

## Community Kids Admission Information

Child's Full Name		Child's Date of Birth	<input type="checkbox"/> Male
			<input type="checkbox"/> Female
Child's Home Address			Child's Home Telephone Number
Date of Admission	Date of Withdrawal	Mother's Email Address	
		Father's Email Address	
Parent's or Guardian's Name		Address (if different from child's address)	

### List of telephone numbers below where parents/guardian may be reached while child will be in care:

Mother's Telephone Numbers	Father's Telephone Numbers	Guardian's Telephone Numbers
cell:	cell:	cell:
work:	work:	work:
Give the name, address and phone number of person to call in case of emergency if parents / guardian cannot be reached:		Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after ID verification.		

I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported and supervised by the operation's employees for emergency care.		
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in water activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> water table play		
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give Community Kids Childcare permission to photograph or videotape my child during school activities. These photos may be used for bulletin boards, crafts and special event slideshows.		
<input type="checkbox"/> I hereby release Community Baptist Church, all officers, directors, and staff from any liability in the event of an accident of injury occurring on the premises.		
<input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.		
<input type="checkbox"/> I understand that Community Kids Childcare will provide a morning snack for my child and that a lunch that I provide will be served to my child in the afternoon.		
<b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>		
<input type="checkbox"/> Tuesdays	from:	to:
<input type="checkbox"/> Thursdays	from:	to:
<input type="checkbox"/> Wednesdays	from:	to:
<input type="checkbox"/> Fridays	from:	to:

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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 #:
Name of Emergency Medical Care Facility:	Address:	Phone #:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems your child may have, such as allergies, existing illnesses, previous serious illnesses, injuries and hospitalizations during the last 12 months, any medication continuous use, and any other information which Community Kids Childcare should be aware of:

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

\_\_\_\_\_  
Date

## ADMISSION INFORMATION

**SCHOOL AGE CHILDREN:**

My child attends the following school:

\_\_\_\_\_

Name of School and Address School Ph.#

**CHECK ALL THAT APPLY:**

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:  walk to and from school,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

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.  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.  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 will submit it to the child-care operation.

Name and address of health care professional: \_\_\_\_\_

\_\_\_\_\_

Signature - Parent or Legal Guardian Date

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

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

