

ADMISSION INFORMATION

Operation Name Grace Temple Child Development Center 2021-2022		Director Sharita Russell	
Child's Full Name circle one: <u>boy</u> <u>girl</u>		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address City, State and Zip Address: _____ City _____ State. _____ Zip _____			
Date of Admission (office use only)	Circle when Child will be in Care: Pre-School All Day After-School Summer Only Year Round	Father's Name: _____ Work Place: _____ Work #: _____ Cell # _____	
Guardian's Full Name in the Home: _____ Step-Parent: _____ Guardian: _____ Foster: _____		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 to Child
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) <u>List Names & Phone #s for each.</u>			
1. _____		2. _____	

CHECK ALL THAT APPLY:	
1. <input type="checkbox"/> TRANSPORTATION:	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. <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: CHECK ONLY ONE <input type="radio"/> - Shannon <input type="radio"/> - Community	Address: CHECK ONE ONLY <input type="radio"/> 120 E. Harris <input type="radio"/> 3501 Knickerbocker Rd.	Ph.#: CHECK ONE ONLY 0653-6741 0949-9511
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature & Date- Parent or Legal Guardian		

SCHOOL AGE CHILDREN:		
My child attends the following school: (Check or 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 # _____
<input type="checkbox"/> Santa Rita 615 S. Madison 659-3672		
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	<input type="checkbox"/> ride a bus,
	<input type="checkbox"/> walk to and from school, and/or	<input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.