



# Almost Mom

State of Texas Licensed Home Child Care

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## Child Enrollment Form

Child's Name: \_\_\_\_\_

**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 FORM: (**Attached**) Completely filled out signed and dated by physician.
2.  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.

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

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.

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