

Blessings From Above Christian Child Care center #1 Admission Information

General Information:

Operation Name: **BLESSINGS FROM ABOVE CCC 1**

Director: Rebecca Nitsche

Child's Full Name: _____ Child's Date of Birth: _____

Child's Home Address: _____

Date of Admission: _____ Date of withdraw _____

Parent/Guardian's Name: _____

Address (if different than child's) _____

Mother's Work No. _____ Mother's Cell No. _____

Father's Work No. _____ Father's Cell No. _____

EMERGENCY CONTACT INFORMATION

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Authorized Pick – Up:

I hereby authorize the childcare operation to allow my child to leave the center ONLY with the following persons. Please list name and phone number for each. Children will only be released to a parent or a person designated by the parent/guardian listed here after verification and identification.

Name: Phone:	Name: Phone:	Name: Phone:
Name: Phone:	Name: Phone:	Name: Phone:

Authorizations: Check all that apply

1. Transportation – I hereby give/do not give consent for my child to be transported and supervised by the center
2. I hereby give/do not give consent for my child to participate in field trips
3. I hereby give/do not give consent for my child to participate in water activities
 - A. Sprinkler b. splashing/wading pools c. swimming pools d. water table play
4. Receipt of written operational policies:

I acknowledge the receipt of the facilities operational policies including those for discipline and guidance

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Medical Information: 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 No. _____

Name of Emergency Medical Care Facility: College Station Medical Center

Address: 1600 Rock Prairie Road, College Station, TX 77840

Phone No. 979-696-0000

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

Parent Signature: _____ Date: _____

List any special problems that your child may have, such as allergies, existing illness, previous 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.

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 or (800)514-0383.

School Age Children:

My Child attends the following school: _____

Address: _____ Phone No. _____

His/her Immunization record is on file at the school and all required immunizations and/or tuberculosis tests are current

My child has permission to Walk to or from school or home ride a bus be released to the care of his/her siblings under 18 years of age.

I have provided the childcare operation with a copy of my child's most current immunization record

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Admission Requirements:

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 within one week of admission. (Select one of the following)

HEALTH CARE PROFESSIONAL STATEMENT (See Doctor's Note Form)

Medical diagnosis and treatment conflict with the tenets and practices or recognized religious orientation, 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 child 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.

Parent/Guardian Signature: _____ Date: _____

Health Requirements:

I have provided the center with my child's most recent shot record and I agree to provide the center with any additional records each time my child receives an immunization.

Parent/Guardian's Signature: _____ Date: _____

Varicella (Chicken Pox) vaccine is not required if your child has had the chicken pox disease. If your child has had chicken pox, please complete the following statement: My child had Vermicelli disease (Chicken pox) on or about _____ and does not need Varicella vaccine.

Parent/Guardian's signature: _____ Date: _____

I am excluding my child from the immunization requirements for reasons of conscience, including religious beliefs. 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.

Parent's Email Address: _____

Website Permission:

Throughout the year, Blessings From Above CCC 1,2,3, LLC staff will be photographing your child for various events at the center. We would like to post these pictures for you to see as well as on our website or facebook page. We need to know wether or not you will allow us to do so. We never list a child's name or any other identifying information about the child on either site, however, other people that visit the site can comment on the picture and may indicate this information. We, of course, have no control over this. Please indicate below whether or not you would like to see your child on our media websites. (Continued on next page)..

YES, I give Blessings From Above permission to post pictures of my child on either their website or the center's facebook page

NO, I do not give permission for my child's photograph to be shared on media websites.

Parent/Guardian's Signature: _____ Date: _____