Active Learning Center & Gymnastics

Admission Information

General Information			
Operation's Name: **LOBO GYMNASTICS ACTIVE LEARNING CENTER**	Director's Name:		
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 Completing Form:	Address of Parent or Guardian *(if different from the child's)*:		

List phone numbers and email addresses below where parents or guardian may be reached while child is in care.

Parent 1:	Phone #:	Email:	Custody Documents on File? ◯ Yes ◯ No Comments:
Parent 2:	Phone #:	Email:	
Guardian:	Phone #:	Email:	

In case of an emergency, call:

Name of Emergency Contact:	Relationship:	Area Code and Phone No.:
Address:	City: State:	Zip Code:

I authorize the childcare operation **to release** my child to leave the childcare operation **ONLY** with the following persons. Please list the 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:	Relationship:	Area Code and Phone No.:
Name:	Relationship:	Area Code and Phone No.:
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Name:	Relationship:	Area Code and Phone No.:
Name:	Relationship:	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 ☐ to and from home ☐ to and from school

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 ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance: ◯ Yes ◯ No Do you want your child to wear a life jacket while in or near a swimming pool? ◯ Yes ◯ No	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ◯ Yes ◯ No

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

☐ Discipline and guidance	☐ Procedures for release of children
☐ Suspension and expulsion	☐ Illness and exclusion criteria
☐ Emergency plan	☐ Procedures for dispensing medications
☐ Procedures for conduction health checks	☐ Immunization requirements for children
☐ Safe sleep	☐ 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 Childcare Licensing (CCR), DFPS, Child Abuse Hotline, and CCR website

5. Meals:

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

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening 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		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

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

_____ _____

Signature-Child's Parent or Legal Guardian **Date Signed**

Child's Special Care Needs (check all that apply)

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations *(past 12 months)*
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment *(include instructions below)*
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

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 https://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**

School Age Children

My child attends the following school:	School Area Code and Phone No.:

My child has permission to *(check all that apply)*:

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his or her sibling under 18 years old

Authorized pick up or drop off locations other than the child's address:

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

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	Phone No.
Name of Emergency Care Facility	Address	Phone No.

I give consent for the facility to secure all necessary emergency medical care for my child.

_____ _____

Signature **Date Signed**

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 _____ and does not need varicella vaccine.

_____ _____

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.

TB Test (if required)

◯ Positive ◯ Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a childcare 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**

Physician or Public Health Personnel Verification

Signature or stamp of physician or public health personnel verifying immunization information above:

_____ _____

Signature **Date Signed**