

# ADMISSION INFORMATION

|  |                        |   |                            |
|--|------------------------|---|----------------------------|
| Operation Name<br><b>Best Kids Montessori Academy</b>  |                        | Director's Name<br><b>Ashraf Jivani</b>     |                            |
| Child's Name   |                        | Date of Birth                               | Child's Home Telephone No. |
| Child's Home Address   |                        |   | E-mail:                    |
| Date of Admission  | Date of Withdrawal     | Hours and days child will be in care        |                            |
| Parent's or Guardian's Name  |                        | Address (if different from child's address) |                            |
| List telephone numbers where parents/guardian may be reached while child will be in care:  | Mother's Telephone No. | Father's Telephone No.                      | Guardian's Telephone No.   |
| Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:   |                        |   | 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 & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. |                        |   |                            |
|  |                        |   |                            |

|   |  |  |  |
|---|--|--|--|
| <b>CHECK ALL THAT APPLY:</b>  |  |  |  |
| 1. <input type="checkbox"/> <b>TRANSPORTATION:</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:<br><input type="checkbox"/> Check box 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"/> <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:<br><b>Parent's Comments:</b>   |  |  |  |
| 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:<br><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.   |  |  |  |

|   |          |       |
|---|----------|-------|
| <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.                                    |          |       |
| _____<br>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:

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|   |   |
|---|---|
| <b>SCHOOL AGE CHILDREN:</b>   |   |
| <input type="checkbox"/> My child attends the following school:   |   |
| Name of School and Address  | School Ph.#   |
| <b>CHECK ALL THAT APPLY:</b>  |   |
| <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.<br>Name of sibling(s): |

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

\_\_\_\_\_  
Date

# ADMISSION INFORMATION

| HEALTH REQUIREMENTS   |                                   |                                   |               |                |                |
|---|-----------------------------------|-----------------------------------|---------------|----------------|----------------|
| Name of Child:  |                                   |                                   |               | Date of Birth: |                |
| IMMUNIZATIONS   | Date / dose 1                     | Date / dose 2                     | Date / dose 3 | Date / dose 4  | Date / booster |
| DTP / DTaP / DT   |                                   |                                   |               |                |                |
| POLIO<br>IPV or OPV   |                                   |                                   |               |                |                |
| MEASLES<br>Rubeola / Serampion  |                                   |                                   |               |                |                |
| MUMPS   |                                   |                                   |               |                |                |
| RUBELLA   |                                   |                                   |               |                |                |
| Hib   |                                   |                                   |               |                |                |
| Hepatitis A   |                                   |                                   |               |                |                |
| Hepatitis B   |                                   |                                   |               |                |                |
| TB TEST<br>(if required)  | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | Date:         |                |                |
| Varicella<br>(see below)  |                                   |                                   |               |                |                |
| 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. |                                   |                                   |               |                |                |
| _____   |                                   |                                   |               | _____          |                |
| Parent's signature  |                                   |                                   |               | Date           |                |
| Signature of Health Care Professional _____   |                                   |                                   |               | Date _____     |                |
| For additional information regarding immunizations contact the Department of State Health Services at<br><a href="http://www.dshs.state.tx.us/immunize/school_info.htm">http://www.dshs.state.tx.us/immunize/school_info.htm</a>                                    |                                   |                                   |               |                |                |

**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:

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.  
  

\_\_\_\_\_
\_\_\_\_\_

Health Care Professional's Signature Date
- A signed and dated copy of a health care professional's statement is attached.
- PARENT'S STATEMENT: 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

- 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.

| VISION                                     | R 20/ _____ | L 20/ _____ | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
|--|-------------|-------------|---|
| SIGNATURE _____                            |             | DATE _____  |   |
| HEARING                                    | 1000 Hz     | 2000 Hz     | 4000 Hz   |
| R  |             |             |   |
| L  |             |             |   |
| SIGNATURE _____                            |             |             | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| Signature – Parent or Legal Guardian _____ |             |             | Date _____  |