

Student Application

Admission Date: _____

Date of Withdrawal: _____

Child's Full Name _____
Birthdate _____

Contact Information:

Mother _____	Father _____
Address _____	Address _____
Phone _____ Cell _____	Phone _____ Cell _____
Email _____	Email _____

Child lives with: Both parents Dad Mom Guardian

Emergency Contacts:

***Address and Phone number must be completed.**

Name _____	Name _____
Address _____	Address _____
Phone _____ Cell _____	Phone _____ Cell _____
Relationship to Child _____	Relationship to Child _____

I authorize NewStart Preschool to **release** my child to leave the child care 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 photo ID.

Full Name	Phone Number
1.	
2.	
3.	
4.	

List any special needs that your child may have, such as allergies, food intolerances, existing illnesses, previous serious illnesses, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have a diagnosed food allergy? Yes No Plan Submitted on: _____

Childcare 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 the Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Parent or Legal Guardian Signature: _____ Date: _____

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

Monday	9am – 2:55pm
Tuesday	9am – 2:55pm
Wednesday	9am – 2:55pm
Thursday	9am – 2:55pm
Friday	9am – 2:55pm

CONSENT INFORMATION

MEALS

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

- am snack provided by parent lunch provided by parent
- I understand that I am responsible for providing my child’s lunch and NewStart Preschool is NOT responsible for my child’s nutritional health.

WATER ACTIVITIES

I DO DO NOT - give permission for my child to participate in Water Activities:
 sprinkler play water table play

MEDIA PERMISSION

I give permission to NewStart Preschool to use my child’s photograph(s) for media or marketing purposes (such as website, Preschool private Facebook page – only parents invited).

FIELD TRIPS

I acknowledge NewStart Preschool does not take children on field trips.

RECEIPT OF WRITTEN POLICIES

I have received written copies of:

- Discipline and Guidance Policy
- Operational Policy (includes: suspension & expulsion, emergency plans, procedures for conducting health checks, safe sleep, procedures for parents to discuss concerns with the director, procedures for parents to participate in operation activities, procedures for release of children, illness and exclusion criteria, procedures for dispensing medication, immunization requirements, Meals and food practices, procedure to visit the school without prior approval, procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website)

IMMUNIZATION RECORDS

- I have provided the Childcare operation with a current copy of my child’s Immunization Records.
- I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached the official notarized affidavit form developed and issued by the Department of State Health Service. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations, visit the Texas Department of State Health Services website at: www.dshs.state.tx.us/imminize/public.shtm

VISION AND HEARING SCREENING

- My child is under 4 years old. I will obtain a vision/hearing screening at the 4yo check up.
- My child is 4 and I have provided the required vision and hearing exam results.

HEALTH CARE PROFESSIONAL'S STATEMENT

- I have provided the Childcare operation with a signed and dated copy of a health care professional's statement.
- My child has been examined by a health care professional within the past year and is able to participate in the Childcare program. Within 12 months of admission, I will obtain a health care professional's signed statement and will provide it to the Childcare operation.
- 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 provided a signed and dated affidavit stating this.

Authorization for Emergency Medical Attention

Pediatrician:	Address:	Phone Number:
Emergency Care Facility:	Address:	Phone Number:

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

Parent or Legal Guardian Signature: _____