

Punkin Patch DayCare Center

Admission Information

General Information

Child's Full Name:		Child's Date of Birth:	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
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:	

List telephone numbers below where parent/guardian may be reached while child is in care.

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 #:

Transportation & Activities

Check all that apply:

Transportation: I give consent for my child to be transported and supervised by the operation's employees.

for emergency care on field trips to and from school

Water Activities: I give consent for my child to participate in the following water activities.

water table play sprinkler play pools aquatic playgrounds

School Age Children

My child attends the following school:

School Address:	School Phone Number:

Child's required immunizations and vision & hearing screening are current and on file at their school.

Authorization for Emergency Medical Attention

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

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

Signature-Parent or Legal Guardian:

Consent Information

Meals

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

<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack
Days & Times in Care (My Child is normally in care on the following days and times):		
Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I give consent for my child's photo to be used on the center's social media site's.

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, Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an

Does your child have diagnosed food allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Plan submitted on:

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:

- 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
- 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.

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
- 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

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>

Child's Parent or Legal Guardian:

Date Signed:

Signature:

Date: