

Admission Information

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

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.

	Gener	al Information		
Operation's Name: Willow and Nest Childcare		Director's Name: Erik Baeza	silven tenkon	
Child's Full Name:		Child's Date of Birth:	Child Lives \ O Both pare	0- 0- 0
Child's Home Address:		Date of Admission:	TOO BUTTON	Date of Withdrawal:
Name of Parent or Guardian 1:		Address of Parent or Gua	ardian 1 if differe	ent from the child's:
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 if different from the child's:		ent from the child's:
List phone numbers below where pare	ents or guardian may be reached while	e child is in care.		
Parent 1 Area Code and Phone No.:			nd Phone No.:	Custody Documents on File: O Yes No
In case of an emergency, when	the parent or guardian cannot	be reached, call:		Committee of the Commit
Name of Emergency Contact:	Are the related set hery of early	Relationship:	F CHICAGO BOTTO	Area Code and Phone No.:
Address:				
I authorize the child care operation of ID.				llowing persons. Please list name and by the parent or guardian after
Name:			Area	a Code and Phone No.:
Name:			Area	a Code and Phone No.:
Name:			Area Code and Phone No.:	
	Conse	ent Information		
1. Transportation:				
I give consent for my child to be t	ransported and supervised by the	operation's employees	. Check all tha	at apply.
	on field trips			
2. Field Trips:				
O I give consent for my child to p	articipate in field trips. O I do n	ot give consent for my	child to partici	pate in field trips.
Comments:				

3. Water Activities:			Page 2701-2025		
I give consent for my o	hild to participate	in the following water act	tivities. Check all that apply.		
water table play	sprinkler play	splashing or wading	g pools		
Is your child able to swim without assistance? Yes No If no, your child is required to wear a life jacket while in or near a swimming pool.		ince?	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? Yes O No If yes, your child is required to wear a life jacket while in or near a swimming pool.		
		jacket while in or near a			
Do you want your child swimming pool? O Yes O No *A competent swimme	mout O treus	Cost ()	own, tread water or float on their back for one minute, and swim 25 yards		
with no assistance.	zi dan dina di	ar a poor cardly on their c			
4. Receipt of Written O	perational Policie	s: /	- The state of the		
I acknowledge receipt of	the facility's operat	tional policies, including the	hose for the following. Check all that apply.		
Discipline and guidan	ice	IN SALEDNON O BUS TO	Procedures for release of children		
Suspension and expu	ulsion	d also	☐ Illness and exclusion criteria		
Emergency plans		Premaritane send pend or	Procedures for dispensing medications		
Procedures for condu	cting health check	S	Immunization requirements for children		
☐ Safe sleep			☐ Meals and food service practices		
Procedures for paren	ts to discuss conc	erns with the director	Procedures to visit the center without securing prior approval		
Promotion of indoor a			Procedures for supporting inclusive services		
Procedures for paren	ts to participate in	operation activities	Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website		
5. Meals:					
I understand that the foll	owing meals will b	e served to my child while	e in care. Check all that apply:		
None Breakf	ast Morning	snack Lunch	Afternoon snack Supper Evening snack		
6. Days and Times in C	are:				
My child is normally in ca	are on the following	g days and times:			
Day of the Week	A.M.	P.M.			
Monday					
Tuesday					
Wednesday					
Thursday			compared the property of the second party of the second se		
Friday					
	and triple a miles of the	to the state of th	a desiry team and the contract of the state of the contract of		
Sunday					
total Demantic E	21-htg:				
7. Receipt of Parent's F		ny of my righte as a nare	ent or quardian of a child enrolled at this facility		
I acknowledge I have red	ceived a written co	py of my rights as a pare	ent or guardian of a child enrolled at this facility.		
	Signature — Parer	nt or Legal Guardian	Date Signed		

