



## Active Before/After School & Camps

### Admission Information

**Section 1 – 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 <i>1 if different from the child's</i> :		
Name of Parent or Guardian 2:	Address of Parent or Guardian <i>2 if different from the child's</i> :		

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

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:	

**In case of an emergency, when the parent or guardian cannot be reached, 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:	Area Code and Phone No.:
Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:

**Section 2 – 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 a competent swimmer?    Yes    No

If no, 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 life jacket while in or near a swimming pool.

Note: 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    Afternoon 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 are current and on file at their school.

**Section 3 - 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

Street Address, City, State and zip code

Area Code and Phone No.

Name of Emergency Care Facility

Street Address, City, State and zip code

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**

**Section 4 - 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.

**Section 5 - Privacy Statement**

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

**Section 6 - Signatures**

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**Child's Parent or Legal Guardian**

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**Date Signed**

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**Center Designee**

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**Date Signed**