

STARGATE



Registration Form

1011 Honea Egypt Road
Magnolia, Texas 77354
Tel: 281-259-5520

EARLY CHILDHOOD EDUCATIONAL CARE FITNESS CENTER, LP.

Operation Name		Director's Name	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
	Mother's Work No.	Father's Work No.	Guardian's Work No.
	Mother's Name of Employer	Father's Name of Employer	Guardian's Name of Employer
	Mother's Work SS Number	Father's Work SS number	Guardian's SS Number
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

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.
 for emergency care on field trips to and from school

2. **FIELD TRIPS:** I hereby give do not give – my consent for my child to participate in Field Trips:
Parent's Comments:

3. **WATER ACTIVITIES:** I hereby give do not give – my consent for my child to participate in Water Activities:
 sprinkler play splashing/wading pools swimming pools water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

5. **Extra Curricular Activities** I hereby give do not give – my consent for my child to participate in EC Activities:
 Karate Dance Gymnastics Foreign Language

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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

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

Signature - Parent or Legal Guardian



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HEALTH REQUIREMENTS

Name of Child: _____	Date of Birth: _____
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IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
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Signature or stamp of a physician or public health personnel verifying immunization information above. _____

Signature
Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature
Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm

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 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 will submit it to the child-care operation.

Name and address of health care professional: _____

Signature - Parent or Legal Guardian
Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____	DATE _____		
HEARING	<u>1000 Hz</u>	2000 Hz	4000 Hz
<u>R</u>			
<u>L</u>			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

List any special problems that your child may have, such as medication, 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: _____

SCHOOL AGE CHILDREN:

My child attends the following school:
_____ Name of School and Address _____ School Ph.#

CHECK ALL THAT APPLY:
 His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.
 My child has permission to _____ ride a bus,
 walk to and from school, and/or _____ be released to the care of his/her sibling(s) under 18 years old.
Name of sibling(s): _____

Signature – Parent or Legal Guardian

Date

OTHER IMPORTANT INFORMATION/PROVISIONS

Child will need special provisions such as:

- [] Travel to and from school
- [] Extra curricular activity [] Yes [] No
If yes, please give details: (what activity, when, if transportation is required, specific arrangements to attend with other family members/friends, etc.)

- [] Other provisions we should be aware of: _____

Do you have any outstanding concerns? _____

REGISTRATION SHEET INSTRUCTIONS

Have parents complete the information on this form and sign the form. It is important that parents complete a registration form for each child.

Review the information with the parents in detail.

Place the registration form in the child's file.



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