	ck 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 in the	past 12 months	Medications prescribed for continuous long-term use		
Other:	•			
Explain any needs selected above:				
Does your child have diagnosed food Child day care operations are public www.ada.gov/resources/child-care-co may call the ADA Information Line at	accommodations under enters/. If you believe the	er the Americans with Disabilities Act (ADA), Title III. To learn more, visit hat such an operation may be practicing discrimination in violation of Title III. you		
Signature — Parent or Legal Guard	dian	Date Signed		
- I dione of Logar Guard	alan	Date Signed		
9. School Age Children				
My child attends the following school	NEST TREAT SPECIAL SPECIAL PROPERTY.	School Area Code and Phone No.:		
		released to the care of their sibling younger than 18 years old		
		Anterior to the party of the pa		
		Active of information, I will distain a benefit core professional's appoint distantial of the professional interested. Actives of Frederica and Professional, transported.		
	sion and hearing screen	Activities of infrastructures I will defeat a benefits ours professional's appoint determined. Versional transfer Class Professional, invaluable Activities Registrational Class Professional		
Child's required immunizations, vis	sion and hearing screen	ning, and TB screening are current and on file at their school. For Emergency Medical Attention		
Child's required immunizations, vis	sion and hearing screen	ning, and TB screening are current and on file at their school.		
Child's required immunizations, vis	Authorization range for emergency n	ning, and TB screening are current and on file at their school. For Emergency Medical Attention medical care, I authorize the person in charge to take my child to:		
Child's required immunizations, visual In the event I cannot be reached to an Name of Physician Name of Emergency Care Facility	Authorization range for emergency n Address Address	ning, and TB screening are current and on file at their school. For Emergency Medical Attention medical care, I authorize the person in charge to take my child to: Area Code and Phone No.		
Child's required immunizations, visual In the event I cannot be reached to an Name of Physician Name of Emergency Care Facility	Authorization range for emergency n Address Address	roing, and TB screening are current and on file at their school. For Emergency Medical Attention medical care, I authorize the person in charge to take my child to: Area Code and Phone No. Area Code and Phone No.		

	Rea	uirements for Exclusion from	Compliance	
O I have attached form described	d a signed and dated affidavit s	tating that I decline immunizations for	or reason of conscience, in han the 90th day after the a	affidavit is notarized.
O religious denor	d a signed and dated affidavit s mination that I am an adherent	tating that the vision or hearing scre or member of.	ening conflicts with the ten	ets of practices of a charefron
		Vision Exam Results		
Right Eye 20/	Left Eye 20/ OPas	s ()Fail		
Signature		Date Signed	1	
		Hearing Exam Results		" 是我们是我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fall
Right	atel beams. I all	Post Along, Photos Live		O Pass O Fail
Left	The residence of the second proper	Part and Albert London control and specimens are	The second secon	
		Date Signed	Show, EQUIDANT C (COOR) To man	
Signature		Date digited		
Admission Requi		KALETTY IN THE		
	the shill same energion or with	school away from the child care oper hin one week of admission. Select o	niv one oblion.	and the control of th
Health Care Progra	ofessional's Statement: I have	examined the above named child wit	thin the past year and find t	they are able to take part in the
A signed and d	ated copy of a health care prof	essional's statement is attached.		April 1846 o result
Medical diagno member of. I ha	sis and treatment conflict with the ave attached a signed and date	the tenets and practices of a recogni d affidavit stating this.	zed religious organization,	which I adhere to or am a
My child has be months of admi	een examined within the past ye ission, I will obtain a health can	ear by a health care professional and e professional's signed statement an	d is able to participate in the nd submit it to the child care	e day care program. Within 12 operation.
Name of Health Ca	are Professional, if selected	Address of Health Car	re Professional, if selected	
Signature — Healt	h Care Professional	Date Signed		
Cianatura Darci	nt or Legal Guardian	Date Signed		
Signature — Parel	it of Logar Odardian			the same of the sa

Vaccine Information

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)	The state of the s
	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)	Lai tagala na yayan
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	THE RESIDENCE ASSESSED AND CONTRACTOR
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	I THE RESIDENCE THE PARTY OF TH
	12–15 months (fourth dose)	
nactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	der or a legal s to grade a la
	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)	
/aricella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

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 Physician or Public Health Personnel Verification Signature or stamp of a physician or public health personnel verifying immunization information above: Signature Date Signed		Varicella for Chickenpox	
Additional Information About Immunizations For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/ 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 Physician or Public Health Personnel Verification Signature or stamp of a physician or public health personnel verifying immunization information above: Date Signed Date Signed	aricella, the vaccine for chickenpox, i	not required if your child has had chickenpox disease. If your child has had chickenpox, comple	ete the
Additional Information About Immunizations For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.bx.us/mmunize/public.shtm TB Test if required OPositive ONegative 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://rhhs.texas.gov/policies-practices-privacy#security Signatures Child's Parent or Legal Guardian 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	tatement: My child had varicella disea	se, chickenpox, on or about [date] and does not need varicella vaccine.	
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