

# ADMISSION INFORMATION

Operation Name <b>Enchanted Children's Academy</b>		Director's Name <b>Leslie Colquitt &amp; Jennifer Laporte</b>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Complete Home Address		City	Zip Code
Email Address			
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 <b>ONLY</b> with the following persons: (Please list <b>first &amp; last name, Relationship to student &amp; phone number for each person.</b> Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Name & Relationship	Name & Relationship	Name & Relationship	Name & Relationship
Name & Relationship	Name & Relationship	Name & Relationship	Name & Relationship
Telephone No.	Telephone No.	Telephone No.	Telephone No.

- EMERGENCY TRANSPORTATION** I hereby  give  do not give  
- consent for my child to be transported for emergencies and supervised by the operation's employees.
- 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.
- WATER ACTIVITIES** I hereby  give  do not give  
- consent for my child to participate in Water Activities: sprinkler play & water table play
- 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.
- INSECT REPELLENT** I hereby  give  do not give  
-- consent for my child to use **any** insect repellent when available, that ECA parents have donated.
- PARENT POLICIES AND PROCEDURES HANDBOOK**  
 I have received, read and understand the information contained in the Enchanted Children's Academy's Parent Handbook.
- I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE**  
 Breakfast  Lunch  PM Snack
- 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: <b>Driscoll Children's Hospital</b>	Address: <b>3533 S. Alameda St., Corpus Christi, TX 78411</b>	Ph.#: <b>(361) 694-5000</b>

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

## 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/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
HEARING EXAM RESULTS	1000 Hz	2000 Hz	4000 Hz	
Right Ear				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Left Ear				<input type="checkbox"/> PASS <input type="checkbox"/> 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**

## 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](http://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.