

## ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>	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"/> <b>TRANSPORTATION:</b>	<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"/> <b>FIELD TRIPS:</b>	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"/> <b>WATER ACTIVITIES:</b>	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"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>	I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:		
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:		
<input type="checkbox"/> Mondays	from:	to:
<input type="checkbox"/> Tuesdays	from:	to:
<input type="checkbox"/> Wednesdays	from:	to:
<input type="checkbox"/> Thursdays	from:	to:
<input type="checkbox"/> Fridays	from:	to:
<input type="checkbox"/> Saturdays	from:	to:
<input type="checkbox"/> Sundays	from:	to:

<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.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare 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).

Signature – Parent or Legal Guardian

Date

# ADMISSION INFORMATION

## SCHOOL AGE CHILDREN:

☐ My child attends the following school:

\_\_\_\_\_  
Name of School and Address

\_\_\_\_\_  
School Ph.#

### CHECK ALL THAT APPLY:

☐ 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.

My child has permission to:

☐ walk to and from school,

☐ ride a bus, and/or

☐ be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s):

## IMMUNIZATION RECORD:

☐ I have provided the childcare operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. ☐ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

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 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 day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

\_\_\_\_\_  
Signature - Parent or Legal Guardian

\_\_\_\_\_  
Date

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
<b>R</b>			
<b>L</b>			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date



# ADMISSION INFORMATION

## HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ►  
Vaccine ▼

Birth

1 mos

2 mos

4 mos

6 mos

12 mos

15 mos

18 mos

19-23  
Mos

2-3 Yrs

4-6 Yrs

Hepatitis B

Rotavirus

Diphtheria, Tetanus,  
Pertussis

Haemophilus  
influenzae type b

Pneumococcal

Inactivated Poliovirus

Influenza

Measles, Mumps,  
Rubella

Varicella

Hepatitis A

Meningococcal

TB TEST (if required)

☐ Positive

☐ Negative

Date:

Signature or stamp of a physician or public health  
personnel verifying immunization information above.

Signature

Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the

statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

Parent's signature

Date

☐ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official  
notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at  
[www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

Signature – Parent or Legal Guardian

Date

## Parent's Acknowledgement

This is to acknowledge that

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**Name of facility Staff**

Has provided me with "Parent's Guide to Day Care"  
And has discussed its contents with me.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions

1. Part-day child care facilities must provide a copy of "Parent's Guide to Day Care" to parents and discuss its contents with them.
2. Parents must acknowledge receiving "Parents Guide to Day Care" by signing and dating this form.
3. The acknowledgement must be kept in the child's record as long as the child remains at the facility.

**Texas Department of Human Services**

**Ideal Learning Center & Academy**

**1000 E. Redbird Lane**

**Dallas, Texas 75241**

Telephone: 214-371-9228

Fax: 214-371-9228

**Commitment To Pay Form**

Upon registering your child into the Ideal Learning Center & Academy, each parent is asked to sign a Commitment to pay form. This form simply states that you will adhere to the guidelines and procedures listed in your school policy hand book.

Parent Signature: \_\_\_\_\_

Texas Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

All information will be kept confidential.

Ideal Learning Center & Academy  
1000 E Redbird Lane  
Dallas, Texas 75241

I have received the Ideal Learning Center & Academy information booklet containing the rules and regulations of the center.

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Parent's Signature

## Enrollment Form

Center Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Drop Date: \_\_\_\_\_

### Family Information:

Parent's Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Name	Sex	Race	Birthday
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Days and times child may be in care. The earliest a child may come and the latest he/she may leave.

Mon-Fri \_\_\_\_\_ am To \_\_\_\_\_ pm

Please circle meals normally served on school days:

Breakfast	Am snack	Lunch
Pm Snack	Supper	Evening snack

Please circle meals normally served on non-school day's school: Breakfast Am snack Lunch  
Pm snack Supper Evening snack

### Statement:

People who are eligible to participant in the program must not be discriminated against because of Race, color, sex, age, national origin or disability.

Anyone who believes they have been discriminated against should immediately write:

USDA  
Director, Office of Civil Rights, Room 326-W, Whitten Bldg.  
1400 Independence Avenue SW  
Washington, DC 20250-9410

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Child and Adult Care Food Program and Summer Food Service Program  
**Child Nutrition Program Application**

**Part 1. Children or adults enrolled to receive day care. (Use a separate application for each foster child)**

**Names**  
(First, Middle Initial, Last)

SNAP, TANF or FDPIR case # for children only. All the above or SSI or Medicaid case # for adults only. **Skip to Part 5 if you listed a case #.**

**Part 2. Foster Child:** In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact your child care center/sponsor. **Skip to Part 5.**

**Part 3. Total Household Gross Income—You must tell us how much and how often**

A. Name (List <b>everyone</b> in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 4. Disclosure of Information**

The above household income information may be disclosed for the purpose of enrolling children in the children's health insurance program. Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility. I do ☐ do not ☐ elect to allow my household information to be disclosed.

**Part 5. Signature and Social Security Number (Adult must sign)**

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ I do not have a Social Security Number

**Part 6. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	



**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Initial Eligibility Determination: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_ Tier I \_\_\_\_\_ Denied Tier I \_\_\_\_\_

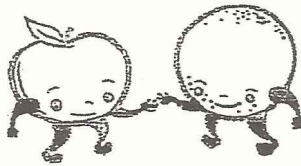
Re-determination of Eligibility based on new Income Eligibility Guidelines: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_ Tier I \_\_\_\_\_ Denied Tier I \_\_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for Tier I or free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for Tier I or free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 866-632-9992 (toll free), 202-260-1026 or 202-401-0216 (TDD). USDA is an equal opportunity provider and employer.



4200 South Fwy Suite 430  
Fort Worth, Texas 76115  
(817) 927-7757

### **Civil Rights Procedure For Parents**

#### **Statement:**

People who are eligible to participate in the nutrition program must not be discriminated against because of race, color, sex, age, national origin, or disability.

Anyone believes they have been discriminated against should immediately **Write:**

#### **USDA**

Director, Office of Civil Rights, Room 326-W, Whitten Bldg  
1400 Independence Avenue SW  
Washington, DC 20250-9410

Parents and others should be able to locate a **Liberty Poster** stating..."**AND JUSTICE FOR ALL**" in the Center of which your child(ren) participate. The same information should be made available on this poster. This Poster should be visible for all parents to view.

I have read and understand that I should write the following Address if I feel discriminated against.

Parents/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_