

Jackie's Performing Arts Preschool & Private Education

11530 Manchaca Road, Austin, Texas 78748

(512) 282-7739, (512) 282-8239, Fax (512)282-6302

Child's Name _____ Date of Birth _____ Admission Date _____ Days in Care _____ Hours in Care _____

Address _____ City _____ State _____ Zip Code _____ Home Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____ Pager/Cell Number _____

Father's Name _____ Home Phone _____ Work Phone _____ Pager/Cell Number _____

Emergency Contact _____ Home Phone _____ Work Phone _____ Pager/Cell Number _____

I hereby authorize the day care facility to allow my child to leave the facility with the following persons:

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

List any special conditions your child may have (such as allergies, illnesses, injuries during the last 12 months, long term medication prescribed) or other information which staff should be aware of: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or others in charge to take my child to:

Physician _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

I give consent for necessary treatment when my child is in the care of this physician and/or hospital/clinic.

Parent/Legal Guardian Signature _____

TRANSPORTATION: I hereby give () my consent for my child to be transported and supervised by staff on field trips.

WATER ACTIVITIES: I hereby give () my consent for my child to participate in the following water activities:

() splashing pool () wading pool () swimming pool

Parent Comments _____

PRESCHOOL AGE CHILDREN: My child's previous day care facility was: _____

Reason for leaving day care _____

Parent or Legal Guardian Signature

Date

Enrolled in Class _____

Start Date _____

HEALTH REQUIREMENTS

Name of Child _____ Date of Birth _____

Immunizations	Dose 1 Date	Dose 2 Date	Dose 3 Date	Dose 4 Date	Dose 5 Date
MMR					
DTP/DTaP/DT/Td					
Hepatitis B					
Varicella					
Hepatitis A					
Hib					
PCV (pneumonia)					
Polio (IPV)					

Physician Signature

Date

Signature of Staff making copy

Date

ADMISSION REQUIREMENTS

One of the following must be presented when your child is admitted to the day care facility or within two weeks of admission. Check the option that you select.

- DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to participate in the day care program.

Physician's Signature

Date

- A copy of the medical screening from of the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), if no referral for further diagnosis and treatment is indicated.
- A form or written statement from a health service or clinic.

If you do not have any of the above:

- PARENT'S STATEMENT: My child has been examined within the past year by a licensed physician and is able to participate in the day care program. Within the next 12 months, I will obtain a doctor's statement, a copy of the EPSDT Program medical screening form, or a form or statement from a health service or clinic and will present it to the day care facility.
- My child has an appointment for a physical examination on _____
with Doctor _____ or name of clinic _____
I will submit the results to the day care facility following the examination.
- When my child turns 4 years of age, and I will submit the results of his/her vision and hearing screen within one month.

Parent/Guardian Signature

Date