

Punkin Patch DayCare Center

General Information

Child's Full Name:		Child's Date of Birth:	
Child's Home Address:			
Date of Admission:		Date of Withdraw:	
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
Parent/Guardian DL #:	Parent/Guardian DOB:	Parent/Guardian Email:	
Parent/Guardian Cell #:		Parent/Guardian Work #:	
Additional Parent or Guardian:		Address of Parent or Guardian (if different from the child's):	
Parent/Guardian DL #:	Parent/Guardian DOB:	Parent/Guardian Email:	
Parent/Guardian Cell #:		Parent/Guardian Work #:	
Give the name, address and phone # of the responsible individual to call in case of an emergency if parent/guardian cannot be reached:			
Name:	Address:	Phone #:	Relationship:
Give the name and phone # of any individual authorized to pick up your child(ren). Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of id.			
Name & Phone #:		Name & Phone #:	

Admission Requirement

If your child does not attend pre-kindergarten or a public school away from the child care operation, the following must be presented when your child is admitted to the child care operation.

- ☐ A copy of my child's immunization records will be provided to the center on or before my child will be able to attend.
- ☐ A signed and dated copy of a health care professional's statement
- ☐ A signed affidavit stating that Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of, or
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the daycare program. I will obtain a health care professional's signed statement and submit it to the child care operation within 1 week of admission.
- ☐ Vision and Hearing Screening Results by a health care professional when the child is 4 years old.

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
- ☐ 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.

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>

Signature:

Date: