

# ADMISSION INFORMATION

Operation Name <b>Grace Temple Child Development Center 2022-2023</b>		Director <b>Sharita Russell</b>	
Child's Full Name circle one: <u>boy</u> <u>girl</u>		Childs Date of Birth	Child's Home Telephone No.
Child's Home Address City, State and Zip Address: _____ City _____ State _____ Zip _____			
Date of Admission (office use only)	Circle when Child will be in Care: Pre-School All Day After-School Summer Only Year Round	Father's Name: _____ Work Place: _____ Work #: _____ Cell # _____	
Guardian's Full Name in the Home: _____		Mother's Name: _____	
Step-Parent: _____		Work Place: _____	
Guardian: _____		Work #: _____	
Foster: _____		Cell # _____	
List telephone numbers where parents/guardian may be reached while child will be in care:	If One Parent does not live in the home give name of Parent: _____	Address, City, State & Zip Code of Parent Not In the Home	Parent not in the home Work # and Cell #  /
Give name and phone number of person to call in case of emergency if parents/guardian cannot be reached: <u>Local Only</u>			Relationship to Child
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Children will only be released to person designated by the parent/guardian after verification of ID. (DO NOT LIST PARENTS ) List Name, Phone # & Relationship. 1. _____ 2. _____			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees.	
1. <input type="checkbox"/> TRANSPORTATION:	<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips	<input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:		
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:		
	<input type="checkbox"/> sprinkler play	<input type="checkbox"/> splashing/wading pools	<input type="checkbox"/> swimming pools <input type="checkbox"/> water table play
4. <input type="checkbox"/> RECEIPT OF PARENT HANDBOOK WITH WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the Parent's Handbook including those for discipline and guidance			

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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.#:
<u>CHECK ONLY ONE</u> O – Shannon O – Shannon South	<u>CHECK ONE ONLY</u> O 120 E. Harris O 3501 Knickerbocker Rd.	<u>CHECK ONE ONLY</u> O653-6741 O949-9511
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
<b>Signature &amp; Date</b>		

<b>SCHOOL AGE CHILDREN:</b>		
My child attends the following school: (Check or circle the correct school)		
<input type="checkbox"/> Austin 700 N. Van Buren 659-3636	<input type="checkbox"/> Bonham 4630 Southland Blvd. 947-3917	Other: _____
<input type="checkbox"/> Bowie 3700 Forest Trail 947-3921	<input type="checkbox"/> Lamar 3444 School House Rd. 947-3900	Address: _____
<input type="checkbox"/> McGill 201 Millspaugh 947-3934	<input type="checkbox"/> TLC 3301 TLC Way 653-3200	Phone # _____
<input type="checkbox"/> Santa Rita 615 S. Madison 659-3672		
<b>CHECK ALL THAT APPLY:</b>		
<input type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.	<input type="checkbox"/> My child has permission to walk to and from school, and/or	<input type="checkbox"/> ride a bus, <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.