



Please fill out both the FRONT and BACK side of form.

Date of Admission	Operation Name <i>Kids R Kids of Castle Hills TX #58</i>		Director's Name <i>Samantha Skiles</i>	
Child's Full Name		Date of Birth	Public School and Grade	
Child's Home Address			Child's Home Telephone #	
Mother's Email		Father's Email		
Parent or Guardian's Name		Address (if different from child's address)		
Mother's Cell Phone Number	Mother's Work Phone Number	Mother's Evening Phone Number	Other Phone Number	
Father's Cell Phone Number	Father's Work Phone Number	Father's Evening Phone Number	Other Phone Number	
Name of Emergency Contact and Relationship		Address		Phone #
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.				

<p>1. TRANSPORTATION: 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: <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</p>
<p>2. FIELD TRIPS: 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:</p>
<p>3. WATER ACTIVITIES: 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</p>
<p>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the facility's operational policies including those for discipline and guidance.</p>
<p>5. <input type="checkbox"/> I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: BREAKFAST, LUNCH, AFTERNOON SNACK *FURTHERMORE, I UNDERSTAND THAT IF BRINGING MY CHILD LUNCH I MUST FILL OUT THE NECESSARY DOCUMENTATION.</p>

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: Name of Physician:		
Address:		Phone #:
Name of Emergency Medical Care Facility	Address:	Phone #:
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: _____



Name of Child:	Date of Birth:
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SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Phone #

CHECK ALL THAT APPLY:

His/her immunization record is on file at the school and all required immunizations and/or tuberculosis test(s) are current. Vision and Hearing screening records are also on file.

My child has permission to:

Ride a bus and / or walk to and from school.

Be released to sibling(s) who are under 18 years

Name of siblings (s): _____

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:

Signature – Parent or Legal Guardian **Date**