



JLC Student Enrollment Record – Admissions Information

Director of Center:

Date of Admission:

PLEASE PRINT ALL INFORMATION

Date of Withdrawal:

Child's Full Name (last, first, middle)	Name Called	Age
Birthdate	Male OR Female (circle one)	
Father or Guardian's Name (last, first, middle)	Home Phone	
	Cell Phone	
Address (street, city, state & zip code)		
Place of Employment & Address	Work Phone	
Mother or Guardian's Name (last, first, middle)	Home Phone	
	Cell Phone	
Address (street, city, state & zip code)		
Place of Employment & Address	Work Phone	

Child Lives With: Both Parents Mom Dad Guardian

Custody Documents on File: Yes or No

Parent(s) Email Addresses: _____

Person(s) AUTHORIZED to pick up child (Names, Phone & Relationship) Limit to NO MORE than 3 people outside of Parents &/or Guardians already named above; ID will be REQUIRED.	
1.	
2.	
3.	
Name of Person to CALL in case of EMERGENCY if Parents/Guardians CANNOT be reached:	
Name & Relationship to Child	Address & Telephone Numbers

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for Emergency Medical Care, I AUTHORIZE the person(s) in charge to take my child to:		
Name of Physician:	Address:	Phone No.
Name of Emergency Care Facility:	Address:	Phone No.
"I give consent for the facility to secure all necessary Emergency Medical Care for my child. "		
Signature & Date – Parent/Legal Guardian:		

List any **SPECIAL NEEDS** that your child may have. I.E. environmental allergies, food tolerances, 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 caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No

If YES, Food Allergy & Anaphylaxis Emergency Plan MUST BE completed.

ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the child care operation, 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 or she is able to take part in the child care program.	
Health Care Professionals Signature:	Date:
2. A signed and dated copy of a health care professional's statement is enclosed.	
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 enclosed a signed and date affidavit stating this.	
4. My child has been examined within the past year by a health care professional and is able to participate in the child care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.	
Name & Address of Health Care Professional:	
Signature & Date – Parent/Legal Guardian:	

CONCERNING IMMUNIZATIONS – PLEASE Circle one option for each statement.

I have provided the childcare operation with a copy of my child's most recent immunization record.	YES	NO	Not Applicable
I have provided the childcare operation with a copy of my child's Hearing & Vision Screening Results. (This only applies to pre-kindergarten age children.)	YES	NO	Not Applicable
I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.	YES	NO	Not Applicable
I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90 th day after the affidavit is notarized.	YES	NO	Not Applicable
For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm .			
Signature Parent/Legal Guardian & Date: _____			

CONSENT INFORMATION – CHECK or INITIAL ALL THAT APPLY

<p>TRANSPORTATION: I give consent for my child to be transported and supervised by the operation's employees:</p> <p>_____ for emergency care _____ on field trips _____ to and from home _____ to and from school</p>
<p>FIELD TRIPS: _____ I GIVE consent for my child to participate in field trips.</p> <p>_____ I DO NOT GIVE consent for my child to participate in field trips.</p>
<p>WATER ACTIVITIES: I give consent for my child to participate in the following water activities:</p> <p>_____ water table play _____ sprinkler play _____ splashing/wading pools _____ aquatic playgrounds</p>
<p>WRITTEN OPERATIONAL POLICIES:</p> <p>My initials confirm that I have received a copy of the facility's Operational Policies. _____</p>
<p>MEALS: I understand that the following meals will be served to my child while in care:</p> <p>_____ Breakfast _____ Morning Snack _____ Lunch _____ Afternoon Snack _____ Supper</p>

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) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature Parent/Legal Guardian & Date _____

DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

SCHOOL AGE CHILDREN (IF APPLICABLE)

My child attends the following school:	
Name & Address of School:	School Phone Number:
My child has permission to (check all that apply):	
<input type="checkbox"/> walk to or from school or home	<input type="checkbox"/> ride a bus or van
<input type="checkbox"/> be released to the care of his or her sibling under 18 years old	
Authorized pick up/drop off locations other than the child's address:	

Under the Texas Penal Code, ANY area within 1,000 feet of 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 <http://www.dfps.state.tx.us/policies/privacy.asp>.

SIGNATURES OF COMPLETION

Child's Parent(s) or Legal Guardian(s):	Date Signed:
Center Designee (Director or Asst. Director):	Date Signed: