Texas Dept of Family and Protective Services

ADMISSION INFORMATION

Form 2935

Operation Name	Director's Name	
Enchanted Children's Academy	Leslie Colquitt & Jennifer Laporte	
Child's Full Name	Child's Date of Birth	Child's Home Telephone No.
Child's Complete Home Address	City	Zip Code
Mother's Full Name / Mother's Cell Phone No.	Mother's Employer	Mother's Work Telephone No.
Father's Full Name / Father's Cell Phone No.	Father's Employer	Father's Work Telephone No.
Date of Admission	Date of Withdrawal	

Emergency Contact's Full Name of person to call in case of an emergency if parents / guardian cannot be reached:	Full Address for Emergency Contact	Phone Number	Relationship

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list first & last name & phone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name	Name	Name	Name	Name	Name
Telephone No.	Telephone No.	Telephone No.	Telephone No.	Telephone No.	Telephone No.

1. **EMERGENCY TRANSPORTATION** I hereby ☐ give ☐ do not give
   – consent for my child to be transported for emergencies and supervised by the operation's employees.
2. **PICTURE & VIDEO** I hereby ☐ give ☐ do not give
   – consent for my child's photos or video of yearly activities to be posted on Enchanted Children's Academy's website and Facebook.
3. **WATER ACTIVITIES** I hereby ☐ give ☐ do not give
   – consent for my child to participate in Water Activities: sprinkler play & water table play
4. **PERMISSION TO POST ALLERGIES & SPECIAL NOTES** I hereby ☐ give ☐ do not give ☐ N/A
   – consent for my child's allergies and special notes to be posted in the classroom, office and kitchen.
5. **INSECT REPELLENT** I hereby ☐ give ☐ do not give
   -- consent for my child to use **any** insect repellent that ECA parents have donated.
6. **PARENT POLICIES AND PROCEDURES HANDBOOK**
   ☐ I have received a copy of Enchanted Children's Academy's parent policies and procedures, including those for discipline and guidance.
7. **I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE**
   ☐ **Breakfast** ☐ **Lunch** ☐ **PM Snack**
8. **MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES**

☐ Monday	from:	to:
☐ Tuesday	from:	to:
☐ Wednesday	from:	to:
☐ Thursday	from:	to:
☐ Friday	from:	to:

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#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
Driscoll Children's Hospital	3533 S. Alameda St., Corpus Christi, TX 78411	(361) 694-5000

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

Signature - Parent or Legal Guardian--

Please list any allergies, existing illness, previous serious illness, injuries or hospitalizations during the past 12 months, any prescribed medication for long-term continuous use, and any other information which our caregivers should be aware of:

☐ N/A

Child daycare 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).

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.

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 – Parent or Legal Guardian _____ Date _____

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Physical Admission Requirement

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:

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

_____ _____
Health Care Professional's Signature Date

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

3. ☐ 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.

Hearing and Vision Exam Results

(4-5 year olds only)

VISION EXAM RESULTS	R 20/ _____	L 20/ _____	☐ **PASS** ☐ **FAIL**	
HEARING EXAM RESULTS	**1000 Hz**	**2000 Hz**	**4000 Hz**	
Right Ear				☐ PASS ☐ FAIL
Left Ear				☐ PASS ☐ FAIL
Healthcare Professional's Signature		Date Signed		

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

_____ _____
Signature – Parent or Legal Guardian Date

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Immunization Admission Requirement

☐ I have provided the childcare operation with a copy of my child's most current immunization record.

☐ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

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.

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

I hereby ☐ give ☐ do not give consent-- for Enchanted Children's Academy to print an Official Immunization Record from ImmTrac2 if at any time it is needed to update my child's file.

_____ _____

Signature – Parent or Legal Guardian | Date

↓ For Office Use Only ↓

	HepB	DTap	HIB	IPV (POLIO)	PCV (PNUEMO)	HepA	Varicella	MMR
1 month	1.							
2 months	2.	1.	1.	1.	1.			
4 months		2.	2.	2.	2.			
6 months	3.	3.	3.	3.	3.			
12 months			4.		4.	1.	1.	1.
15 months		4.						
24 months						2.		
4 years		5.		4.			2.	2.