

'IN HIS HANDS' CHILD DEVELOPMENT CENTER
FIRST UNITED METHODIST CHURCH –Brenda Shepherd, Director
2021-2022 School Year
ENROLLMENT FORM FOR NEW STUDENTS

Please make sure each blank is filled in. Please do not write "same" or "same as above".

Please print: _____ Age as of _____
Child's Name: _____ Date of Birth: _____ Sept. 1, 2021 _____
Name child goes by: _____ Male or Female _____

Parent/Guardian: First Name _____ Last Name: _____

Home Mailing Address: _____ City _____ State _____ Zip _____

Home Physical Address: _____ City _____ State _____ Zip: _____
(if different than mailing address)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation/Employer: _____ E-mail address: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there any other information you would like us to know?

Parent/Guardian: First Name _____ Last Name: _____

Home Mailing Address: _____ City _____ State _____ Zip _____

Home Physical Address: _____ City _____ State _____ Zip: _____
(if different than mailing address)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation/Employer: _____ E-mail address: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there any other information you would like us to know?

Child's Name: _____

Emergency Contacts & Authorized Pick-up Persons (other than parent or guardian listed on previous page)

Address must be the physical location NOT a P.O. Box

Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID and child's security number. **All persons authorized to pick up a child need to be at least 16 years of age with a valid driver's license.** Please notify us by phone or written notice of someone not on your list is going to pick up.

Contact/Pick Up: First Name: _____ Last Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____ Emergency Contact Authorized to pick up

Contact/Pick Up: First Name: _____ Last Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____ Emergency Contact Authorized to pick up

Contact/Pick Up: First Name: _____ Last Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____ Emergency Contact Authorized to pick up

Contact/Pick Up: First Name: _____ Last Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____ Emergency Contact Authorized to pick up

Contact/Pick Up: First Name: _____ Last Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____ Emergency Contact Authorized to pick up

Signature of Parent/Guardian: _____ **Date:** _____

Child's Name _____

PARENT'S AGREEMENTS

I acknowledge receipt of the Policy Handbook for 'In His Hands' Child Development Center. Please check each section below to show that you have read and understand the policies for:

<input type="checkbox"/> Discipline and Guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency Plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe Sleep	<input type="checkbox"/> Nutrition and food service practices
<input type="checkbox"/> Tuition/Fees/Discounts/Drafts/Early Withdrawal	<input type="checkbox"/> Safety and Liability
<input type="checkbox"/> Procedures for parents to discuss concerns with the director and/or teachers.	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

Signature - Parent or Legal Guardian

Date

TRANSPORTATION AUTHORIZATION

I give do not give my consent for my child to participate in Field Trips.

I give do not give my consent for my child to be transported and supervised by our staff on field trips.

WATER ACTIVITIES

I give my consent for my child to participate in the following water activities:

water table play sprinkler play splashing/wading pools swimming pools none

PHOTOGRAPHIC PERMISSION

I grant permission for my child to be photographed and/or videotaped by the staff of 'In His Hands' and for these images to be used by the center (class activity picture) for the following:

- Classroom/hallway display, classroom scrapbook, end of year slideshow
- IHH Facebook/Church Newsletter/Church Website
- Canyon Newspaper
- IHH YouTube (Private – Special Event Viewing Only)
- None

Date: _____

Signature - Parent or Legal Guardian

Church Affiliation: (Optional) _____

(This information is used for statistical purposes only)

FOR OFFICE USE ONLY

Original Admission Date: _____

Withdrawal Date: _____

Teacher/Classroom Assigned: _____

Director's Signature: _____ Date: _____

Child's Name: _____

CHILD'S ADDITIONAL INFORMATION

(If none, please write "none" and sign and date)

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term use, and any other information which caregivers should be aware of:

Signature – Parent or Legal Guardian:

Date Signed:

FOOD ALLERGY

Does your child have physician diagnosed food allergies? [] Yes [] No Plan submitted on: _____

If yes, a Child Food Allergy Emergency Plan form is required and is included in the enrollment packet. I understand that I must supply an Epi Pen and Benadryl (if required by food allergy emergency plan) which will be kept in the child's classroom. The Epi Pen and Benadryl must be turned into the preschool office before my child can attend school and must be replaced before the expiration date.

Signature – Parent or Legal Guardian:

Date Signed:

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).

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility or person in charge to take my child to:

Fill in complete address and phone number:

Physician's Name: _____ Address: _____ City: _____
State: _____ Zip: _____ Phone: _____

Name of Hospital: _____ Address: _____ City: _____
State: _____ Zip: _____ Phone: _____

I give my consent for necessary emergency treatment if in the care of this physician and/or hospital/clinic.

Date: _____

Signature - Parent or Legal Guardian

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 161.0041 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.

Child's Name _____ Date of Birth: _____

HEALTH REQUIREMENTS

IMMUNIZATION	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Dose 4	Date/Dose 5
Hep B					
DTaP					
HIB					
ChPneumo					
IPVPolio					
MMR					
Varicella (see below)**					
Hep A					
Rotavirus					

Signature – Physician or Health Personnel Date

Signature – Staff making Handwritten Copy of Record Date

**Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete this statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need the varicella vaccine.

Signature – Parent or Legal Guardian: _____ Date: _____

ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm.

ADMISSION REQUIREMENT:

One of the following must be presented when your child is admitted to 'In His Hands' or within one week of admission.

___ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

Signature - Health Care Professional

Date Signed

Printed Name – Health Care Professional

Address of Health Care Professional (Street, City, ST, ZIP)

___ A signed and dated copy of a health care professional's statement is attached.

___ My child has an appointment for a physical examination on _____ with _____.
Date Physician

I will submit the physician's statement following the examination.

Signature - Parent or Legal Guardian

Date

GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related or organized criminal activity are subject to harsher penalties