

ADMISSION INFORMATION

Operation Name Grace Temple Child Development Center 2017-2018		Director Sharita Russell		325-942-0576	
Child's Full Name (circle one: boy girl)		Date of Birth		Child's Home Telephone No.	
Child's Home Address City, State and Zip Address: _____ City _____ State _____ Zip _____					
Date of Admission (<u>office use only</u>)		Circle when Child will be in Care: Pre-School All Day After-School Summer Only Year Round		Father's Name: _____ Work Place: _____ Work #: _____ Cell # _____	
Parent's or Guardian's Full Name in the Home: Father: _____ Mother: _____ Step-Parent: _____ Guardian: _____			Mother's Name: _____ Work Place: _____ Work #: _____ Cell # _____		
List telephone numbers where parents/guardian may be reached while child will be in care:		If One Parent does not live in the home give name of Parent:		Address, City, State & Zip Code of Parent Not In the Home	
				Parent not in the home Work # and Cell # /	
Give name and phone number of person to call in case of emergency if parents/guardian cannot be reached: <u>Local Only</u>					Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Children will only be released to person designated by the parent/guardian after verification of ID. (DO NOT LIST PARENTS) List Names & Phone Numbers for each.					
1.		2.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees.	
1. <input type="checkbox"/> TRANSPORTATION:		<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play	
4. <input type="checkbox"/> RECEIPT OF PARENT HANDBOOK WITH WRITTEN OPERATIONAL POLICIES:		I acknowledge receipt of the Parent's Handbook 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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
CHECK ONLY ONE O - Shannon O - Community	CHECK ONE ONLY O 120 E. Harris O 3501 Knickerbocker Rd.	CHECK ONE ONLY O653-6741 O949-9511
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature - Parent or Legal Guardian & Date		

Medical History: 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. **[if none, write none]:** _____

SCHOOL AGE CHILDREN:		
My child attends the following school: (circle the correct school)		
<input type="checkbox"/> Austin 700 N. Van Buren 659-3636	<input type="checkbox"/> Bonham 4630 Southland Blvd. 947-3917	Other: _____
<input type="checkbox"/> Bowie 3700 Forest Trail 947-3921	<input type="checkbox"/> Lamar 3444 School House Rd. 947-3900	Address: _____
<input type="checkbox"/> McGill 201 Millspaugh 947-3934	<input type="checkbox"/> TLC 3301 TLC Way 653-3200	Phone # _____
CHECK ALL THAT APPLY:		
<input type="checkbox"/> 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.	<input type="checkbox"/> My child has permission to walk to and from school, and/or	<input type="checkbox"/> ride a bus, be released to the care of his/her sibling(s) under 18 years old.