



Childcare Enrollment Form

This form must be renewed every year (Annually)

Child's Name: _____

Date of Birth: _____

Enrollment Date: _____

Withdrawal Date: _____

Days In Care (Choose One)

_____ M-F _____ M-W-F _____ T-TH

Hours In Care: _____

Start Time: _____ : _____ Ending Time: _____ : _____

Meals/Snacks Served To Child In Care:

Breakfast X A.M Snack _____ Lunch X
P.M Snack X Supper _____ Evening Snack _____

Parent Signature: _____

Non-Discriminatory Policy:

Gateway Learning Academy Daycare does not discriminate on the basis of race, color, sex, national origin, age, or disability. To file a complaint of discrimination, write to: Director, Civil Rights Division, MC W-206, Texas Health and Human Services Commission, P.O Box 14930, Austin, Texas. 78714-9030 or USDA, Director, Office of Civil Rights, Room 326 W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). Note: Discrimination complaints based on religion or political beliefs must be referred only to the Director, Texas Health and human Services Commission. USDA is an equal opportunity provider and employer.



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 Gateway Academy		Director's Name Vershoni Fisher	
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		
Sunday		

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

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

School Phone Number

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:

1. 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

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 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

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)	

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)	
Influenza	4-6 years (fourth dose)	
	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: _____

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



CHILD INFORMATION SHEET

Help us get to know your child. Please provide the following information to help us get to know your child better.

Child's Name: _____

Date of Birth: _____

Parents' Names:

Mother: _____

Father: _____

Brothers: _____

Sisters: _____

Pets: _____

Allergies: _____

Favorite Book: _____

Favorite Food: _____

Adult(s) authorized to pick up child: _____



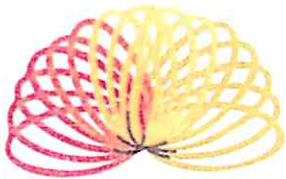
Gateway
Learning
Academy





Gateway Learning Academy

Authorization For Application Of Topical Products



Child's Name: _____

I give my permission for the daycare center staff to apply the following topical products to my child whether center provided or parent provided:

Sunscreen Yes No

Insect Repellant Yes No

Diaper Rash Ointment Yes No

Other _____

This one time authorization will remain in effect until a new authorization is signed.

Parent or guardian's signature over printed name and Date: _____

Gateway Learning Academy representative's signature: _____





Infant & Toddler Supply List

Infant: Ages 6 Weeks to 12 Months Old

1. 12-18" baby crib

2. Baby mattress for crib

3. 12-18" baby changing table with safety straps and crotch strap

4. 12-18" baby dresser



5. 12-18" baby cot

6. 12-18" baby chair

7. 12-18" baby playpen

8. Stroller

9. 12-18" baby play gym

10. Baby car seat for car

11. Bed

12. Baby playpen

13. Stroller

14. Baby playpen

15. Bed

16. Baby playpen

17. Baby playpen

18. Stroller



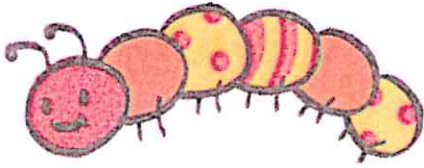


PHOTO RELEASE WAIVER

I, _____, the parent of a child/children at
_____ Gateway Learning Academy _____ (Hereinafter known as
the "Daycare), agree to the following: I understand that my child(ren) whose
name(s) are listed below may be photographed at the Daycare during normal
daycare hours, field trips, or activities. I understand that these photographs
may be used in promoting childcare services, either in print or on the Internet.
The child(ren) are known as: _____

With my signature below I grant permission for my child(ren) to be
photographed, or their images recorded for print or electronic use in promoting
the Daycare's services. I understand that it is my responsibility to update this
form in the event that I no longer wish to authorize the above uses. I agree that
this form will remain in effect during the term of my child's enrollment. I
understand that there will be no payment for me or my child's participation in
this release.

Parent/Guardian Signature _____ Date _____

Relationship To Child _____

