



# ADMISSION INFORMATION

5720 Bagby Avenue, Waco,  
Texas 76712  
(254)420-2931  
Fax 420-4903

Operation Name <b>Central Faith Child Development Center # 863498</b>		Director's Name <b>Linda Taft</b>	
Child's Full Name		Child's Date of Birth	Date of Admission
Child's Home Address			
Mothers Full Name	Employer & Work Phone #	Cell Phone #	Home Phone #
Mothers Address:			
Fathers Full Name	Employer & Work Phone #	Cell Phone #	Home Phone #
Fathers Address:			
Emergency Contact-Name		Cell Phone	
Emergency Contact Address:	Employer:	Work Phone:	Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name , address & phone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Name: Address: Phone #'s:	Name: Address: Phone #'s:	Name: Address: Phone #'s:	

<b>CHECK ALL THAT APPLY:</b>	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"/> <b>TRANSPORTATION:</b>		
2. <input type="checkbox"/> <b>FIELD TRIPS:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	– my consent for my child to participate in Field Trips:
3. <input type="checkbox"/> <b>WATER ACTIVITIES:</b>	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"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>	I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	
5. <b>I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack		
6. <b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>		
<input type="checkbox"/> Mondays	from:	to:
<input type="checkbox"/> Tuesdays	from:	to:
<input type="checkbox"/> Wednesdays	from:	to:
<input type="checkbox"/> Thursdays	from:	to:
<input type="checkbox"/> Fridays	from:	to:

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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.#:
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) 514-0301 (voice) or (800)-514-0383 (TTY).

\_\_\_\_\_  
 Signature – Parent or Legal Guardian \_\_\_\_\_  
Date



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**SCHOOL AGE CHILDREN:**

My child attends the following school:  
 \_\_\_\_\_  
Name of School and Address School Ph.#

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

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**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.

Please 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 / she is able to take part in the day care program.  
 \_\_\_\_\_  
Health Care Professional's Signature Date
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 will submit it to the child-care operation.

Name and address of health care professional:  
 \_\_\_\_\_

\_\_\_\_\_  
Signature - Parent or Legal Guardian Date

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

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date