

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 childcare facility. **ALL FIELDS ARE REQUIRED TO BE FILLED OUT. Put No if it doesn't apply.**

Operation's Name: **RIDGEWOOD PARK PRESCHOOL and PDO**

Director's Name: **Suzanne W. Barthelemy**

Child's Full Name:				Child's Date of Birth:
Child Lives With: <i>Type Yes or No in each box</i>	Both Parents	Mom	Dad	Guardian
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):
List telephone numbers below where parents/guardian may be reached while child is in care. <i>Type No if it doesn't apply.</i>	

Parent 1 Telephone Number	Parent 2 Telephone Number	Guardian Telephone Number	Custody Documents on File: YES/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: Name: _____ Phone: _____		Address: _____ Relationship: _____	

CONSENT INFORMATION

MEALS – I understand that the following meals will be served to my child while in care: <i>Type Yes</i> Morning Snack
WATER ACTIVITIES – I give consent for my child to participate in the following water activities. <i>Type Yes or No:</i> Water Table Play: _____ Sprinkler Play: _____ Splashing/Wading Pool: _____

ALL FIELDS MUST BE FILLED OUT BEFORE PRINTING/SAVING THIS FORM.
PLEASE BRING THIS FORM TO THE DAYCARE FACILITY FULLY FILLED OUT.

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. Yes/No		
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, and 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 800-514-0383 (TTY).	
Signature – Parent or Legal Guardian:	Date Signed:

GANG FREE ZONE & PRIVACY STATEMENT

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 https://www.dfps.state.tx.us/policies/Website/default.asp

SIGNATURES

Child's Parent or Legal Guardian:	Date Signed:
Center Designee:	Date Signed:

ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm
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