



New Hope Christian School (NHCS)

Admission Information Form

General Information		
Director: Marsha Silva	Child's Date of Birth:	Date of Admission:
Child's Full Name	Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Address with Zipcode:	Custody Documents on file: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Name of Parent/Guardian completing Form: (p1)	Name of other Parent/Guardian: (p2)	
P1 Address:	P2 Address:	
P1 Cell Phone:	P2 Cell Phone:	
P1 Employer:	P2 Employer:	
P1 Work Phone:	P2 work Phone:	
P1 Email:	P2 Email:	
Emergency Contact: Please provide the Name, Address, Zip Code, and Phone Number of the responsible individual to call in case of emergency if Parents/Guardians cannot be reached. This person will be authorized to pick up your child from school:		
Contact Name: (First & Last)	Contact Cell Phone:	
Contact Address:	Relationship to child:	
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, phone number, and relationship to child for each person. Children will only be released to a Parent/Guardian or person designated on this list after Verification of ID		
Name	Phone:	Relationship to child:
Name	Phone:	Relationship to child:
Name	Phone:	Relationship to child:
Days and Times in Care:		
Requested Schedule: (Select Days) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Preschool Only:	OR Full Time / Extended Care Approximate Times: Drop Off ____:____ Pick Up: ____:____	

Authorization for Emergency Medical Attention

In the event that 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:
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Name of Physician:	Address w/zip:	Phone:
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I give consent for the Emergency Facility to secure any and all necessary emergency medical care for my child.

X _____
Signature - Parent or Legal Guardian

Child's Health / Medical Alert Information:

List any special needs your child may have, such as **environmental allergies**, food intolerance, 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, write **N/A**)

Does your child have diagnosed food allergies? ____ Yes ____ No – If yes, FAAP Submitted on: _____
Date

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 of 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 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 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:
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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 reasons 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 this 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 their sibling under 18 years of age

Authorized Pick up & Drop Off locations other than the child's Adress

____ Child's required immunization, vision and hearing screening, and TB screening are current and on file at their school.

Consent Information:

Circle/Select YES or NO:

Transportation – I give consent for my child to be transported and supervised by the school's employees:
For Emergency Care For Field Trips To and From Home To and From School
YES NO YES NO YES NO YES NO

2. Field Trips – I give consent for my child to participate on field trips. (Field trips are for ages 4 years and older)
YES NO 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 Aquatic Playgrounds
YES NO YES NO YES NO YES NO

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" and review it's contents, and obtain a signed receipt, is a violation of standard 2300 A Day Care Minimum Standards 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 Form is true and accurate, to the best of my ability, at the date of completion.

Signature – Parent / Legal Guardian Date Signed

Signature – NHCS Administrative Personnel Date Signed