



New Hope Christian School (NHCS) – Admission Information Form

General Information:		
Director: Marsha Silva	Admission Date:	Child's Date of Birth:
Child's Full Name:	Child lives with: __ Both Parents __ Mom __ Dad __ Guardian -	
Child's Home Address w/ zip :	Custody Documents on file: __ Yes __ No __ n/a	
Name of Parent/Guardian – Primary Contact (P1):	Name of Parent/Guardian – Secondary Contact (P2)	
Address P1, if different:	Address P2, if different:	
Cell Phone P1:	Cell Phone P2:	
P1 Employer:	P2 Employer	
Work Phone P1:	Work Phone P2:	
Email P1:	Email P2:	
Emergency: Name, address, and phone number of responsible individual to call in case of emergency if parents/guardian cannot be reached, and this person is authorized by you to pick up your child from school: Name: _____ Address w/ Zip : _____		Relationship to child: _____ Phone: _____
I authorize NHCS to release my child to leave the school ONLY with the following persons, <u>as well as the above listed persons</u> . Please list name and phone number for each. Children will only be released to a parent/guardian or to a person designated by the parent/guardian after verification of ID.		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Authorization for Emergency Medical Attention:		
In the event I cannot be reached to make arrangements for emergency care, I authorize the person in charge to take my child to:		
Name of Physician:	Address w/ zip :	Phone:
Name of Emergency Care Facility:	Address w/ zip :	Phone:
I give consent for the emergency facility to secure any and all necessary emergency medical care for my child.		
X _____ Signature – Parent/Legal Guardian		
_____ Date Signed		

Days and Times in Care:
Requested schedule;
Preschool only _____ Mon Tue Wed Thu Fri circle days
or Extended care approximate times drop off ____:____ pick up ____:____

Child's Health/Medical Alert Information:

List any special needs your child may have, such as **environmental allergies**, food intolerances, existing illness, previous serious illness, injuries, and/or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: **(if none, add N/A)**

Does your child have diagnosed food allergies? Yes No If yes, FAAP 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)

If your child does NOT attend school away from NHCS, one of the following must be presented when your child is admitted to NHCS, by first day at child's attendance.

Check **only one** option:

1. Health Care Professional's Statement: I have examined the above named child within the year and find that he or she is able to take part in the NHCS 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 sign 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 NHCS program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to NHCS.

Health Care Professional Name:

Address, **w/ zip** of Health Care Professional:

X _____
Signature – Parent/Legal Guardian

Date Signed

Requirements for Exclusion: (no immunizations)

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 161.00041 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.

School Age Children only:

My child attends the following school:

School Phone:

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 of age

Authorized pick up/drop off locations other than the child's address:

Child's required immunization, vision and hearing screening, and TB screening are current and on file at his/her school.

Consent Information:

Circle Yes or No:

1. Transportation - I give consent for my child to be transported and supervised by the school's employees:

Yes No for emergency care Yes No field trips Yes No to and from home Yes No to and from school

2. Field Trips – Yes NO I give consent for my child to participate on field trips. Field trips are **four** years old and older.

Comments:

3. Water Activities - I give consent for my child to participate in the following water activities:

Yes No water table play Yes No sprinkler play Yes No splashing/wading pools Yes No aquatic playgrounds

Receipt of Written Operational Policies, including "A Parent's Guide to Day Care."

Child care facilities must provide parents/guardians with a copy of their Operational Policies and "A Parent's Guide to Day Care" and review the contents with them. Failure to provide parents with "A Parent's Guide to Day Care" review its contents, and obtain a signed receipt, is a violation of standard 2300.A, Day Care Minimum Standards and Guidelines.

I acknowledge receipt of Written Operational Policies (Parent Handbook) which includes "A Parent's Guide to Day Care" (blue book) and the contents have been discussed with me.

I further attest that the information provided in this Admission Information registration form is true and accurate, to the best of my ability, as of the date of completion.

X _____

Signature – Parent/Legal Guardian

Date Signed

Signature – NHCS Administrative Personnel

Date Signed