

ADMISSION INFORMATION

Operation Name Calvary Kidcare		Director's Name Annie Downs	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No. Work: Cell:	Father's Telephone No. Work: Cell:	Guardian's Telephone No.	Additional Phone #s
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 ONLY with the following persons. Please list <u>NAME & PHONE NUMBER</u> 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:	for emergency care to and from school	
2. FIELD TRIPS:	WE DO NOT GO ON FIELDTRIPS	
3. WATER ACTIVITIES:	NO WATER ACTIVITIES	
4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:	I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	
INITIALS HERE		
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:	PM Snack	
INITIALS HERE		
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:		
Mondays	from:	to:
Tuesdays	from:	to:
Wednesdays	from:	to:
Thursdays	from:	to:
Fridays	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:

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)

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SCHOOL AGE CHILDREN:

My child attends the following school: **CIRCLE ONE**

AIKIN ELEM. 903-737-7443

HIGGENS ELEM. 903-737-2081

TG GIVENS ELEM. 903-737-7466

EVERETTE ELEM. 903-737-2061

BAILEY MIDDLE SCHOOL 903-737-7971

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:
ride a DAYCARE VAN, and/or

walk to and from school,
be released to the care of his/her
sibling(s) under 18 years old.

Name of sibling(s):

Is there anyone that ABSOLUTELY may not pick your child/children up from Calvary Kidcare: If so, please list the names below. If there is a restraining order against this person, a copy of the order must be attached.

I authorize Calvary United Methodist Church to put my child's picture on the church website or for church publicity.
(The child's name is NEVER used in any publications by the church)

YES

NO

SIGNATURE OF PARENT/GUARDIAN

DATE