



Admission Information for Summer Camp

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the childcare facility.

General Information

Operation's Name Immanuel Christian Childcare Center		Director's Name Ms. Lori Cooper	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Grade:			
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
I authorize the childcare operation to release 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 guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information

Check All That Apply:

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees:

- for emergency care on field trips to and from home to and from school

2. Field Trips

- I give consent for my child to participate in field trips.
 I do not give consent for my child to participate in field trips or transportation

Comments Immanuel Christian Childcare center does not provide Transportation or participate in off site Field Trips.
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3. Water Activities

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

- water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those 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"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <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 (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals

I understand that the following meals will be served to my child while in care:

- None Breakfast Lunch Afternoon Snack Supper Evening snack

6. Days and Times in Care

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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 Number
Name of Emergency Care Facility	Address	Phone Number
I give consent for the facility to secure any and all necessary emergency medical care for my child.		<hr/> Signature — Parent or Legal Guardian

Child's Additional Information Section

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 continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No

Plan Submitted on

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).

Signature — Parent or Legal Guardian

Date Signed

School Age Children

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

- walk to or from school or home ride a bus be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

Admission Requirement

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare operation or within one week of admission.

Check **only one** option:

1. 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 — Parent or Legal Guardian

Date Signed

2. A signed and dated copy of a health care professional's statement is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
4. 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 signed statement and submit it to the childcare operation.

Name

Address of Health Care Professional

Signature — Parent or Legal Guardian

Date Signed

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

Summer Camp Operational Policies

Hours of operation: We are available from 7:00 a.m.-6:00 p.m., Monday-Friday. All closings are posted at the school, on the summer schedule, and on the website www.immanuelwarriors.org

Sign In/Out procedures: All families must sign their children in and out every day with a staff member. Only people authorized by the parents will be allowed to sign campers out.

Illness: If your child should become ill at camp, you will be notified and asked to come and pick up your child. If your child has fever, vomiting, or diarrhea, please keep them at home to rest. If your child is sent home with one of the previous symptoms, please keep them to stay at home (24 hours with no symptoms and no medication) until they are healthy and able to participate in camp activities.

Medication Should your child need medication to be dispensed at camp, it must be given to our first aid attendant with instructions for dispensing, no medicine will be allowed in the classrooms.

Emergencies: If your camper should need medical attention, we will contact the parent and then call emergency services. If we need to evacuate the building and are unable to return, we will use your enrollment information to contact you to pick up your camper.

Dress code: Your child should come to camp in comfortable play clothes. Please no inappropriate logos, monsters, etc. We require all our children to come in closed-toe shoes.

Discipline: ages 2-5- Our method of discipline is consistent with a child's age. This means should time out be necessary, it will be given according to one minute for each year of age. If time out does not correct the problem, then we will request a parent conference to further discuss the situation.

1-6 grades All children are expected to abide by all rules and procedures. If there is a discipline problem, parents will be informed of misconduct. If after correction the problem is not resolved and it is believed to be in the best interest of the school, the child will be withdrawn from the summer camp program.

Activities/Schedule: You will be given a calendar with the activities your child will participate in during camp. Calendars with activities and hourly schedules will also be posted outside the daycare care office,

Field trip, Water activities, Transportation: ICS Summer Camp does not take field trips or provide transportation. Any scheduled water activities scheduled will require a permission slip.

Parent notifications: Parents will be verbally informed of any changes in our schedule. If we have to be closed due to an emergency or inclement weather, you may find that information on our website www.immanuelwarriors.org

Meals: All meals are provided by ICS camp and you will be provided with a menu for each month. If your child has food allergies, please notify us in writing so we may inform the cafeteria. We have a no peanut policy in our preschool area (2 & 3-year-olds).

Enrollment In order for your camper to be enrolled in our program we need the completed application, the registration fee, and a copy of the campers shot record (for students not enrolled in our school(,

Staff All staff have had extensive background checks, CPR/first aid training, 24 hours continuing training per year, and have food handlers certification.

I understand that weekly fees are to paid at the beginning of the week and that daily fees must be paid in advance.

Should any legal action, for any reason be taken against Immanuel Christian School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney's fees, court fees, damages or other costs that Immanuel Christian School or its agent should incur to defend itself against such action

Parent's signature _____ Date: _____

Student's name _____ Age: _____

Student's name: _____ Age: _____