:** I hereby \_\_\_ give \_\_\_ do not give – consent for my child to be transported and supervised by the School's employees:

\_\_\_ Check for emergency care \_\_\_ On field trips \_\_\_ to and from home \_\_\_ to and from school

2. **FIELD TRIPS:** I hereby \_\_\_ give \_\_\_ do not give – my consent for my child to participate in Field Trips:  
Parent's Comments: \_\_\_\_\_

3. **WATER ACTIVITIES:** I hereby \_\_\_ give \_\_\_ do not give – my consent for my child to participate in Water Activities: \_\_\_ sprinkler play \_\_\_ Splashing/wading pools \_\_\_ swimming pools \_\_\_ water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES.** \_\_\_ I acknowledge receipt of the School's operational policies including those for discipline and guidance.

5. **I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:**  
 None

**ACKNOWLEDGEMENT:**

I hereby acknowledge and affirm that all the information contained in this Registration is true and accurate. Further, I acknowledge my responsibility to read, understand, and support all policies and procedures as written in the CFC Bilingual Academy Handbook and Registration Packet.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

# ADMISSION INFORMATION

HEALTH REQUIREMENTS					
Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
DTP / DTaP / DT					
POLIO IPV or OPV					
MEASLES Rubeola / Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Varicella (see below)					
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	
Signature of Health Care Professional _____			Date _____		
For additional information regarding immunizations contact the Department of State Health Services at <a href="http://www.dshs.state.tx.us/immunize/school_info.htm">http://www.dshs.state.tx.us/immunize/school_info.htm</a>					

**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.  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.

- No Food Allergies known at this time
- Food Allergy Emergency Plan attached

\_\_\_\_\_

Health Care Professional's Signature \_\_\_\_\_  
Date

2.  A signed and dated copy of a health care professional's statement is attached.

Name and address of health care professional:

\_\_\_\_\_

\_\_\_\_\_

Signature - Parent or Legal Guardian \_\_\_\_\_  
Date

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 _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

\_\_\_\_\_

Signature – Parent or Legal Guardian \_\_\_\_\_  
Date