

New Hope Christian School (NHCS) Admission Information Form



General Information:		
Director: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Elizabeth Kunkler</div>	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. This person is automatically authorized 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 emergency contact</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:
Preschool only ____ Mon ____ Tue ____ Wed ____ Thu ____ Fri (circle days)
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 of which caregivers should be aware. ***If none, please write "N/A" and your initials:

Does your child have diagnosed food allergies? ___ Yes ___ No

If yes, you must obtain a Food Allergy Action Plan from your child's doctor giving specific instructions to New Hope personnel for handling an allergic reaction.

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)

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. ___ I have attached a signed and dated affidavit stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized church or religious denomination of which I am an adherent or member.

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 and submit to NHCS a health care professional's signed statement.

Health Care Professional Name:

Address, w/ zip of Health Care Professional:

X _____

Signature – Parent/Legal Guardian

Date Signed

Requirements for Exclusion:

___ 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 of which I am an adherent or member.

School Age Children:	
My child attends the following school:	School Phone:
<p>My child has permission to (check all that apply):</p> <p><input type="checkbox"/> walk to or from school or home <input type="checkbox"/> ride a bus <input type="checkbox"/> be released to the care of his/her sibling under 18 years of age</p> <p>Authorized pick up/drop off locations other than the child's address:</p> <p><input type="checkbox"/> My Child's required immunization and vision and hearing screening are current and on file at his/her school.</p>	

Consent Information:
<p>Circle Yes or No:</p> <p>1. Transportation - I give consent for my child to be transported and supervised by the school's employees:</p> <p>Yes No for emergency care Yes No field trips Yes No to and from home Yes No to and from school</p>
<p>2. Field Trips - I give consent for my child to go on field trips. (Field trips are for four years old and older)</p> <p>Yes No Please note: Even with permission given here, parents will always be notified of field trip plans, dates, destination, etc.</p>
<p>3. Water Activities - I give consent for my child to participate in water activities:</p> <p>Yes No water table play Yes No sprinkler play Yes No splashing/wading pools Yes No aquatic playgrounds</p>

Receipt of Written Operational Policies, including "A Parent's Guide to Day Care."	
<p>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.</p> <p>I acknowledge receipt of Written Operational Policies (Parent Handbook) which includes "A Parent's Guide to Day Care" and that the contents have been discussed with me.</p> <p>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.</p>	
<p>X _____</p> <p>Signature – Parent/Legal Guardian</p>	<p>_____</p> <p>Date Signed</p>
<p>X _____</p> <p>Signature – NHCS Administrative Personnel</p>	<p>_____</p> <p>Date Signed</p>