**CHANGEE ACADEMY**

# ADMISSION INFORMATION

Director's Name: LaDonna Martin

**For Office Use Only:**     Date of Admission: _____     Date of Withdrawal: _____

| Child's Full Name: | Child's Date of Birth: | Home/Cell Phone No.<br><br>▢ **Cell** _____<br><br>▢ **Home** _____ | **Child Lives with:** ▢ **Both**<br><br>▢ **Mother**  ▢ **Father**<br><br>▢ **Guardian** ▢ **Custody Papers on file** |
|---|---|---|---|
| **Child's Home Address/Street Address** | **City**_____, **Texas**<br><br><br>Zip Code: _____ | **Parent License/ ID #:** _____ | |
| | **Street Address**<br>**(if different from child's address)** | **Work Telephone No:**<br><br>**Email Address:** | |

| TRANSPORTATION: | CHANGEE Academy does not transport children. |
|---|---|
| **FIELD TRIPS:** | CHANGEE Academy does not transport children to field trips outside the center. |
| **WATER ACTIVITIES** | CHANGEE Academy does not provide water activities for children. |

**OPERATIONAL POLICIES AND DISCIPLINE AND GUIDANCE POLICIES:** ▢ By checking the box, I acknowledge receipt of the facility's operational policies including discipline and guidance and suspension and expulsion.

**IMMUNIZATION REQUIREMENTS:**
▢ I have provided CHANGEE Academy a current immunization record and/or give permission for CHANGEE Academyy to obtain an immunization record from ImmTrac.
▢ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by §161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

**VARICELLA (CHICKENPOX):** 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. /S/ Parent Signature: _____     Date: _____

**HEALTH CARE PROFESSIONAL STATEMENT:** A Health Care Professional's Statement or notarized affidavit form must be provided to the child care before the first day of care.

**MEALS SERVED WHILE CHILD IN CARE:** Meals and pm snack for specified age groups is provided by CHANGEE Academy. Meals for infants and toddlers exempt from specified age groups are provided by parents. CHANGEE Academy will heat infant and toddler meals but will not prepare the meals.

**Hours of Operation**
6:00 am - 6:00 pm during regular hours of operation

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

**VACCINE-PREVENTABLE DISEASES:** CHANGEE Academy adheres to a strict policy for protecting the children from vaccine-preventable diseases. Equally important is a policy for employees to receive immunizations for vaccine-preventable diseases.

**PRIVACY STATEMENT:** Personally Identifiable Information (PII) is subject to the confidentiality provisions under the Family Educational Rights and Privacy Act (FERPA). If a child is referred to or found eligible for services under IDEA, then the program must comply with the applicable confidentiality provisions in Part B or Part C of IDEA to protect the personally identifiable information (PII) in records of those children.

Parent Signature _____     Date_____