



Notes for Director:

Child Info:

Name: _____
 Address: _____
 Home Phone: _____
 Date of Birth: _____ Age: _____
 Special Needs/Allergies: _____

Preferred Name: _____
 City, State and Zip: _____
 Male Female **(please circle one)**

<input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday	<input type="radio"/> Part-Time 9:00AM-2:00PM	<input type="radio"/> Full Time 6:00AM-6:30PM	Notes:
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Parent/Guardian Info:

Parent/Guardian: _____	Parent/Guardian: _____
Relation: _____	Relation: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____
E-Mail: _____	E-mail: _____

Marital status of parents: **Single** **Married** **Divorced**
 Please list siblings and their ages: _____

***Please attach any information or legal papers regarding guardianship or custody of the camper. Also, please list names and contact information for stepparents, if appropriate.**

Emergency contact:

Name: _____ Relationship: _____
 Address: _____ City, State and Zip: _____
 Phone: _____

Authorization Info:

My child may only be released to the listed guardians and the following persons:

Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

Medical Info:

My child has the following disabilities, allergies, previous or existing illnesses (**please complete this area in its entirety**):

Please list any and all medications taken by your child and the reason for needing the medication: _____

In the event that I cannot be reached, my child has permission for emergency medical treatment.

Preferred Hospital: _____

Child's Physician: _____ Phone: _____

Parent Signature: _____ **Date:** _____

School age children: <input type="checkbox"/> My child attends the following school: _____ Name of School and Address _____ School Ph No.
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"/> Ride the bus <input type="checkbox"/> Be released to the care of his/her sibling(s) under 18 years old
Immunization Record: <input type="checkbox"/> I have provided the childcare operation with a copy of my child's most current immunization record.
Admission Requirement: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.
Please check only one option:
1. <input type="checkbox"/> 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 day care program. _____ Health Care Professional's Signature _____ Date
2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.
3. <input type="checkbox"/> 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. <input type="checkbox"/> 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 the child-care operation.
Name and address of health care professional: _____ Signature – Parent or Legal Guardian _____ Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
SIGNATURE _____		DATE _____		
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				
SIGNATURE _____		DATE _____		

Child's Name: _____

<p>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.</p>	
_____ Parent / Guardian Signature	_____ Date
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.	
For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm	

Consent:

Water Play: Consent to participate in the water activities such as Water table, sprinkler play, and wading /splashing pools	Yes	No
Photographic Release: Permission to The Family of Faith Preschool to photograph and/or videotape my son/daughter, and use the resulting photographs/videotape for any lawful activities for the purpose of promoting the preschool to the public or for preschool child care programs and curricular activities. I relinquish all rights, titles, and interest in the finished photographs, negatives and videotape film.	Yes	No
Directory Release permission to The Family of Faith Preschool to include the following in the Intra-School Directory – my child’s name, parent’s name, address, phone number, e-mail address (for purposes of school parties and activities only)	Yes	No

Family History:

Parent Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
If parents are separated or unmarried, who has custody of the child?		
Are there any restrictions:		
Church affiliation: Mother - Member of a church <input type="checkbox"/> Yes <input type="checkbox"/> No; Where:		
Father - Member of a church <input type="checkbox"/> Yes <input type="checkbox"/> No; Where:		
Has child been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Names and ages of brothers and sisters:		

Photo Info:

I grant permission for my child to appear in photos and videos for possible educational, media, and commercial purposes.

Parent Signature: _____ **Date:** _____

Authorization for Car Rider:

I _____ authorize The Family of Faith Preschool and Before and After School program to drop off and/or pick up my child(ren) (list names) for special field trips or in an emergency evacuation.

Parent Signature: _____ **Date:** _____