ADMISSION INFORMATION

Child's Full Name: _____ Date of Birth: _____ Child's Home Telephone No: _____

Child's Home Address: _____

Date of Admission: _____ Date of Withdrawal: _____

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 Telephone No: _____ Guardian Telephone No: _____

Give the name, address and phone number of person to call in case of emergency if parents/ guardian cannot be reached: Relationship:

_____ _____

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY 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:

_____ _____ _____

Check All That Apply:

1. ☐ Receipt Of Written Operational Policies:
   I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

2. I Understand That The Following Meals Will Be Served To My Child While In Care:
   ☐ None ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack

3. My Child Is Normally In Care On The Following Days And Times:

☐ Mondays	From: _____	To: _____
☐ Tuesday	From: _____	To: _____
☐ Wednesday	From: _____	To: _____
☐ Thursday	From: _____	To: _____
☐ Friday	From: _____	To: _____

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: _____

Name of Emergency Medical Care Facility: _____ Address: _____ Phone: _____

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

_____
Signature – Parent or Guardian

List any special problems that your child may have, such as allergies, 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:

_____

_____

Child daycare operations are public accommodations under the American with Disabilities Act (ADA), Title III. If you believe that such as operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at 1 (800) 514-0301 (voice) or 1 (800) 514-0383 (TTY).

_____ _____
Signature – Parent or Guardian Date

ADMISSION INFORMATION

School Age Children:

☐ My child attends the following school:

_____ _____

Name of School School Phone #

Check All That Apply:

☐ His / Her immunization record is on file at the school and all required immunization and/or tuberculosis test are current. vision and Hearing screening records are also on file.

My child has permission to :

☐ Walk to or from school or home

☐ Ride a bus, and/or

☐ Be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

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 busy bee playhouse, 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 STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in our child care program.

_____ _____

Health Care Professional Signature Date

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 will submit it to the child-care operation.

Name and address of health care professional:

_____

_____ _____

Signature – Parent or Legal Guardian Date

VISION R 20/ _____ L 20/ _____ ☐ PASS ☐ FAIL

Signature:_____ Date:_____

HEARING	**1000 Hz**	**2000 Hz**	**4000 Hz**	
R	_____	_____	_____	☐ PASS ☐ FAIL
L	_____	_____	_____	

Signature: _____ Date:_____

_____ _____

Signature – Parent or Legal Guardian Date

ADMISSION INFORMATION

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 influenza type B											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB Test (if required)	☐ Positive			☐ Negative			Date: _____				

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 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.

_____ Signature – Parent or Legal Guardian _____ Date