Admission Packet 2023-2024

This form must be filled out in its entirety.

GENERAL INFORMATION

Operation's Name: _____CORNERSTONE KIDS PRESCHOOL_____ Director's Name: _____LELA KING_____

Child's Full Name: _____ Child's Date of Birth: ____/____/_____

Child lives with: O Both parents O Mom O Dad O Guardian Custody documents on file? O Yes O No

Date of Admission: ____/____/_____ Date of Withdraw: ____/____/_____

Child's full home address: _____

Name of Mom: _____ Name of Dad: _____ Name of guardian: _____

Mom's phone number: _____-_____-_____ Mom's email address: _____

Dad's phone number: _____-_____-_____ Dad's email address: _____

Guardian's phone number: _____-_____-_____ Guardian's email address: _____

EMERGENCY CONTACT

Name of emergency contact: _____ Relationship: _____

Full address: _____ Phone number: _____

AUTHORIZATION FOR PICK UP

1. Name: _____ Relationship: _____

   Full address: _____ Phone number: _____
2. Name: _____ Relationship: _____

   Full address: _____ Phone number: _____
3. Name: _____ Relationship: _____

   Full address: _____ Phone number: _____

CONSENT INFORMATION

1. **Transportation**: I give consent for my child to be transported and supervised by the operation's employees?

O For emergency care

2. **Water Activities**: I give consent for my child to participate in the following water activities (check all that apply).

O Water table play O Sprinkler play O Splashing or wading pools

3. **Receipt of Written Operational Policies:** I acknowledge receipt of the facility's operational policies, including those for (check all that apply);

O Suspension and expulsion

O Emergency plans

O Procedures for conducting health checks

O Meals and food service practices

O Procedures for parents to discuss concerts with the Directors

O Procedures to visit the center without securing prior approval

O Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

O Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions

O Illness and exclusion criteria

O Procedures for dispensing medications

O Immunization requirements for children

O Safe sleep

O Procedures for supporting inclusive services

O Procedures for parents to participate in operation activities

O Discipline and guidance

O Procedures for release of children

4. **Meals**: I understand that I, the parent/guardian will provide the following meals and Cornerstone Kids Preschool will serve them to my child while in their care (check all that apply);

O Morning snack (for Infants-Toddler's class only) O Lunch O Afternoon snack

DAYS AND TIMES IN CARE

My child is normally in care at Cornerstone Kids Preschool on the following days during the times of 8:30 am- 3:30 pm;

O Monday O Tuesday O Wednesday O Thursday O Friday

CHILD'S SPECIAL CARE NEEDS (check all that apply)

O Environmental allergies

O Food intolerances

O Existing illnesses

O Previous serious illness

O Injuries and hospitalizations (past 12 months)

O Other: _____

O Limitations or restrictions on child's activities

O Reasonable accommodations or modifications

O Adaptive equipment (including instructions attached)

O Symptom or indications of complications

O Medications prescribed for continuous long-term use

Does your child have diagnosed food allergies? O Yes O No Food Allergy Emergency Plan submit 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*

SCHOOL AGE CHILDREN (kindergarten through completed 5th grade only)

My child's school: _____ School phone number: _____-_____-_____

O 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:

Physician Information

Name of Physician: _____ Phone number: _____-_____-_____

Physician's address: _____

Hospital Information

Name of Hospital: _____ Phone number: _____-_____-_____

Hospital's address: _____

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

_____ _____/_____/_____

Signature – Parent or legal guardian *Date signed*

SHOT RECORDS/AFFIDAVIT

Parents must provide a signed or stamped shot record from their child's pediatrician's office within the first 30 days of enrollment. If your child does not receive vaccines, please complete the *Affidavit Only: Requirements for Exclusion from Compliance* below. Affidavits are due within the first 90 days of enrollment.

Affidavit Only: Requirements for Exclusion from Compliance

O 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.

O 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/_____ O Pass O Fail

_____ _____/_____/_____

Physician's Signature *Date signed*

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				O Pass O Fail
Left				O Pass O Fail

_____ _____/_____/_____

Physician's Signature *Date signed*

ADMISSION REQUIREMENTS

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)

O Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she si able to take part in the day care program.

O A signed and dated copy of a health care professional's statement is attached.

O 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.

O 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.

Physician Information

Name of Physician: _____ Phone number: _____-_____-_____

Physician's address: _____

_____ _____/_____/_____

Physician's Signature *Date signed*

_____ _____/_____/_____

Signature – Parent or legal guardian *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 REGUARDING 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)

O Positive O 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.gov/policies-practices-privacy#security

PARENT/GUARDIAN SIGNATURES

_____ _____/_____/_____

Director's Signature *Date signed*

_____ _____/_____/_____

Signature – Parent or legal guardian *Date signed*