



ADMISSION INFORMATION

Purpose: Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

GENERAL INFORMATION			
Operation's Name: GUIDING HANDS CHRISTIAN ACADEMY		Director's Name: ALICIA RIDER/KATHY CAMERON	
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 Parents:		Parent 1 Email:	
		Parent 2 Email:	
Address of Parent if different from child:			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and telephone 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 and Phone Number:	Name and Phone Number:	Name and Phone Number:	

CONSENT INFORMATION
CHECK ALL THAT APPLY:
1. TRANSPORTATION I give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school <input type="checkbox"/>
2. FIELD TRIPS <input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> 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: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds

CONSENT INFORMATION

CHECK ALL THAT APPLY:

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

<input checked="" type="checkbox"/> Discipline and guidance	<input checked="" type="checkbox"/> Procedures for release of children
<input checked="" type="checkbox"/> Suspension and expulsion	<input checked="" type="checkbox"/> Illness and exclusion criteria
<input checked="" type="checkbox"/> Emergency plans	<input checked="" type="checkbox"/> Procedures for dispensing medications
<input checked="" type="checkbox"/> Procedures for conducting health checks	<input checked="" type="checkbox"/> Immunization requirements for children
<input checked="" type="checkbox"/> Safe sleep	<input checked="" type="checkbox"/> Meals and food service practices
<input checked="" type="checkbox"/> Procedures for parents to discuss concerns with the director	<input checked="" type="checkbox"/> Procedures to visit the center without securing prior approval
<input checked="" type="checkbox"/> Procedures for parents to participate in operation activities	<input checked="" type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

5. MEALS

I understand that the following meals will be served to my child while in care:

None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

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		

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:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, 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 caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan submitted on:

Child day care operations are public accommodations under the Americans 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).

Signature - Parent or Legal Guardian:

Date Signed:

SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:

School Phone Number:

My child has permission to (check all that apply):

ride a bus be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

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:

- HEALTH CARE 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 day care program.

Health Care Professional's Signature:

Date Signed:

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

- 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.

- 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 submit it to the child care operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

REQUIREMENTS FOR EXCLUSION

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

FOR FOUR YEAR OLDS

VISION EXAM RESULTS		
R 20/	L 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Examiner Signature:		Date Signed:

HEARING EXAM RESULTS				
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Examiner Signature:			Date Signed:	

FOR ALL CHILDREN

VARICELLA (CHICKENPOX)	
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 Signed:

GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 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

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

SIGNATURES

Child's Parent or Legal Guardian:

X

Date Signed:

Center Designee:

X

Date Signed:

Guiding Hands Christian Academy Financial & Policy Agreement

Please read and initial each statement

_____ **Enrollment Fee:** My enrollment fee is \$30 for 1st child and \$50 for family. This is non-refundable.

_____ **Payments & Tuition:** My tuition is due by the end of business on Monday. If not paid, I understand that I will be billed a late fee of \$15 and care will be put on hold starting on Wednesday if my account is not paid in full. My child's spot can not be guaranteed if this occurs. Any unpaid tuition fees may be sent to a third party collection agency.

_____ **Partial Week Attendance:** There will be no deductions for holiday or partial weeks.

_____ **Withdrawal:** A two week written notice is required when withdrawing from the program.

_____ **Returned Checks:** There will be a \$30 fee for all checks that are not cleared by the bank. If more than two checks are returned in a calendar year, tuition must be made by cash or money order.

_____ **Charges for Late Pick Up:** The facility closes at 6:30pm. There will be a charge of \$5 for the first minute and then \$1 per minute per child for late pick up. If more than 3 occur in a calendar year, dismissal from the program may occur. If by 7:00pm the child has not been picked up and parents have not made contact, Guiding Hands is obligated to contact Family and Protective Services.

_____ **Vacation Policy:** After 6 months of continuous enrollment, the family receives 2 weeks of vacation time. Vacation applies only if the child is out for 5 continuous days and the parent notifies the office in advance in writing. Vacation is at 1/2 the tuition cost.

_____ **SmartCare:** Parents are responsible for signing their child in and out of the center. If the parent does not follow this policy, there will be a \$5 fee per occurrence added to the account.

_____ **Media:** Pictures are often taken of the children while at Guiding Hands. If you authorize Guiding Hands to have your child's picture in the media, initial on the line.

_____ **Drop off Time:** All children enrolled in Guiding Hands need to be in attendance by 10 am if attending for that day. If the child is not attending, parents must notify the office.

_____ **Video Monitoring:** All areas of the facility are video monitored and recorded. Recording are for internal use only.

_____ **Handbook:** All parents and children must follow the policies written in the Guiding Hands Christian Academy Handbook. If policies are not followed, dismissal can occur.