

ADMISSION INFORMATION

Operation Name Katy GT Academy		Director's Name Mary Huang	
Child's Full Name		Child's Date of Birth	Home Telephone No.
Child's Home Address, City, ST, Zip			
Date of Admission	Father's Email Address	Mother's Email Address	
Father's Name		Mother's Name	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Father's Cell Number	Mother's Cell Number	Other Phone No	
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached: <i>This cannot be Mother, Father or Guardian.</i>			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY 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.			

CHECK ALL THAT APPLY: I hereby give do not give – consent for my child to be transported and supervised by the operation's employees:

1. **TRANSPORTATION:**
 Walk home for emergency care on field trips to and from home to and from school

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 splashing/wading pools swimming pools water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES: (Available online at www.katygtacademy.org)**
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:**
 None Breakfast AM Snack Lunch PM Snack Supper Evening Snack

6. **MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:**

<input type="checkbox"/> Mondays	from:	to:
<input type="checkbox"/> Tuesdays	from:	to:
<input type="checkbox"/> Wednesdays	from:	to:
<input type="checkbox"/> Thursdays	from:	to:
<input type="checkbox"/> Fridays	from:	to:
<input type="checkbox"/> Saturdays	from:	to:

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:	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.

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. **If your child has no allergies or special needs, please write NONE.**

My child has a severe allergy that requires treatment. I understand that I am required to fill out a separate form titled "Severe Food Allergy Plan" in addition to this Admission Form with detailed instructions for treatment in the case of an allergic reaction.

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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

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SCHOOL AGE CHILDREN:
 My child attends the following school:

 Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

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.

My child has permission to: walk home
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD (Not required for children enrolled in public school):

I have provided the childcare operation with a copy of my child's most current immunization record.

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:

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.

4. 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

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 _____		DATE _____	

Signature – Parent or Legal Guardian Date

Signature – Parent or Legal Guardian Date