



Admission Information

General Information			
Operation's Name: Main Street Children's Center		Director's Name: Ruth Ann Godfrey	
Child's Full Name:		Child's Date of Birth:	Child Lives With: ☐ Both parents ☐ Mom ☐ Dad ☐ Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian 1:		Address of Parent or Guardian 1 if different from the child's:	
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 if different from the child's:	
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: ☐ Yes ☐ No
Parent(s) Email Address:			
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation to release my child to leave the child care operation only 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:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

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
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 ☐ aquatic playgrounds

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.
The policy may be found at msbchurch.com/mscc

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

5. Meals:

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

☐ Morning snack ☐ Lunch (1st & 3rd Fridays) ☐ Afternoon 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		

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

Signature — Parent or Legal Guardian

Date Signed

7. Child's Special Care Needs, check 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 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/. 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**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.

Signature — Parent or Legal Guardian_____
Date Signed**Immunizations**

Each child enrolled or admitted to child-care centers must meet and continue to meet applicable immunization requirements specified by the Texas Department of State Health Services (DSHS). Please provide and maintain a current immunization record.

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.

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.

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