



## Active Before/After School & Camps

### Admission Information

General Information			
Operation's Name: <b>LOBO GYMNASTICS, INC.</b>		Director's Name:	
Child's Full Name:		Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian 1:		Address of Parent or Guardian 1 <i>if different from the child's</i> :	
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 <i>if different from the child's</i> :	
<b>List phone numbers and email addresses below where parents or guardian may be reached while child is in care.</b>			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian Area Code and Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
Parent 1 Email Address:	Parent 2 Email Address:	Guardian Email Address:	
<b>In case of an emergency, call:</b>			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:		City:	State: Zip Code:
I authorize the childcare operation <b>to release</b> my child to leave the childcare operation <b>ONLY</b> 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:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
<b>Consent Information</b>			
<b>1. Transportation:</b>			
I give consent for my child to be transported and supervised by the operation's employees (Check all that apply). <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
<b>2. Field Trips:</b>			
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> 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

If not, your child is required to wear a life jacket while in or near a swimming pool.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ☐ Yes ☐ No

If yes, your child is required to wear a US Coast Guard approved life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool? ☐ Yes ☐ No

\*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

**4. Receipt of Written Operational Policies:**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Discipline and guidance<br><input type="checkbox"/> Suspension and expulsion<br><input type="checkbox"/> Emergency plan<br><input type="checkbox"/> Procedures for conducting health checks<br><input type="checkbox"/> Safe sleep<br><input type="checkbox"/> Procedures for parents to discuss concerns with the director<br><input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions<br><input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for the release of children<br><input type="checkbox"/> Illness and exclusion criteria<br><input type="checkbox"/> Procedures for dispensing medications<br><input type="checkbox"/> Immunization requirements for children<br><input type="checkbox"/> Meals and food service practices<br><input type="checkbox"/> Procedures to visit the center without securing prior approval<br><input type="checkbox"/> Procedures for supporting inclusive services<br><input type="checkbox"/> Procedures for parents to contact Child Care Regulation (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.

\_\_\_\_\_  
Child's Parent or Legal Guardian

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Environmental allergies                                 | <input type="checkbox"/> Limitations or restrictions on child's activities        |
| <input type="checkbox"/> Food intolerances                                       | <input type="checkbox"/> Reasonable accommodations or modifications               |
| <input type="checkbox"/> Existing illness  | <input type="checkbox"/> Adaptive equipment ( <i>include instructions below</i> ) |
| <input type="checkbox"/> Previous serious illness                                | <input type="checkbox"/> Symptoms or indications of complications                 |
| <input type="checkbox"/> Injuries and hospitalizations ( <i>past 12 months</i> ) | <input type="checkbox"/> Medications prescribed for continuous long-term use      |
| <input type="checkbox"/> Other: _____  |   |

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****9. 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	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

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

\_\_\_\_\_  
**Signature-Parent or Legal Guardian**\_\_\_\_\_  
**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-Parent or Legal Guardian

\_\_\_\_\_  
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: \_\_\_\_\_

### 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