



# HighHopes Preschool Admission Form

600 W. New Hope Road  
 Cedar Park, Texas 78613  
 (512)260-5922  
**Fall 2017-2018**

FOR OFFICE USE ONLY:

Chk# \_\_\_\_\_

Amount: \_\_\_\_\_

Class : \_\_\_\_\_

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 9/1/17	Date of Admission	Hours and days child will be in care: 9am – 2pm <b>Circle days your child will attend below:</b>		
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 <b>name, address, phone number &amp; relationship of person</b> 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 <b>ONLY</b> 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 <b>allergies</b> or <b>medical issues</b> your child has <b>[must provide doctor's note]</b>
_____
_____
_____

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</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:		
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.		
_____ <b>Signature - Parent or Legal Guardian</b>		

## 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](http://www.dshs.state.tx.us/immunize/school_info.htm)

**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.

**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.

4.  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**

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

By signing this form, I hereby agree to relieve HighHopes 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** \_\_\_\_\_