



2023- 2024
ADMISSION INFORMATION FORM

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

General Information

Operation's Name Casa View Christian Preschool	Director's Name Kimberly B. Cruz
Child's Full Name	Child's Date of Birth
Child's Home Address	Child Lives With ___Both parents ___Mom ___Dad ___Guardian
Date of Admission (office use only)	Date of Withdrawal (office use only)
Name of Parent or Guardian Completing Form	Address of Parent or Guardian (if different from the child's)
List telephone numbers below where parents/guardians may be reached while the child is in care. Parent 1 No. Parent 2 No. Guardian's No.	Give the name, address and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached Relationship
Legal custody documentation has been provided. ___yes ___no ___n/a	
I authorize the child care operation to release my child to leave the child care operation ONLY with the following person. Please list the name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.	
Name	Phone Number
Name	Phone Number
Name	Phone Number

Consent Information

Check all that apply:

Transportation

I give consent for my child to be transported and supervised by the operations's employees:
☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

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:

Water Activities

I give consent for my child to participate in the following water activities:
☐ water table play ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ aquatic playgrounds
 Is your child able to swim without assistance: Yes No
 If no, what type of assistance is needed:

Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the faculty's operational policies (CVCP Handbook), including those for:

☐ Discipline ☐ Suspension and expulsion
☐ Emergency plans ☐ Procedures for conducting health checks
☐ Safe sleep ☐ Procedures for parents to discuss concerns with the director
☐ Procedures for parents to participate in operation activities
☐ Procedures for release of children ☐ Illness and exclusion criteria
☐ Immunization requirements for children ☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

Meals

I understand that the following meals will be served to my child while in care:
☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch (from home) ☐ Afternoon snack ☐ Supper
☐ Late aft. snack

Days and Times in Care

My child is normally in care on the following days and times:
 Monday ☐ AM ☐ PM
 Tuesday ☐ AM ☐ PM
 Wednesday ☐ AM ☐ PM
 Thursday ☐ AM ☐ PM
 Friday ☐ AM ☐ PM

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 Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature-Parent or Legal Guardian

Child's Additional Information Section

Child's Special Care Needs (**check all that apply**)

- ☐ Environmental allergies
- ☐ Limitations or restrictions on child's activities
- ☐ Food intolerances
- ☐ Reasonable accommodations or modifications
- ☐ Existing illness
- ☐ Adaptive equipment (include instructions below)
- ☐ Previous serious illness
- ☐ Symptoms or indications of complications
- ☐ Injuries and hospitalizations (past 12 months)
- ☐ Medications prescribed for continuous long-term use
- ☐ Other:

Any other information which caregivers should be aware of:

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

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.

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 day care program.

Signature-Healthcare Professional

Date Signed

2. ☐ A signed and dated copy of a health care professional's statement is attached.
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 attached a signed and dated 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 day 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-Parent or Legal Guardian

Date Signed

Requirements for Exclusion

☐ 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-Parent or Legal Guardian

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
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Right				___pass ___fail
Left				___pass ___fail
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Signature-Parent or Legal Guardian</div> <div>_____ Date Signed</div> </div>				

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, Pefussis	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 the 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.	

Physician or Public Health Personnel Verification

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

Signature

Date Signed

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-Parent or Legal Guardian

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, read our privacy policy online at:
<https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed



STUDENT INFORMATION FORM

***All information provided is confidential and will not be shared**

Student Name	
Parent(s) Name	
Parent Signature	
Date	

TOILETING		
Is your child fully potty trained?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does your child need assistance with toileting?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Please explain:		
How can we be of assistance?		

BEHAVIOR
When your child becomes upset, what helps him/her calm down?
Are there any routines that are helpful during rest/naptime?
Any other information you would like to share?

EATING		
What does your child use to eat?	<input type="checkbox"/> utensils	<input type="checkbox"/> fingers
Can your child feed him/herself?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does your child choke easily while eating?	<input type="checkbox"/> yes	<input type="checkbox"/> no
What snacks does your child prefer?		
What snacks will your child not eat?		

ACTIVITIES/INTERESTS
What activities does your child like to do?
What activities does your child like to do with other children?
What does your child like to do when playing alone?
What are your child's current interests?

PHOTO/VIDEO RELEASE PERMISSION		
I give CVCP permission to use my child's picture or video on their website and social media accounts.	<input type="checkbox"/> yes	<input type="checkbox"/> no



EMERGENCY CONTACT FORM & AUTHORIZATION FOR PICK-UP

* Please list all people and numbers that we can reach in case of an emergency (ex. not being picked up on time and no answer from parents)

[illegible]



Health Statement Form
(in lieu of entry in Admission Information Form)

ADMISSION REQUIREMENT: One of the following must be provided when your child is admitted to CVCP or within one week of admission. Please check one and sign at the bottom.

- ☐ HEALTH CARE PROFESSIONAL STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the preschool 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.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to CVCP.

Name and address of health care professional:

 Signature-Parent/Legal Guardian

 Date

 Signature-Parent/Legal Guardian

 Date