ADMISSION INFORMATION

Operation Name	Director's Name	
Grace Temple Child Development Center ***2012-2013***	Sharita Russell	
Child's Name (circle one: boy girl)	Date of Birth	Child's Home Telephone No.

Child's Home Address City, State and Zip

Address:_____ City_____ State._____ Zip_____

Date of Admission **(office use only)**	Circle when Child will be in Care: Pre-School All Day, After-School, Summer Only	**Father's Name:**_____ **Work Place:**_____ **Work/Cell #:**_____

Parent's or Guardian's Name in the Home: **Father:**_____ **Mother:**_____ **Step-Parent:**_____ **Guardian:**_____	**Mother's Name:**_____ **Work Place:**_____ **Work/Cell #:** _____

List telephone numbers where parents/guardian may be reached while child will be in care:	**If One Parent does not live in the home give name of Parent:**	Address, City, State & Zip Code of Parent Not In the Home	Parent not in the home Work # and Cell # /

Give name and phone number of person to call in case of emergency if parents/guardian cannot be reached: **Local Only**	Relationship

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Children will only be released to person designated by the parent/guardian after verification of ID. (**DO NOT LIST PARENTS**) **List Names & Phone Numbers for each.**

1. | 2.

CHECK ALL THAT APPLY:

1. ☐ TRANSPORTATION: I hereby ☐ give ☐ do not 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: I hereby ☐ give ☐ do not give – my consent for my child to participate in Field Trips:
Parent's Comments:

3. ☐ WATER ACTIVITIES: I hereby ☐ give ☐ do not give – my consent for my child to participate in Water Activities:
☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ water table play

4. ☐ RECEIPT OF PARENT HANDBOOK WITH WRITTEN OPERATIONAL POLICIES:_____
I acknowledge receipt of the Parent's Handbook including those for discipline and guidance. [signature]

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:	Ph.#:
Name of Emergency Medical Care Facility: **CHECK ONLY ONE** O - Shannon O - Community	Address: O 120 E. Harris O 3501 Knickerbocker Rd.	Ph.#: O653-6741O949-9511

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

_____
Signature - Parent or Legal Guardian & Date

Medical History: List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months.**[if none, write none**]: _____

SCHOOL AGE CHILDREN:

☐ My child attends the following school: (circle the correct school)
Austin 700 N. Van Buren 659-3636 Bonham 4630 Southland Blvd. 947-3917
Bowie 3700 Forest Trail 947-3921 Lamar 3444 School House Rd. 947-3900
McGill 201 Millspaugh 947-3934 (Only these schools we provide service)

Other:_____
Address:_____
Phone #

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

ADMISSION INFORMATION

GTCDC Preschool Information Only (afterschool students need not complete this sheet)

Name of Child: **Date of Birth**:

IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MMR					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	☐ Positive	☐ Negative	Date:		

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

Signature _____ Date _____

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.

Parent's signature _____ Date _____

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 physically 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.

Name and address of health care professional:

Signature - Parent or Legal Guardian _____ Date _____

All Pre-school children that are 4 years old by September 1, 2012 that will not enter kindergarten this school year, must have the vision and hearing completed, signed and dated by pediatrician or a licensed person to do this screening

VISION	R 20/ _____	L 20/ _____	☐ PASS ☐ FAIL
SIGNATURE		DATE	

HEARING	1000 Hz	2000 Hz	4000 Hz	
R				☐ PASS ☐ FAIL
L				

SIGNATURE _____ DATE _____

Signature – Parent or Legal Guardian _____ Date _____

ADMISSION INFORMATION

Information and Authorization

Many of our children have special needs or situations of which we need to be informed in order to best suit the needs of your child. Whether it be allergies, behavioral disorders, learning disabilities or physical disabilities, we need to have this information. This information is confidential and for staff use only. We reserve the right to dismiss a child/family for withholding any such information.

Child's Name:_____ DOB:_____

My child:

___has asthma ___has allergies ___has food allergies ___has ADD/ADHD

___is being treated for behavioral disorders ___is being treated for Bi-Polar Disorder

___is being treated for ODD ___is on an IEP plan at school Name of school:_____

___is on a 504 for special needs at school

If you checked allergies/food allergies above, please list the items to which your child is allergic.

_____

If you checked that your child has ADD/ADHD, ODD or Behavioral Disorders, we need you to inform us of the medication your child is using and keep us updated if their medications are changed in dosage or to another medication.

Medication(s):_____

If you checked that your child is on an IEP Plan or 504, we request to be included in the yearly ARD and other assessment reviews. The children benefit if we can carry the process from the school to the CDC. The Director or Staff member that is involved with the child.may attend.

Breathing Treatments: We will not administer Breathing Treatments here at our center. If your child has an inhaler that they can administer for themselves we will keep the medication in the office for their use.

Benadryl Itch Relief Stick

If my child should receive a sting or bite, I hereby give permission for them to use ***Benadryl Itch Stick*** or an equivalent product on the sting/bite.

Parent Signature of Authorization:_____ **Date**:_____

Tylenol/Acetaminophen Dispense Authorization

Dosage Amount Information (If you use a generic acetaminophen, please write the name of the generic on this form.)

Grace Temple CDC will only give one dose on as needed basis, more than one dose constitutes a need for the child to go home for proper attention; excluding fever..

Children's Tylenol/Motrin Liquid _____ tsp.

Children's Tyleno/Motrinl Tablets ___ tablet(s)

Jr. Tyleno/Motrinl Tablets ___ tablet(s)

This medication is over the counter. The age/dosage is on the box. This is our guide and we may not exceed it.

If the child's age/dosage is not on the box, parents will need a document on file from the child's pediatrician detailing age/dosage? (Medication cannot be administered until we receive documentation from the doctor.)

Medicine must be in its original container with the child's name clearly written on the bottle/box.

_____ _____/_____/_____

Signature of Parent/Guardian **Date**

ADMISSION INFORMATION

For Grace Temple Staff ONLY: CAREGIVER'S RECORD OF ADMINISTERING MEDICATION (While In Our Care)

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Optional!
The more we know about our students and their families, the better we relate to them. Please answer the questions below. Thank you!

Childs name:	Pets – name and species:	Sports of interest/participation:	Club involvement: (scouts, pioneer, AWANA)
Musical Talents:	Preferred style of music:	Attends what church?	Do parents attend the church?
Please list any interests, such as karate, painting, hunting:	Parents Bio: Names	Talents/skills willing to share with students: Father – Mother – Grandparents –	Step parents – Guardians – Older siblings –

Please list e-mail addresses where you can be reached.
_____

_____

_____

Please feel free to use this space to tell us about your child (For example: Little Johnny can be shy at first but once he gets to know everyone he opens up….he is fascinated with space travel…he loves to go fishing with grandpa.)

Grace Temple Child Development Center
105 Guthrie St.
San Angelo, TX 76901
cdc@gtministries.com

Director's Checklist for Completion of Registration

Child: _____

- o **Registration Forms Complete**
- o **Physician's Statement Complete (for preschool only)**
- o **Registration Fee Collected**
- o **First Week's Tuition Collected**
- o **Family Data Entered into ProCare**
- o **Assigned to Classroom; Placed on Classroom Roster**
- o **Individual File Folder Prepared**
- o **New Student Information Sheet Prepared**
- o **Enrollment Form Duplicated for Field Trip Roster Books**
- o **Letter of Welcome to the Family**

Completed by: _____ **Date:** _____

GTCDC is an Outreach Ministry of

Grace Temple Ministries