

ChristChurch Presbyterian Child Development Center Admission Information

Child's Full Name		Date of Admission
Child's Date of Birth	Child's Home Phone No.	Date of Withdrawal
Child's Home Address		
Parent's or Guardian's Name		Address (if different than child's address)
List telephone numbers below where parents/guardian may be reached while child will be in care:		
Mother's Cell Phone No. _____	Father's Cell Phone No. _____	
Mother's Work Phone No. _____	Father's Work Phone No. _____	
Mother's Email Address: _____	Father's Email Address: _____	
Give the name, address and phone number of persons to call in case of an emergency if parents / guardian cannot be reached:		
Name	Address	Phone No. 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 a parent or a person designated by the parent/guardian after verification of ID.		
Name	Name	Name
Phone No.	Phone No.	Phone No.
Name	Name	Name
Phone No.	Phone No.	Phone No.
CHECK ALL THAT APPLY:		
TRANSPORTATION I hereby <input type="checkbox"/> GIVE <input type="checkbox"/> DO NOT GIVE consent for my child to be transported and supervised by CCPCDC employees <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to / from school <input type="checkbox"/> to / from home	FIELD TRIPS I hereby <input type="checkbox"/> GIVE <input type="checkbox"/> DO NOT GIVE consent for my child to participate in Field Trips. Note: Permission Slips will be provided with date and time and destination before each field trip.	WATER ACTIVITIES I hereby <input type="checkbox"/> GIVE <input type="checkbox"/> DO NOT GIVE consent for my child to participate in <input type="checkbox"/> sprinkler play <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play
Parent's Comments:		
<input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack	
MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES: Mondays from: _____ to: _____ Tuesdays from: _____ to: _____ Wednesdays from: _____ to: _____ Thursdays from: _____ to: _____ Fridays from: _____ to: _____	School-Age Children My child attends the following school: _____ Name of School Address Phone No. <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. <input type="checkbox"/> For Condit Elementary Children: My child has permission to be transported by CCPCDC employee during inclement weather or if there is an emergency.	
How did you hear about us? <input type="checkbox"/> Internet <input type="checkbox"/> On site signage <input type="checkbox"/> Yellow pages <input type="checkbox"/> Newspaper or Magazine Ad <input type="checkbox"/> Direct mail <input type="checkbox"/> Referred by: _____		

Child daycare 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 of Parent or Legal Guardian

Date

IMMUNIZATION RECORD

I have provided CCPCDC with a copy of my child's most current immunization record. (Not required for school-age children)

HEALTH REQUIREMENTS

Child's Name	Date of Birth										
	Birth	1 mon	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19 – 23 mos	2 – 3 yrs	4 – 6 yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

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. 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

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 www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date

ChristChurch Presbyterian Child Development Center

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