Faith Academy Admission Form

Birth Date: _____/_____/_____
Month day year

Child's Name: _____
First Middle Last

Child's Address: _____
Street Town State Zip

Parent or Guardian 1	Parent or Guardian 2
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:

Days of Attendance:

Mondays	☐	from:_____	to:_____
Tuesdays	☐	from:_____	to:_____
Wednesdays	☐	from:_____	to:_____
Thursdays	☐	from:_____	to:_____
Fridays	☐	from:_____	to:_____

My child may leave Faith Academy ONLY with the following persons.

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

_____ _____
Parent Signature Today's Date

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In Case of Emergency

Name:_____

Address:_____

Phone:_____

Relationship:_____

Authorization for Emergency Medical Attention:

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:_____ **Phone:**_____

Address:_____

Emergency Medical Care Facility:_____ **Phone:**_____

Address:_____

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:

Allergies:_____

Medication:_____

Other:_____

_____ _____

Parent Signature Today's Date

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CHECK ALL THAT APPLY:

1. TRANSPORTATION:

I hereby___give___do not give – consent for my child to be transported and supervised by the operation's employees:

____ For emergency care
____ On field trips
____ From school (to be offered in September at start of new year)

2. FIELD TRIPS:

I hereby _____give _____do not give – my consent for my child to participate in Field Trips.

Parent's Comments:

3. WATER ACTIVITIES:

I hereby_____give _____do not give– my consent for my child to participate in Water Activities:

____ Sprinkler play
____ Water table play
____ Splashing/wading pools
____ Swimming pools

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:

_____ I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:

_____ Breakfast (at extra charge and ends at 8:00am)
_____ AM Snack
Child will bring Lunch
_____ PM Snack

_____ _____

Parent Signature Today's Date

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ADMISSION REQUIREMENTS:

Immunization Record

_____I have provided Faith Academy with a copy of my child's most current immunization record.

One of the following must be presented when your child is admitted to Faith Academy operation or within one week of admission.

Please check only one option:

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

_____

Health Care Professional's Signature Date

2. ___A signed and dated copy of a health care professional's statement is attached.

3. ___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/ _____	☐ PASS ☐ FAIL
SIGNATURE _____		DATE _____	

HEARING	1000 Hz	2000 Hz	4000 Hz	☐ PASS ☐ FAIL
R				
L				
SIGNATURE _____		DATE _____		

_____ _____

Parent Signature Today's Date

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HEALTH REQUIREMENTS

Name of Child:	***Date of Birth:***

	Birth	**1 mos**	**2 mos**	**4 mos**	**6 mos**	**12 mos**	**15 mos**	**18 mos**	**19-23 Mos**	**2-3 Yrs**	**4-6 Yrs**
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	Positive	Negative	Date:

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

Signature *Date*

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

☐ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

_____ _____

Parent Signature Today's Date