

ENROLLMENT/ ADMISSION INFORMATION

GENERAL INFORMATION

Facility Name:			Director's Name:		
Child's Name: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth:		Home Phone Number:	
Child's Address:			City:		State: Zip:
Date of Admission:		Date of Withdrawal:		Hours and days child will be in care:	
Parent/Guardian's Name:		Home No.:		Parent/Guardian's Name:	
Address: (if different)		Home Number:		Address: (if different)	
Place of Employment:		Work Number:		Place of Employment	
Cell Phone Number:		E-mail:		Work Number:	
Cell Phone Number:		E-mail:		Cell Phone Number:	
Name of person to call in case of emergency if parents / guardian cannot be reached:		Name:		Address:	
		Relationship:		City: State:	
				Phone Number:	
I hereby authorize the child care facility to allow my child to leave the child care facility ONLY with the following persons:					
Name:		Name:		Name:	
Phone Number:		Phone Number:		Phone Number:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the school administration or person in charge to take my child to:

Physician:		Address:		City, State		Phone Number:	
Emergency Care Facility:		Address:		City, State		Phone Number:	
I give consent for this facility to secure any and all necessary medical care for my child.		Signature – Parent or Legal Guardian				Date	

CHILD'S ALLERGY INFORMATION

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 staff should be aware of: Yes No If yes, specify accommodations:

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

Signature – Parent or Legal Guardian	Date

CHILD'S FOOD PREFERENCES INFORMATION

Does your child have any food preferences you would like the staff to be aware of:

Signature – Parent or Legal Guardian	Date

SCHOOL AGE CHILDREN

My child attends the following school:		My child attends the following school & his/her immunization record & vision & hearing is on file at the school. All immunization, TB & hearing & vision tests are current. <input type="checkbox"/> yes <input type="checkbox"/> no	
School Address:		School Phone Number:	
My child has permission to (check all that apply): <input type="checkbox"/> Ride a bus <input type="checkbox"/> be released to the care of his/her sibling under 18 years old			
Signature – Parent or Legal Guardian		Date	

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ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the child care facility, one of the following must be presented when your child is admitted to the child care operation. (please only check one option)

1. HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that her or she is able to take part in the child care program.

Health Care Professional's **Signature**:

Date Signed:

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

3. Medical diagnosis & treatment conflict with the tenets & practices of a recognized religious organization, which I adhere to or am a member of. I have attached a state approved signed & dated affidavit stating this.

Name & Address of Health Care Professional:

Signature – Parent or Legal Guardian

Date

CONSENT INFORMATION

CHECK ALL THAT APPLY:

1. Transportation

I hereby give do not give – my consent for my child to be transported and supervised by facility's staff:

on field trips to and from home to and from school for emergency care

Initial _____

2. Field Trips

I hereby give do not give – my consent for my child to participate in field trips:

Initial _____

3. Water Activities

I hereby give do not give – my consent for my child to participate in water activities:

splashing pools wading pools swimming pools aquatic splashpads water table play sprinkler play

Initial _____

4. Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies located in the Parent Handbook, including those for:

- Discipline and guidance Suspension & expulsion Emergency plans Procedures for conducting health checks
- Safe sleep policy Procedures for release of children Illness & exclusion criteria Meals & food service practices
- Procedures for dispensing medications Procedures to visit the center without securing prior approval
- Immunization requirements for children Procedures for parents to discuss concerns with the Director
- Procedure for parents to participate in operation activities Received a Parent Handbook Gang free zone policy
- Procedures for parents to contact Child Care Licensing, Child Abuse Hotline, DFPS, & DFPS website

Initial _____

PHOTO RELEASE AUTHORIZATION

With the intent to be legally bound, I give Children's Lighthouse permission to take photos and school pictures of my child and use these photos for displays and/or marketing, website, flyers or brochures.

I hereby give do not give – my consent

Initial _____

CUSTODY INFORMATION

Initial: Is there a court order affecting the custody of this child? yes no If yes, you must provide a certified copy of the court order signed by the presiding Judge. If no, please understand that both legal guardians/parents have equal access to the child & information.

Initial _____

ANNUAL UPDATES

Please verify your information and complete the box below.

By signing below, I acknowledge that I have reviewed the information on Admission Information form in its entirety & verified it for accuracy.

Signature – Parent or Legal Guardian

Date

By signing below, I acknowledge that I have reviewed the information on Admission Information form in its entirety & verified it for accuracy.

Signature – Parent or Legal Guardian

Date