



2714 Stalcup Rd, Fort Worth, TX 76119
(817) 457-0608

ADMISSION INFORMATION

Directions: The parent or guardian must fill out this form entirely and must return it to the facility no later than the morning of the child's first day of enrollment. We will keep these forms on file in the facility and will be updated by the parent as needed by Lisa's Little Angels Learning Center to comply with Texas Childcare Licensing Minimum Standards. Forms must be completed in blue or black ink only.

CHILD'S INFORMATION:

Child's Full Name: _____ Date of Birth: _____
Child's Home Address: _____
City: _____ State: _____ Zip: _____ Sex: Male/ Female

PARENT'S/ GUARDIAN INFORMATION:

Father's/Guardian Name: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Cell #: _____
Work # _____ Email: _____

Mother's /Guardian Name: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Cell #: _____
Work # _____ Email: _____

PRIMARY ACCOUNT HOLDER:

This parent or guardian will be the main account holder for all the payment information. Any ledger cards, tax forms, and receipts will be in the primary account holder's name.

Full Name: _____
Signature: _____

Parent's Marital Status: Together Separated Divorced Widowed Other _____

Child lives with: (circle or check) Both Parents ___ Mom ___ Dad ___ Guardian ___
Custody Documents on File: Yes ___ No ___ Please circle or check the applicable.

PARENT OR GUARDIAN PRIMARY EMERGENCY CONTACT INFORMATION:

This is the parent or guardian with whom we can get in contact with quickly in case of an emergency.

Name: _____ Relationship: _____
_____ Phone Number: _____

EMERGENCY CONTACT INFORMATION: Must be other adult besides the parents or guardians

Full Name: _____ Relationship: _____

Address: _____ City _____
State _____ Zip _____
Cell#: _____ Work#: _____

AUTHORIZED TO PICK UP THE CHILD: One may be the same as the emergency contact
The authorized pick person must be other adults besides parents.

1) Full Name: _____ Phone: _____
Relationship: _____

2) Full Name: _____ Phone: _____
Relationship: _____

3) Full Name: _____ Phone: _____
Relationship: _____

❖ I authorize Lisa's Little Angels Learning Center to release my child to leave the facility ONLY with the authorized persons listed above. Children will only be released to a parent or guardian or person designated by the parent or guardian after verification of identification.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

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:

Child's Physician: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Emergency Medical Care Facility: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

I give consent for Lisa's Little Angels Learning Center to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian Date

MEDICAL INFORMATION:

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

Does your child have a doctor diagnosed food allergy? No__ Yes__ (check or circle)
A separate form must be submitted for each doctor diagnosed food allergy

Plan submitted on: _____ Director Initials: _____

Child 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) 541-0301 (voice) or (800) 514-0383 (TTY).

Signature of Parent or Legal Guardian

Date

CONSENT INFORMATION: Please consent to all that apply

1) TRANSPORTATION: I hear by GIVE DO NOT GIVE my consent for my child to be transported and supervised by

Lisa's Little Angels Learning Center employees

for emergency care on field trips

2) FIELD TRIPS (ages 5 thru 12): I hear by GIVE DO NOT GIVE my consent for my child to participate in field trips.

3) WATER ACTIVITIES: I hear by GIVE DO NOT GIVE my consent for my child to participate in water activities.

sprinkler play during summer time water table play

MEALS:

Lisa's Little Angels Learning Center is currently enrolled in the Federal Food Program through the Texas Department of Agriculture and will serve the following meals to your child: Breakfast, Lunch and Afternoon Snack.

SCHEDULE:

Part Time students will need to sign up for the same days each week and will only be able to change or substitute upon director approval. Not all requests will be approved

MONDAYS FROM: TO:

TUESDAYS FROM: TO:

WEDNESDAYS FROM: TO:

THURSDAYS FROM: TO:

FRIDAYS FROM: TO:

SCHOOL AGE CHILDREN:

My child attends the following school

Name of School: _____ Phone Number: _____

Authorized Pickup/drop off locations other than the child's address:

Address: _____ City: _____ State: _____

_____ Zip: _____

My child has permission to:

Ride a bus

ADMISSION REQUIRMENTS:

If your child does not attend pre-kindergarten or school away from Lisa’s Little Angels Learning Center, the following must be provided:

Shot Record: We must receive an updated shot record to be placed in your child’s file every time your child gets a vaccination. If your child is not current with licensing standards, we will not be able to care for your child until they are up to date.

Physician Statement: We have provided a physician form for your child’s doctor to fill out and sign to be placed in your child’s file. Form must be filled out completely and a stamp from the doctor’s office included in the designated spot. This form must be submitted within one week of your child’s first day of enrollment.

Vision and Hearing Screening: The results of your child’s vision and hearing test must be submitted to be placed in their file once your child turns four years old.

Signature of Parent or Legal Guardian

Date

REQUIREMENTS FOR EXCLUSION:

() I have attached a signed and dated affidavit stating that I decline immunization 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.

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

My child had varicella disease (chickenpox) on or about the date of _____ and does not need varicella vaccine.

Signature of Parent or Legal Guardian

Date

Gang Free Zone:

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

Name of Parent or Guardian Completing Form:

Printed Name

Date

Signature

For Office Use Only

Date of Enrollment: _____ Director: _____

Date of Disenrollment: _____ Director: _____