Texas Dept of Family and Protective Services

ADMISSION INFORMATION

Form 2935
Aug 2010 / Pg 1 of 3

Operation Name	Director's Name
LUV-N-CARE LEARNING CENTER L280	Winnie Topp

Child's Full Name	Child's Date of Birth	Child's Home Telephone No.

Child's Home Address

Parent Email

Date of Admission	Date of Withdrawal	

Parent's or Guardian's Name	Address (if different from child's address)

List telephone numbers below where parents/guardian may be reached while child will be in care:

Mother's Work No.	Father's Work No.	Mom's Cell No.	Dad's Cell No.

Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:
Name: Address: Phone #: Relationship

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

CHECK ALL THAT APPLY:

1. ☐ **TRANSPORTATION:** I hereby ☐ give ☐ do not give – consent for my child to be transported and supervised by the operation's employees:
   Walk home ☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school
2. ☐ **FIELD TRIPS:** I hereby ☐ give ☐ do not give – my consent for my child to participate in Field Trips:
   Parent's Comments:
3. ☐ **WATER ACTIVITIES:** I hereby ☐ give ☐ do not give – my consent for my child to participate in Water Activities:
   ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ water table play
4. ☐ **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**
   I acknowledge receipt of the facility's operational policies including those for discipline and guidance.
5. **I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:**
   ☐ None ☐ Breakfast ☐ AM Snack ☐ Lunch ☒ PM Snack ☒ Supper ☐ Evening Snack
6. **MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:**

☒ Mondays	from:	to:
☒ Tuesdays	from:	to:
☒ Wednesdays	from:	to:
☒ Thursdays	from:	to:
☒ Fridays	from:	to:
☐ Saturdays	from:	to:
☐ Sundays	from:	to:

Parent/Legal Guardian Signature: Date:

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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

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

Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of: _____

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).

SCHOOL AGE CHILDREN:

☐ My child attends the following school (Name of School and Address): _____ School Ph. # _____

Name of sibling(s): _____

☒ His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:
☐ ride a bus, and/or
☒ walk to or from school or home,
☐ be released to the care of his/her sibling(s) under 18 years old.

Parent's Signature: _____ Date: _____