

## Guide to Filling out the Admission Information

Make sure all sections are filled out correctly. I am giving some pointers that will help you with some of the sections that we find are not filled out correctly or over looked when forms are turned into the office.

### **General Information Section:**

1. Make sure you put your physical address and your mailing if they are different.
2. I will put the date of admission so leave this blank.
3. Your emergency contact should be someone other than the parents. Make sure you list their name, physical address, and phone number. As well as their relationship to the child.
4. The people you chose to allow us to release your children to should be someone other than the parents and emergency contact. Make sure you list their name and phone number where they can be reached.

### **Consent Information:**

1. Transportation ~ only check that you give consent for emergency care. We do not transport children anywhere only if there is an emergency and EMS must transport the child.
2. Field Trips ~ the only field trips that we go on are to the Church for Vacation Bible School or other activities. So, if that is ok please check that you give consent.
3. Water Activities ~ We only use water table play, sprinkler play, and splashing/wading pools. So, if that is ok please only mark those boxes.
4. You receive our operational policies which include our Family Handbook, drop off and Pick up Policy, and Health and Safety Policy manuals. These cover the items listed so mark all those boxes.
5. Meals ~ we have marked these for you
6. Days and times in care ~ we will highlight those days for you that your child attends

### **Authorization for Emergency Medical Attention:**

1. Please list the name of your child's physician, address, and phone number.
2. Please list the name of the hospital that you would want your child to go to if we had to send your child by EMS. Name of facility, address, and phone number. Hospitals that are local are:
  - a. Cuero Community Hospital
  - b. DeTar Hospital North (Which is the Women and Children's Hospital)
  - c. DeTar Hospital Navarro
  - d. Citizen's Medical Center

### **Child's Additional Information Section:**

1. Please read and list anything that we need to be aware of. If there is nothing please put N/A.
2. If your child has no allergies please mark No. If there are allergies mark Yes and please see the Director so we can get an allergy action plan set up.
3. Sign and date

### **School Age Children:**

1. This section is only for our after-school children that attend school.
2. We do not allow them to walk to or from school to home or allow them to be released to the care of siblings under the age of 18.

3. They will ride the bus only!
4. Please put N/A in the authorized pick up/drop off location

**Admission Requirement:**

1. If you take this form the Doctor needs to fill out this #1.
2. If you bring me a signed and dated copy of a health care professional's statement and we attach it please mark #2.
3. If #3 is marked please make sure we have the signed and dated affidavit.
4. If #4 is marked please make sure we have the name and address of the child's doctor and that within the year we get a signed and dated copy of a health care professional's statement.
5. Sign and date.

**Requirements for Exclusions:**

1. Please read this section and if anything applies to you mark the box and make sure all that is states is turned in with the admission forms.

**Vision Exam Results and Hearing Exam Results:**

1. Only for children that are 4 years old.

**Vaccine Information:**

1. All we need is a copy of the child's shot record.

**Physician or Public Health Personnel Verification:**

1. We only need the physician's signature and date if you had the Doctor fill out the shot records on this form.

**Varicella:**

1. Only if your child has had the chickenpox and please put the date after the sentence.
2. Sign and date

**TB Test:**

1. We do not require the TB Test so just leave blank.

**Signatures:**

1. Make sure you sign and date where it says Child's Parent or Legal Guardian.
2. The Director signs as the center designee area.