



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 The Early Learning Academy at Bay Area Christian School		Director's Name Anita Pierce	
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 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="radio"/> Yes <input type="radio"/> 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

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:

- 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	N/A	N/A
Sunday	N/A	N/A

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
Nearest Facility	Nearest Facility	Nearest Facility

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

N/A

School Phone Number

N/A

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:

- 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

- A signed and dated copy of a health care professional's statement is attached.
- 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.
- 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

Signature — Parent or Legal Guardian

Date Signed

Student Name _____

DOB: _____

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)	

Student Name _____

DOB: _____

Vaccine	Vaccine Schedule	Dates 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: N/A

Student Name _____

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

Student Information Form For Your Child's Teacher

Child's name: _____

Best EMAIL address to contact you about class parties/events: _____

Home Life Information

Do biological parents live together? _____

If not, where does the other parent live? _____

Who does the child live with? _____

List all persons living in the household:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List all pets in the household:

Name: _____ Type: _____

Name: _____ Type: _____

Name: _____ Type: _____

Miscellaneous Information

Do you attend church? _____ Where: _____

Has your child attended preschool or mother's day out before? _____ If so, how was your child's adjustment? _____

What does your child like to do? _____

What are some strengths you see in your child? _____

Is there anything else we need to know about your child that would help us understand your child better? _____

What are some of your expectations for this year of preschool? _____

earlylearningacademy

BAY AREA CHRISTIAN SCHOOL

CHILD'S NAME: _____

CLASS / TEACHER: _____ / _____

SNACK POLICY

Snacks for ELA Students will be provided by parents and served mid- morning during the regular school day. Children who stay for our PM Plus Program will need an additional snack. Please send snacks for the week with your child on their first day of attendance each week. Snack should be enclosed in a Ziploc bag labeled with your child's first name and last initial.

Due to changes in Minimum Standards, ELA parents will be responsible for providing snacks for their student(s) enrolled in our program. Please see the attached USDA Updated Child & Adult Care Food Program Meal Patterns for recommendations. Candy and sugary snacks should not be sent.

_____ My child may sit at the same table with other children during snack time /lunch (if applicable).

_____ My child must sit at a separate table to prevent possible transfer of ingredients during snack /lunch (if applicable).

By signing this policy, I understand I am responsible for providing the required snacks for my child while enrolled in the Early Learning Academy. I also understand The Early Learning Academy is not responsible for the nutritional value for meeting my child's daily food needs.

PARENT NAME PRINTED: _____

PARENT SIGNATURE: _____

DATE: _____

PARENT HANDBOOK ACKNOWLEDGEMENT FORM (revised 5/2022)

I, _____ parent / guardian
of _____ (child's name) have read and understand
the policies and procedures in the ELA handbook.

Including, but not limited to: (please indicate with a check when read)

- BACS / ELA Statement of Faith/Mission Statement
- Hours of operation / late pick-up fee (no students accepted into care before 7:00a.m.)
- Application / Acceptance / Enrollment
- Forms to submit (shot record, Health-Care Professional's Statement, birth certificate, Parent Handbook Acknowledgement Form, Student Information Form, Vision / Hearing Screening (if needed))
- Parents / Guardians are responsible for informing the ELA in writing (email is best), of any changes made to the information provided on the Enrollment Form
- Programs / age level and qualifications
- Tuition and fees / 15-day delinquent accounts / 30-day delinquent accounts
- School cancellations
- School calendar / school holidays
- Dress Code
- Promotion of indoor and outdoor physical activity
- School Supplies
- Withdrawals and services discontinued
- Inappropriate Parent / Guardian Behavior
- Lunches and Snacks / Food Allergies
- Health of Children
- List of symptoms that prevent a child from attending class
- A child must be picked up within one hour of receiving a call from the ELA if a child is sick
- Security / Emergency Plan
- Arrival and Departure Procedures
- Rest Time (full-time students only)
- Custody Issues
- CPS Visits (Child Protective Services)
- Parent classroom visits
- Parent Conferences
- Parent Participation
- Communication
- Discipline / Dismissal From Program / Suspension
- Suspension / Biting Policy / Conflict Resolution
- Potty Trained Policy (READ CAREFULLY, only P2 is exempt from this policy)
- Emergency Drills/ Gang Free Zone/ Minimum Standards
- Nursing Mothers / Transportation / Field Trips / Water Activities / Animals
- Holidays & Parties (Please limit to cookie cake or cookies.)

Return this required form to the ELA office prior to your child being admitted to class.

SIGNED: _____

DATE: _____