

IABC ADMISSION INFORMATION

Operation Name IABC: <input type="checkbox"/> PDO <input type="checkbox"/> Preschool		Director's Name Bianca Foley		Date of Admission	Date of Withdrawal
Child's Full Name Male/Female			Child's Date of Birth	Age Group: <input type="checkbox"/> PDO- Infants (<1yr) <input type="checkbox"/> PDO - 1s <input type="checkbox"/> PDO - 2s <input type="checkbox"/> PK- 3s <input type="checkbox"/> PK 4s	
Child's Home Address			Home Telephone Number:		
Parent(s) or Guardian(s) Name(s)		Address (if different from child's address)			
Mother's Cell Phone	Mother's Work Phone		Mother's Email Address		
Father's Cell Phone	Father's Work Phone		Father's Email Address		
Give the name, relationship, address and phone number of a person to call in case of emergency if parent/guardian cannot be reached. (This person must be separate from parent/legal guardian. It is required to list an emergency contact. This person is someone we could contact in the event of an emergency in order for them to help us find/ notify the child's parent/legal guardian. It is not required for them to live in town.)					
Name:		Address:		Phone Number:	
Relationship:					
I hereby authorize the childcare operation to allow my child to leave the childcare operation with the following persons other than parent(s)/guardian(s). Children will only be released after verification of id. (Phone number is required)					
1. Name: _____		Phone Number: _____			
2. Name: _____		Phone Number: _____			
3. Name: _____		Phone Number: _____			
4. Name: _____		Phone Number: _____			

CHECK ALL THAT APPLY:

Emergency TRANSPORTATION: I hereby give do not give consent for my child to be transported and supervised by IABC employees in an emergency situation.

PK FIELD TRIPS: I hereby give do not give consent for my child to be transported, supervised by IABC employees and participate in Field Trips.

WATER ACTIVITIES: I hereby give do not give consent for my child to participate in water activities Sprinkler Play splashing/wade pools water table

The following meals will be served to my child while in care: None AM Snack Lunch – parent provided

1. My Child will normally be in care on the following Days and Times:

PDO – 2:30 /Preschool- 12:00 or 2:30 for each day

- | | | | | |
|-------------------------------------|------------|-------------|----|------|
| <input type="checkbox"/> Mondays | from: 9:00 | till: 12:00 | or | 2:45 |
| <input type="checkbox"/> Tuesdays | from: 9:00 | till: 12:00 | or | 2:45 |
| <input type="checkbox"/> Wednesdays | from: 9:00 | till: 12:00 | or | 2:45 |
| <input type="checkbox"/> Thursdays | from: 9:00 | till: 12:00 | or | 2:45 |

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for medical care, I authorize the person in charge to take my child to:

Physician Care Preference

Name of Physician:

Address

Phone Number

Emergency Care Preference (Choose One)

- Star ER (closest)
- Covenant Children's ER
- University Medical Center ER
- Other:

Address: 7007 Indiana Ave, Lubbock, TX 79413

Phone Number: (806) 701-4141

Address: 4000 24th Street Lubbock TX, 79410

Phone Number: (806) 725-0000

Address: 602 Indiana Ave, Lubbock, TX 79415

Phone Number: (806) 775-8200

Name:

Address:

Phone Number:

I give consent for the facility to secure any and all necessary emergency care for my child.

Parent/Guardian Signature: _____

Written Operational Policies

I have received a copy of Operational Policies

I acknowledge receipt of the facilities operational policies, including those for:

<input checked="" type="checkbox"/> Discipline and Guidance	<input checked="" type="checkbox"/> Procedures for Release of Children
<input checked="" type="checkbox"/> Suspension and Expulsion	<input checked="" type="checkbox"/> Illness and Exclusion Criteria
<input checked="" type="checkbox"/> Emergency Plans	<input checked="" type="checkbox"/> Procedures for Dispensing Medication
<input checked="" type="checkbox"/> Procedures for Conducting Health Checks	<input checked="" type="checkbox"/> Immunization Requirements for Children
<input checked="" type="checkbox"/> Safe Sleep (if under 12 months of age)	<input checked="" type="checkbox"/> Meals and Food Service Practices
<input checked="" type="checkbox"/> Procedures for Parents to discuss concerns w/Director	<input checked="" type="checkbox"/> Procedures to visit center without prior approval
<input checked="" type="checkbox"/> Procedure for Parents to participate in center activities	<input checked="" type="checkbox"/> Procedures to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website.

Custody

Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian
Custody Documents On File: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Special Accommodations

<p>Does your child have doctor diagnosed food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><u>If Yes, an Allergy Plan is required.</u></p> <p>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 or (800)514-0383 (TTY).</p>

List any problems your child may have such as allergies, existing illness, previous serious injury, injuries and hospitalizations during the past 12 months, any medication prescribed for long-time continuous use and nay other information a caregiver should be made aware of:

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Signatures

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

Printed name of Parent/Guardian Completing Form: _____

Center Designee Signature: _____ **Date:** _____

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

Privacy Statement – DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

IABC ADMISSION: Additional Paperwork

ADMISSION REQUIREMENT – PHYSICIAN STATEMENT:

One of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

- **Health Care Professional Statement:** signed and dated health care statement below, or similar separate statement

I have examined _____ 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 _____

OR

- **Medical diagnosis and treatment conflict:** including tenets and practices of a recognized religious organization, which I adhere to or am a member of; (A signed and dated affidavit stating above exemption is required.)

OR

- **Parent Statement:** 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 statement and will submit it to the child-care operation.

Name of Child Care Professional: _____

Address of Child Care Professional: _____

Parents Signature: _____

ADMISSION REQUIREMENT: IMMUNIZATION RECORD:

I have included an up to date current immunization record with my enrollment form. (Please check your immunization record against the chart below in order to validate it is up to date.) If you feel your shot record might not be to date, please contact your doctor for clarification or to schedule immunizations.

OR

State of Texas Immunization Waiver (dshs.texas.gov › immunize › school)

2020 - 2021 Texas Minimum State Vaccine Requirements for Child-Care and Pre-K Facilities

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §997.61-97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements for child-care facilities by the Human Resources Code, Chapter 42.

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility in Texas.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	Diphtheria / Tetanus / Pertussis (DTaP)	Polio	Hepatitis B (HepB) ¹	<i>Haemophilus influenzae</i> type b (Hib) ²	Pneumococcal conjugate vaccine (PCV) ³	Measles, Mumps, & Rubella (MMR) ^{1,4}	Varicella ^{1,4,5}	Hepatitis A (HepA) ^{1,4}
0 through 2 months								
By 3 months	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose			
By 5 months	2 Doses	2 Doses	2 Doses	2 Doses	2 Doses			
By 7 months	3 Doses	2 Doses	2 Doses	2 Doses	3 Doses			
By 16 months	3 Doses	2 Doses	2 Doses	3 Doses	4 Doses	1 Dose	1 Dose	
By 19 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	1 Dose
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	2 Doses