

Admission Information

Use this form to collect all required information about a child enrolling in childcare.

Directions: The parent or guardian completes the form in its entirety and returns it to the childcare provider before the child's first day of enrollment. The childcare provider keeps the form on file at the childcare facility.

General Information			
Operation's Name: Moody Family Childcare & Youth Services Center		Director's Name: Feleasha Nelson & Christie Richie	
Child's Full Name:	Child's Date of Birth:	Child Lives With? ☐ Both parents ☐ Mom ☐ Dad ☐ Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian Completing Form:	Address of Parent or Guardian <i>(if different from the child's)</i> :		
List phone numbers below where parents or guardians may be reached while the child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? ☐ Yes ☐ No
In case of an emergency, call:			
Name of Emergency Contact:	Relationship:	Area Code and Phone No.:	
Address:			
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list the name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

Consent Information
1. Transportation:
I give consent for my child to be transported and supervised by the operation's employees (Check all that apply). ☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school
2. Field Trips:
☐ I give consent for my child to participate in field trips. ☐ I do not give consent for my child to participate in field trips.
Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance: ☐ Yes ☐ No

If no, what type of assistance is needed: _____

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- | | |
|--|--|
| ☐ Discipline and guidance | ☐ Procedures for the release of children |
| ☐ Suspension and expulsion | ☐ Illness and exclusion criteria |
| ☐ Emergency plans | ☐ Procedures for dispensing medications |
| ☐ Procedures for conducting health checks | ☐ Immunization requirements for children. |
| ☐ Safe sleep | ☐ Meals and food service practices |
| ☐ Procedures for parents to discuss concerns with the director | ☐ Procedures to visit the center without securing prior approval |
| ☐ Promotion of indoor and outdoor physical activity, including | ☐ Procedures for supporting inclusive services. |
| ☐ criteria for extreme weather conditions | ☐ Procedures for parents to contact Child Care Licensing (CCL), DFPS, |
| ☐ Procedures for parents to participate in operation activities | ☐ Child Abuse Hotline, and CCL website |

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

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

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Parent/Guardian email: _____

8. Additional Information

Child's Gender: ____Female____ Male	Child's Age: _____
Child's Race: ____Black ____White ____Hispanic ____Multi-Race ____If other, please specify: _____	Child's grade (only if school-aged) : _____
I give permission for my child's photo to be taken. Photos may be taken during events and activities: ____Yes____ No	

Child's Special Care Needs (check all that apply)	
☐ Environmental allergies ☐ Food intolerances ☐ Existing illness ☐ Previous serious illness ☐ Injuries and hospitalizations (<i>past 12 months</i>) ☐ Other: _____	☐ Limitations or restrictions on child's activities ☐ Reasonable accommodations or modifications ☐ Adaptive equipment (<i>include instructions below</i>) ☐ Symptoms or indications of complications ☐ Medications prescribed for continuous long-term use
Explain any needs selected above:	
Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: _____	
Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit https://www.ada.gov/resources/child-care-centers/ . 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 or Legal Guardian	_____ Date Signed

School Age Children	
My child attends the following school(s):	School Area Code and Phone No.:
My child has permission to (<i>check all that apply</i>): ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his or her sibling under 18 years old	
Authorized pick up or drop off locations other than the child's address:	
☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.	

Authorization For Emergency Medical Attention		
In the event I cannot be reached to arrange for emergency medical care, I authorize the person 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 any and all necessary emergency medical care for my child.		
_____ Signature — Parent or Legal Guardian	_____ Date Signed	

Requirements for Exclusion from Compliance

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reasons of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ 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.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ Fail

Signature _____ Date Signed _____

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				☐ Pass ☐ Fail
Left				☐ Pass ☐ Fail

Signature _____ Date Signed _____

Admission Requirement

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare operation or within one week of admission. *(Select **only one** option.)*

- ☐ 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 daycare program.
- ☐ A signed and dated copy of a healthcare 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. I have attached a signed and dated affidavit stating this.
- ☐ My child has been examined within the past year by a healthcare professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a healthcare professional's signed statement and submit it to the childcare operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Varicella (Chickenpox)

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.

Signature

Date Signed

Additional Information Regarding Immunizations

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

TB Test (If required)

☐ Positive ☐ Negative Date: _____

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.

Privacy Statement

HHSC values your privacy. For more information, please read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Previous Center Information

Please list the two most recent childcare centers your child has attended. Include the center phone number and the director's name.

1. _____

2. _____

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature

Date Signed

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature of Parent or Guardian

Date

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>