



5720 Bagby Avenue, Waco, TX 76712 Phone: 254 420-2931 (Fax 254 420-4903)  
 Directors: Courtney McCormick 254 717 9080 Linda Taft 254 717 8191

**Admission Application**

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
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.			
Mother Name _____ Telephone _____ Mobile _____ Carrier _____ Work # _____ Email: _____	Father Name _____ Telephone _____ Mobile _____ Carrier _____ Work # _____ Email: _____	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No	
Give the name, address, and phone number of the responsible individual to <b>call in case of an emergency if parents cannot be reached.</b> Name: _____ Relationship _____ Address : _____			Mobile Number _____ Work # _____
I authorize Central Faith to release my child to leave <b>ONLY with the parents, emergency contact or the following persons.</b> 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. <b>(Must be over 18 years of age.)</b>			
<b>(TOTS, FLIPS, ETC.)</b> Added by _____ Date _____		Phone Number _____	
<b>Therapist or Company</b> Added by _____ Date _____		Phone Number _____	
Name (Relationship) Added by _____ Date _____		Phone Number _____	
Name (Relationship) Added by _____ Date _____		Phone Number _____	
Name (Relationship) Added by _____ Date _____		Phone Number _____	
Name (Relationship) Added by _____ Date _____		Phone Number _____	
Name (Relationship) Added by _____ Date _____		Phone Number _____	
Name (Relationship) Added by _____ Date _____		Phone Number _____	
Name (Relationship) Added by _____ Date _____		Phone Number _____	
Name (Relationship) Added by _____ Date _____		Phone Number _____	
Name (Relationship) Added by _____ Date _____		Phone Number _____	
Name (Relationship) Added by _____ Date _____		Phone Number _____	

**Consent Information**

**1. Transportation:** I give consent for my child to be transported and supervised by the operation's employees for emergency care.

**2. Field Trips:** I give permission for my child to participate in on site field trips.

**I give consent for my child to participate in TOTS, FLIPS, & Dance. (Circle each)**

**3. Water Activities:** I give consent for my child to participate in the following water activities: water table play, sprinkler play, & splashing/wading pools

**4. Receipt of Written Operational Policies:** I acknowledge receipt of the facility's operational policies, including those for: (initial each)

- |   |  |
|---|--|
| <input type="checkbox"/> Discipline and guidance/Suspension & Expulsion   | <input type="checkbox"/> Procedures for release of children                              |
| <input type="checkbox"/> Procedures to participate in activities          | <input type="checkbox"/> Illness and exclusion criteria                                  |
| <input type="checkbox"/> Emergency plans                                  | <input type="checkbox"/> Procedures for dispensing medications-For Emergency Only        |
| <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 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 contact CCL, DFPS, Abuse-Posted & Web |

**5. Meals:** I understand that the following meals will be served to my child while in care: Breakfast, Lunch & Afternoon snack

**6. Days and Times in Care:** My child is normally in care on the following days and times: (Open 7 a.m. to 6 p.m.)

Monday-Friday from: \_\_\_\_\_ To: \_\_\_\_\_

**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: \_\_\_\_\_ on NONE KNOWN

Does your child have diagnosed food allergies? Yes No

If yes, please request allergy plan for director. Plan Submitted on \_\_\_\_\_

I give consent for my child to receive therapy during school hours. Name of Company or individual providing services: \_\_\_\_\_

**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 Baylor Scott & White-Hillcrest, 100 Hillcrest Medical Blvd., Phone 254 202 2000

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

**Signature — Parent or Legal Guardian**

**Gang Free Zone**

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

**Signatures**

<b>Parent</b> _____	Date _____
Updated Signature _____	Date _____
Updated Signature _____	Date _____
Updated Signature _____	Date _____
Updated Signature _____	Date _____
Updated Signature _____	Date _____

**FOR OFFICE USE ONLY:**

Accepted by \_\_\_\_\_ Date \_\_\_\_\_

Family Set up in Pro Care \_\_\_\_\_ Pictures Taken \_\_\_\_\_ Fingerprints \_\_\_\_\_

Enrollment Date Set \_\_\_\_\_ Classroom \_\_\_\_\_ Billing Box Set up \_\_\_\_\_

Ledger Card-Registration & Supply Fee Assessed \_\_\_\_\_ Collected \_\_\_\_\_ Posted \_\_\_\_\_

Health Statement Received \_\_\_\_\_ Immunizations Record Received \_\_\_\_\_

Family Resource Book Reviewed & Signature Page Obtained & Notarized \_\_\_\_\_

All About Me Form Rec'd \_\_\_\_\_ Food Program Forms Obtained w/signature \_\_\_\_\_

Safe Sleep Form (for 0-12 months) \_\_\_\_\_ ACH Form Obtained & Set up \_\_\_\_\_

Discipline & Guidance Form signed \_\_\_\_\_ Medical Release Form Notarized \_\_\_\_\_

Classroom Name Tags Made \_\_\_\_\_ Authorized Pick Up Form to Classroom \_\_\_\_\_