



## Active Learning Center

Date of Admission		Admission Information		Date of Withdrawal
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.	
Child's Home Address				
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:				
Parent 1: Telephone No.	Parent 2: Telephone No.	Guardian's Telephone No.	Custody Document on File:  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent 1: Email Address	Parent 2: Email Address	Guardian: Email Address		
Give the <b>name, address and phone number</b> of the responsible individual to call in case of an emergency if parents / guardian cannot be reached:				Relationship
I hereby authorize Lobo to <b>release</b> my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list <b>name &amp; telephone number</b> for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID. For additional names, please fill in last section of this Admission Information form.				
Name and Phone Number:		Name and Phone Number:		

### CONSENT INFORMATION

#### CHECK ALL THAT APPLY:

##### 1. TRANSPORTATION

I give consent for my child to be transported and supervised by Lobo employees:

☐ walked to and from school    ☐ 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.

Comments:

##### 3. WATER ACTIVITIES:

I give my consent for my child to participate in the following water activities:

☐ sprinkler play    ☐ splashing/wading pools    ☐ swimming pools    ☐ water table play

##### 4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the Lobo's operational policies including those for: ☐ Discipline and guidance    ☐ Suspension and expulsion  
☐ Procedures for conducting health checks    ☐ Safe sleep    ☐ Procedures for release of children    ☐ Emergency Plans  
☐ Procedures for parents to discuss concerns with the director    ☐ Procedures for parents to participate in operation activities  
☐ Illness and exclusion criteria    ☐ Immunization requirements for children    ☐ Meals and food service practices  
☐ Procedures for dispensing medications    ☐ Procedure to visit the center without securing prior approval  
☐ Procedures for parents to contact Childcare Licensing, DFPS, Child Abuse Hotline, and DFPS website

Parent's Initials:

##### 5. MEALS

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

☐ None    ☐ Breakfast    ☐ Morning Snack    ☐ Lunch    ☐ Afternoon Snack

##### 6. DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

<input type="checkbox"/> Monday	from:	to:	<input type="checkbox"/> Thursday	from:	to:
<input type="checkbox"/> Tuesday	from:	to:	<input type="checkbox"/> Friday	from:	to:
<input type="checkbox"/> Wednesday	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 Lobo to secure all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian:

**CHILD'S ADDITIONAL INFORMATION SECTION**

List any special needs that your child may have, such as environmental allergies, food intolerances, 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 caregivers should be aware of:

Does your child have diagnosed food allergies? ☐ No ☐ Yes Plan submitted on:

Childcare 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 Signed:
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**SCHOOL AGE CHILDREN:**

My child attends the following school:

Name of School:	School Phone Number:
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**CHECK ALL THAT APPLY:**

<input type="checkbox"/> 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:	<input type="checkbox"/> walk to and from school, <input type="checkbox"/> ride a bus <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.
Name of sibling(s):		
Authorized pick up/drop off locations other than the child's address:		

**ADMISSION REQUIREMENT**

If your child does not attend pre-kindergarten or school away from Lobo, one of the following must be presented when your child is admitted to Lobo 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 childcare program.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date Signed

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 Lobo.

Name and address of health care professional:

Signature - Parent or Legal Guardian:	Date Signed:
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**IMMUNIZATION RECORD:**

- ☐ I have provided Lobo with a copy of my child's most current immunization record.

### REQUIREMENTS FOR EXCLUSION

☐ 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 90<sup>th</sup> 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 of practices of a church or religious denomination that I am an adherent or member of.

### 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.

Parent's Signature:

Date Signed:

### ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at: [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

### TB TEST (IF REQUIRED)

☐ Positive

☐ Negative

Date:

### PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy online at: <http://www.dfps.state.tx.us/policies/privacy.asp>.

### SIGNATURES

Child's Parent or Legal Guardian:

Date Signed:

Center Designee:

Date Signed:

### Additional Authorized Persons allowed to pick-up child from Lobo

I hereby authorize Lobo to allow my child to leave the childcare **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.


Signature – Parent or Legal Guardian

Date