

GM Joy School Admission Form

Operations Name: GMBC-Joy School	Director's Name: Liz Waddell
Date of Admission: Sept. 1st 2024	Date of Withdraw:
Child's Full Name:	Child's Date of Birth:
Child's Home Address	Email Address(es):
Parent's or Guardian's Name:	Name of Parent or Guardian Completing Form:
Father's Phone #: Mother's Phone #: Guardian's Phone #: Address (If Different from Child's Address):	
Child Lives With: ? Mom Dad Both parents Guardian	Custody Documents on File? Yes No

Emergency Contact Information (Someone other than parents or guardian)

Emergency Contact Name:	Emergency Contact Phone:
Emergency Contact Address:	

Authorized Pickup

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

Person:	Relationship:	Phone #:
Person:	Relationship:	Phone #:
Person:	Relationship:	Phone #:
Person:	Relationship:	Phone #:
Person:	Relationship:	Phone #:

Check All That Applies

<u>TRANSPORTATION:</u>	1. I herby give do not give consent for my child to be transported by the GMBC church van or bus on field trips. 2. I herby give do not give consent for my child to be transported by the operation's employees for emergency care.
<u>FIELD TRIPS:</u>	1. I herby give do not give consent for my child to participate in Field Trips.
<u>WATER ACTIVITES:</u>	1. I herby give do not give consent for my child to participate in water table play.

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Signature - Parent/Legal Guardian:

Date:

RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility's operational polices within the Parent Handbook, including those for (check all that apply)

- | | |
|--|---|
| Discipline and Guidance | Procedures for release of children |
| Suspension and expulsion | Illness and exclusion criteria |
| Emergency plans | Procedures for dispensing medications |
| Procedures for conducting health checks | Immunization requirements for children |
| Safe Sleep | Meals and food service practices |
| Procedures for parents to discuss concerns with the director | Procedures to visit the center without securing prior approval |
| Promotion of indoor and outdoor physical activity including criteria or extreme weather conditions | Procedures for supporting inclusive services |
| Procedures for parents to participate in operation activities | Procedures for parents to contact Child are Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

I understand that a daily snack will be served to my child while in care. JOY School is not responsible for the nutritional value of any meals provided by the parent or guardian.

Medical Information - Check all that Applies

IMMUNIZATION:

1. I have provided the childcare operation with a copy of my child's most current immunization record.
2. I am excluding my child from the immunization requirements for reasons of conscience, including 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.

CHICKENPOX:

1. My child has has not had chickenpox.
The varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the following statement.

My child had chickenpox on or about (date) _____ and does not need the varicella vaccine.

Signature - Parent/ Legal Guardian _____

Date _____

VISION & HEARING:

1. I hereby give do not give Joy School consent for my child to participate in a Hearing and Vision Test.

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ALLERGIES:

1. My child has an allergy to a food that has been **diagnosed by a physician**. I will provide the childcare operation with a Food Allergy Emergency Plan signed by myself and my physician. The allergy is to _____.
2. My child has an allergy that is not diagnosed by a physician. The allergy is to _____.

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child/-carethat-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA information line at (800) 514-0301 or (800) 514-0383 (TTY)

Signature Parent/ Legal Guardian _____ Date _____

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

Signature-Parent/Legal Guardian _____ Date _____

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:

PHYSICIAN:	ADDRESS:	PHONE:
EMERGENCY MEDICAL FACILITY:	ADDRESS:	PHONE:

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

Signature of Parent or Legal Guardian _____

Admission Requirements

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.

1. I have provided a signed and dated copy of a health care professional's statement.
2. 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.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious, which I adhere to or am a member Of; I have attached a signed and dated affidavit stating this.
4. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he/she is Able to take part in the day care program.

Signature – Parent/ Legal Guardian _____ Date _____

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List any special problems that your child may have, such as 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 caregivers should be aware of: **PLEASE WRITE NONE IN THE SPACE BELOW IF THIS DOES NOT APPLY TO YOUR CHILD.**

Disclaimer: While we would love to provide a space for every child, some children have needs that are beyond the scope of our ability to provide services. Our ability to provide childcare/school services will be determined by the Director and the JOY School Steering Committee on an individual basis.

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

HHSC values your privacy. For more information, read our privacy policy online at: <http://hhs.texas.gov/policies-practices-privacy#security>

Signature - Parent /Legal Guardian _____ Date: _____

JOY School is a ministry of Glen Meadows Baptist Church. We affirm that the Bible is our sole authority for spiritual instruction. We strive to follow the teaching of the Bible in all matters. We believe that all Scripture is inspired by God and is profitable for teaching, rebuking, correcting, and training in righteousness. We reject any teaching, tradition, or practice that conflict with the Word of God. Glen Meadows Baptist Church, Inc., subscribes to the doctrinal statement of faith known as "The Baptist Faith and Message" as adopted by the Southern Baptist Convention, June 14, 2000. A copy of the Baptist Faith and Message is available in the JOY School office.

I acknowledge that I have received a copy of the JOY School Parent Handbook. I understand that it replaces and supersedes any prior version of the handbook. I will familiarize myself with the material in the Parent Handbook, and I understand and acknowledge that I am responsible for knowing and abiding by its contents.

Signature-Parent/Legal Guardian _____ Date _____