



# ALMOST MOM

State of Texas Home Day Care

Heidi Pearson  
8932 Risky Trl  
Keller, TX 76244  
Home/Fax: 817-741-2762  
Mobile: (817) 880-3168  
www.almostmom.net  
almostmomtx@1scom.net

## Child Enrollment Form

**EMERGENCY CONTACT:** (please check the box next to contact you give authorization to take child out of daycare.)

1: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

2: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### **CHECK ALL THAT APPLY:**

1. TRANSPORTATION: I hereby  give  do **not give**  
 Consent for my child to be transported and supervised by the operation's employees:
  - on field trips
  - emergency care
  - to and from home
  - to and from school
  
2. FIELD TRIPS: I hereby  give  do **not give**  
 My consent for my child to participate in fieldtrips.
  
3. WATER ACTIVITIES: I hereby  give  do **not give**  
 Consent for my child to participate in water activities:
  - sprinkler play
  - splashing/wading pools
  - swimming pools
  - water table play

### **SCHOOL AGE CHILDREN:**

My child attends the following school: \_\_\_\_\_ Phone #: \_\_\_\_\_

- His/her immunization record is on file at the school and all required immunizations and/or TB tests are current. Vision and Hearing screening records are also on file.
- My child has permission to  **ride a bus**,  **walk** to and from school.

# Health Statement Form

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

Please 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 /she is physically able to take part in the day care program.

\_\_\_\_\_

Health Care Professional's Signature

\_\_\_\_\_

Date

2.  A signed and dated copy of health care professional's statement is attached.

3.  **PARENT'S STATEMENT:** 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 will submit it to the child-care operation.

Name and address of health care professional:

\_\_\_\_\_

Signature – Parent or Legal Guardian

\_\_\_\_\_

Date

4.  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.

- Copy of immunization records from doctor's office needed prior to enrollment.**

## **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:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Signature of parent or Legal Guardian:** \_\_\_\_\_

Parent's signature:

(mother) \_\_\_\_\_ **Date:** \_\_\_\_\_

(father) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_