



Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name YWCA San Antonio		Director's Name Franzcesca Guidry-Jackson	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> 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 telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and telephone number 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.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information

Check All That Apply:

1. Transportation
I give consent for my child to be transported and supervised by the operation's employees:
 for emergency care on field trips to and from home to and from school

2. Field Trips
 give consent for my child to participate in field trips.
 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:

- water table play
 sprinkler play
 splashing/wading pools
 swimming pools
 aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|--|---|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals

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

- 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		

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	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and 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? Yes No Plan Submitted on _____

Child day care 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

School Age Children.

My child attends the following school	School Phone Number
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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/her sibling under 18 years old

Authorized pick up/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.

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.

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 or she is able to take part in the day care program.

Signature — Health Care Professional _____
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 submit it to the child care operation.

Name	Address of Health Care Professional
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Signature — Parent or Legal Guardian _____
Date Signed

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 90th 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 or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ Pass Fail

Signature Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1-2 months (second dose)	
	6-18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15-18 months (fourth dose)	
	4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Date Child Received Vaccine
Inactivated Poliovirus	12-15 months (fourth dose)	
	2 months (first dose)	
	4 months (second dose)	
	6-18 months (third dose)	
	4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose)	
	4-6 years (second dose)	
Varicella	12-15 months (first dose)	
	4-6 years (second dose)	
Hepatitis A	12-23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Physician or Public Health Personnel Verification

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

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 (date) _____ 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 child care 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



Applicant Information

Date/ Fecha: _____

Child's First Name/ Nombre: _____ Child's Last Name/Apellido: _____

Birth Date/ Fecha de Nacimiento: ____/____/____ Gender/Genero: Female/Femenino Male/Masculino

Child's Address/Domicilio del niño: _____

Parents phone number/Número de teléfono: _____

City/ Ciudad: _____ State/Estado: _____ Zip/ Código Postal: _____

Parent Information/Información del Padre/Madre:

Name/Nombre

Place of Employment/Lugar de Empleo

Name/Nombre

Place of Employment/Lugar de Empleo

Household Information/ Información del Hogar: (Check One/ Marque uno)

Single Parent/Soltero

Two Parent/Padre y Madre

Non-Family/ No Familia

Other-Family/Otro Familiar

Total People in Household/Total de personas en casa: _____

Total # of Children under 18 years old in household/ Total niño(s) menores del 18 años en casa: _____

Household Monthly Income/ Ingreso Mensual : (Check One/ Marque uno)

Less than \$416/ menos de \$416

\$834-\$1,249

\$2,084-\$2,916

\$417-\$833

\$1,250-\$2,083

\$2,917-\$4,166

\$4,167 or more/ o mas

Ethnicity/ Etnicidad: (Check one/ Marque uno)

Hispanic/Hispano

Non-Hispanic/No-Hispano

Race/Raza: (Check all that apply/ Marque todos que aplican)

African-American/ Africo Americano

American Indian/ Nativo Americano

Asian/Asiatico

White/ Blanco

Other/Otro

YWCA INFORMATION CARD

CHILD'S NAME: _____ D.O.B: _____ SEX: M F
CHILD'S ADDRESS: _____ ZIP: _____ PHONE: _____
FATHER'S NAME: _____ MOTHER'S NAME: _____
CELL: _____ CELL: _____
BUSINESS: _____ BUSINESS: _____
EMPLOYER: _____ EMPLOYER: _____

IN CASE OF EMERGENCY PLEASE CONTACT THE FOLLOWING. I ALLOW MY CHILD TO LEAVE THE CHILDCARE OPERATION WITH ONLY THE FOLLOWING PERSONS:

NAME: _____ PHONE: _____ RELATION: _____
NAME: _____ PHONE: _____ RELATION: _____
NAME: _____ PHONE: _____ RELATION: _____
NAME: _____ PHONE: _____ RELATION: _____

SOCIAL WORKER _____ PHONE: _____ EXT _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the childcare director or persons in charge to take my child to:

CHILD'S DOCTOR: _____
ADDRESS: _____
PHONE: _____

NAME OF HOSPITAL: _____
ADDRESS: _____ PHONE: _____ EXT _____

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital/clinic.

Parent/Legal Guardian

TRANSPORTATION:
I hereby give consent do not give my consent for my child to be transported and supervised by the facility
 on field trips from school

WATER ACTIVITIES:
I hereby give do not give consent for my child to participate in water activities
 splashing pools wading pools other bodies of water provided by the facility.

Parents Comments: _____

I have received the revised copy of the YWCA Olga Madrid Child Development Center Parent Handbook, which covers the following topics:

- Olga Madrid Child Development Center Goals
- Staff Qualifications and Skills
- Operational Hours
- Tuition
- Fees and Charges
- Separation Procedure
- Attendance and Release
- Enrollment
- Vacation
- Immunization and Physical Examination Requirements
- Tuberculin Testing Requirements
- Hearing and Vision Screening Requirements
- Illness, Exclusion, Medical Emergencies
- Head Lice and Nits
- Medication
- Discipline and Guidance
- Meal and Food Service Practices
- Breastfeeding
- Supplies and Personal Belongings
- Attire
- Transportation
- Physical Activity and Technology
- Water Activities
- Inclement Weather
- Field Trips
- Communication
- Parent Participation
- Visitation
- Security Cameras
- Complaint Procedure
- Child Abuse
- Texas Department of Protective and Regulatory Services
- Gang Free Zone
- Basic Emergency Plan

I have read, understand, and agree to follow all policies set forth by the YWCA Child Development Center.

Child's name _____

Parent Signature _____

Date _____



Parent Acknowledgement

I have received a copy of the following information:

- 1. YWCA Parent Manual for childcare services
- 2. WIC Guidelines
- 3. Building for the Future-Agriculture Risk Protection
- 4. Non-pricing letter (Form 1626)

I have read and understand the policies, procedures and information provided.

Parent Signature

Date

Director Signature

Date

Discipline and Guidance Policy for _____

Name of Operation

◆ Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;
- and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature _____

Date _____

Check one please:

parent

employee/caregiver

household member of child-care home