

ADMISSION INFORMATION

Facility Name <b style="text-align: center;">East Texas Christian Academy		Director's Name <b style="text-align: center;">Beverly Anne McCorkle	
Child's Full Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission ____ / ____ / ____	Date of Withdrawal ____ / ____ / ____	Hours and days child will be in care (Mark all that apply.) <b style="text-align: center;">__ PK-3 __ PK-4 M T W Th F <b style="text-align: center;">__ Half Day or __ Full Day	
Parent's or Guardian's Name		Address (if different from child's address)	
Parent / Guardian E-mail Address		Mother's Cell Phone 903 / /	Father's Cell Phone 903 / /
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached: <b style="text-align: center;">I 903 / /			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.
 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 the following water activities:
 sprinkler play wading 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.

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 # 903 / /
Name of Emergency Medical Care Facility:	Address:	Phone #: 903 / /

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) 414-0301 (voice) or (800)-514-0383 (TTY).

SCHOOL AGE CHILDREN: I have other children who come to ETCA for child care and attends the following school:

Name of School and Address School Phone

CHECK ALL THAT APPLY:

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,
 walk to and from school, be released to the care of his/her sibling(s) under 18 years old.
and/or

Name of sibling(s): _____

Signature – Parent or Legal Guardian Date

Application Fee Paid: \$ _____ / _____ / _____ **Ck#** _____ **Registration Fee Paid: \$** _____ / _____ / _____ **Ck#** _____

ADMISSION INFORMATION

HEALTH REQUIREMENTS											
Name of Child: _____ / _____ / _____								Date of Birth: _____ / _____ / _____			
Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required) <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____											
Signature or stamp of a physician or public health personnel verifying immunization information above. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>											
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.											
_____ Parent's Signature Date											
<input type="checkbox"/> 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.											
For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm											

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 prior to admission.
Please check only one option:

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

Name and address of health care professional:

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date