



### 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.

#### General Information

Operation's Name: Willow and Nest Childcare		Director's Name: Abigail Baeza	
Child's Full Name: [Redacted]		Child's Date of Birth: [Redacted]	Child Lives With: <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address: [Redacted]		Date of Admission: [Redacted]	Date of Withdrawal:
Name of Parent or Guardian 1: [Redacted]		Address of Parent or Guardian 1 if different from the child's: [Redacted]	
Name of Parent or Guardian 2: [Redacted]		Address of Parent or Guardian 2 if different from the child's: [Redacted]	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: <input type="radio"/> Yes <input type="radio"/> No
<b>In case of an emergency, when the parent or guardian cannot be reached, call:</b>			
Name of Emergency Contact: [Redacted]		Relationship: [Redacted]	Area Code and Phone No.: [Redacted]
Address: [Redacted]			
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>only</b> with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name: [Redacted]		Area Code and Phone No.: [Redacted]	
Name: [Redacted]		Area Code and Phone No.: [Redacted]	
Name: [Redacted]		Area Code and Phone No.: [Redacted]	

#### Consent Information

##### 1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

- for emergency care    on field trips    to and from home    to and from school

##### 2. 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:

**3. Water Activities:**

I give consent for my child to participate in the following water activities. Check all that apply.

- water table play    sprinkler play    splashing or wading pools    swimming pools    aquatic playgrounds

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.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?  
  
 Yes    No  
 If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?  
  
 Yes    No

\*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

**4. Receipt of Written Operational Policies:**

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Discipline and guidance   | <input type="checkbox"/> Procedures for release of children  |
| <input type="checkbox"/> Suspension and expulsion  | <input type="checkbox"/> Illness and exclusion criteria  |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications   |
| <input type="checkbox"/> Procedures for conducting health checks   | <input type="checkbox"/> Immunization requirements for children  |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices  |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval  |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services  |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                       | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

**5. Meals:**

I understand that the following meals will be served to my child while in care. Check all that apply:

- None    Breakfast    Morning snack    Lunch    Afternoon snack    Supper    Evening snack

**6. Days and Times in Care:**

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**7. Receipt of Parent's Rights:**

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

X \_\_\_\_\_

Signature — Parent or Legal Guardian

\_\_\_\_\_

Date Signed

**8. Child's Special Care Needs, check all that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> Environmental allergies                             | <input type="checkbox"/> Limitations or restrictions on child's activities   |
| <input type="checkbox"/> Food intolerances                                   | <input type="checkbox"/> Reasonable accommodations or modifications          |
| <input type="checkbox"/> Existing illness                                    | <input type="checkbox"/> Adaptive equipment, include instructions below      |
| <input type="checkbox"/> Previous serious illness                            | <input type="checkbox"/> Symptoms or indications of complications            |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____  |  |

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 [www.ada.gov/resources/child-care-centers/](http://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).

X \_\_\_\_\_ Date Signed \_\_\_\_\_

**9. School Age Children**

My child attends the following school: \_\_\_\_\_ School Area Code and Phone No.: \_\_\_\_\_

My child has permission to:  
Check all that apply.  
 walk to or from school or home  ride a bus  be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

\_\_\_\_\_

Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

**Authorization For Emergency Medical Attention**

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
_____	_____	_____
Name of Emergency Care Facility	Address	Area Code and Phone No.
_____	_____	_____

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

X \_\_\_\_\_ Date Signed \_\_\_\_\_

**Requirements for Exclusion from Compliance**

- I have attached a signed and dated affidavit stating that I decline immunizations for reason 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 \_\_\_\_\_ Date Signed \_\_\_\_\_

**Hearing Exam Results**

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature \_\_\_\_\_ 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. Select **only one** option.

- Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- 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 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 of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature — Parent or Legal Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

### Vaccine Information

The following vaccines require multiple doses over time. 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, Pertussis	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 this 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 six to 18 months after the first dose.	

### Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

### TB Test if required

Positive  Negative Date: \_\_\_\_\_

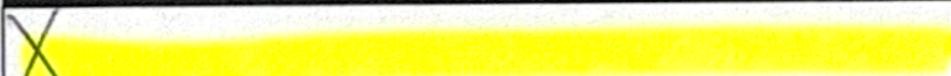
### Gang Free Zone

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

### Physician or Public Health Personnel Verification

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed



### Parental Notification of Lack of Liability Insurance

**Directions:** An operation may use this form to notify each child's parent that the operation does not provide liability insurance. The operation must keep on file any notification to the parent.

#### Operation's Responsibility to Notify Parents of the Lack of Insurance

Unless the operation has an acceptable reason not to provide the insurance, the Human Resources Code §§42.049 or 42.0495 requires a licensed, registered or listed child care operation to have liability insurance:

- in the amount of \$300,000 for each occurrence of negligence; and
- that covers injury to a child that occurs while the child is in care, regardless of whether the injury occurs on or off the premises of the operation.

An operation does not have to carry the insurance or may discontinue coverage if the operation is unable to obtain coverage because of financial reasons, cannot find an underwriter willing to issue a policy or has exhausted the limits of the policy. However, the operation must notify in writing the parent of each child in care if the operation does not provide the liability insurance.

#### Parent/Guardian Acknowledgement of the Operation's Lack of Insurance

As the parent/guardian of the child(ren) listed below, I acknowledge that the operation caring for my child(ren) does not have liability insurance coverage.

X \_\_\_\_\_  
Signature of Parent/Guardian Date Signed/Notified

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Name(s) of Parent/Guardian's Child(ren) in the Operation's Care

Willow and Nest Child Care  
Name of Operation

## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### Discipline and Guidance Policy

#### Discipline must be:

- 1) individualized and consistent for each child;
- 2) appropriate to the child's level of understanding; and
- 3) directed toward teaching the child acceptable behavior and self-control.

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:**

- 1) using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) reminding a child of behavior expectations daily by using clear, positive statements;
- 3) redirecting behavior using positive statements; and
- 4) using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- 1) corporal punishment or threats of corporal punishment;
- 2) punishment associated with food, naps or toilet training;
- 3) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Additional Discipline and Guidance Measures

*(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)*

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:**

- ensure that the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for additional information; and
- ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

### Signature

This policy is effective on the following date: 06/09/2025

Signed by: 

Role:  Parent  Caregiver or Employee  Household Member (CH. 747 only)

### Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&r=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&r=Y)
- Title 26, Chapter 747 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&r=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&r=Y)
- Title 26, Chapter 744 Subchapter G: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&r=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&r=Y)

X

# Willow and Nest Child Care

## Photo / Media Consent Form

At Willow and Nest, we love to capture special moments of learning, play, and growth. Photos and videos may be taken throughout the day to document activities, celebrate milestones, and send updates to families!

### Child's Information

Child's Name: \_\_\_\_\_

### Purpose of Photos/Videos

Photos and/or videos may be used for the following purposes:

- Classroom displays and activity documentation
- Willow and Nest's newsletters or parent communications
- Social media platforms (e.g., Facebook, Instagram)
- Website and promotional materials
- Educational or training materials for staff

### Consent Options:

- Full Consent:** I give permission for my child's photo and/or video to be taken and used for all the purposes listed above, including social media and promotional materials.
- Limited Consent:** I give permission for my child's photo and/or video to be taken for internal use only (classroom displays, documentation, and parent updates). I do **not** consent for any media to be shared on social media.
- No Consent:** I do **not** give permission for my child's photo or video to be taken or used in any form.

### Parent/Guardian Authorization

I understand that my child's participation is voluntary and that no payment will be made for the use of any photos or videos. I may withdraw consent at any time by providing written notice to Willow and Nest.

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_