Texas Dept of Family and Protective Services

## **HEALTH AND ADMISSION INFORMATION**

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Operation Name		D	Director's Name					
CrossRidge Preschool Acaden	ny							
Child's Full Name	С	hild's Date of Birth	Child's Home Telephone No.					
Child's Home Address								
Date of Admission	Hours in CPA Care	e D	ays Attending CPA					
	9:00 am - 2:	:00 pm						
Parent's or Guardian's Name			Address (if different from child's address)					
List telephone numbers below where parents/guardian may be reached while child will be in care:								
Mother's Telephone No.	Father's T	Telephone No.	Guardian's Telephone No. Cell Phon					
Give the name, address and phone number of	person to call in ca	if parents / guardian cannot be reached: Relationshi						
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> 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 verification of ID.								
	1		-					
<b>AUTHORIZATION FOR EMERGEN</b>	CY MEDICAL A	TTENTION:						
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:	Address:	Ph.#:						
I give consent for the facility to secure any								
necessary emergency medical care for my	child.							
			Signature - Parent or Legal (	<u>Suardian</u>				
List any special problems that your ch during the past 12 months, any medica aware of:								
Child dayour operations are public sees	mmodations under t	ho Amoricana with Di	cobilities Act (ADA) Title III If you	holiove that such an energtics				
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	e – Parent or Lega	al Guardian		Date				
<u> </u>	arent or Lega	ai Suarulari		Date				

\*Before this form can only be accepted by the school the Parent or Legal Guardian must sign in three separate places and a Health Care Provider must sign in at least two separate spaces. The Vision and Hearing Screening may take place after school is in session with a Licensed Practitioner during a scheduled time. The Licensed Practitioner will add their signature after completing the screenings. Please make sure all necessary signatures are present.

\*\*This form is due at Open House. If enrolled after Open House this form is due before starting preschool. Any student enrolled prior to this date whose Information Packet is not completed and returned to the school by September 2018 will be placed on "stand-by" status and their placement in a class may be lost.

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## **HEALTH AND ADMISSION INFORMATION**

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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  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 1 month 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:								
5	Signature - Parent or Legal Guardian Date							
Vision and hearing screenings must be administered yearly to children four years of age and above. They can be conducted in your Doctor's office.								
VISION	R 20/		L 20/		☐ PASS ☐ FAIL			
SIGNATURE				DATE				
HEARING	1000 Hz	2000 H	łz	4000 Hz				
R L					☐ PASS ☐ FAIL			
SIGNATURE				DATE				
Signature - Parent or Legal Guardian								

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## **ADMISSION INFORMATION**

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HEALTH REQUIREMENTS											
Name of Child:	Date of Birth:										
Age ► Vaccine ▼	Birth	1 mos	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											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required)	☐ Positive ☐ Negative ☐ D					ate:					
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 the varicella vaccine.											
Parent's signature Date											
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 the Department of State Health Services at <a href="https://www.dshs.state.tx.us/immunize/public.shtm">www.dshs.state.tx.us/immunize/public.shtm</a>											