



Education Station Academy

Enrollment Form

Start Date _____

Child Information Child

Last Name	First	Middle	Name Child Is Called	Sex ____ M ____ F
Street Address			Birth Date / /	Age
City	State	Zip	Home Number ()	

Parent Information

Mother

Last Name	First	Middle	Home Number ()	
Street Address			Drivers License Number	
City	State	Zip	Birthdate / /	
Mother's Place of Employment	Work Hours	S.S.# / /	Cell Phone Number ()	
Employment Address		City	E-mail Address	

Father

Last Name	First	Home Phone Number		
Street Address		Drivers License Number		
City	State	Zip	Birthday / /	
Father's Place of Employment	Work Hours	S.S.# / /	Cell Phone Number ()	
Employment Address		City	E-mail Address	

Authorizations

Persons authorized to pick up or contact in case of Emergency

Last Name	First	Home Number ()	
Driver's License Number	Cell Phone Number	Work Number ()	
Last Name	First	Home Number ()	
Driver's License Number	Cell Phone Number	Work Number ()	

Public School Information

Name of School		Address	Phone
Grade Level	Teacher		Transportation (Circle one or both) A.M. P.M.

Authorizations (Emergency Medical Care)

Doctor	Address	Phone
Hospital	Address	Phone
Dentist	Address	Phone

I hereby authorize the Education Station, LLC to take my child to the above named physician or medical facility for treatment in the event of an emergency in which neither parent can be reached

Signature: _____ Date: _____

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

Signature _____ Date: _____

I hereby authorize the Education Station, LLC to transport my child to or from school, on educational excursions, or on other center sponsored activities.

Signature: _____ Date: _____

I hereby authorize the Education Station, LLC to include my child in supervised water activities.

Signature _____ Date: _____

Please list any allergies that your child has: _____

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

I acknowledge receipt of and have read the Parents Hand Book of Education Station, LLC.
I have discussed any questions with the Director and fully understand the policies there in.

Parent or Guardian's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, 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:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Plan Submitted on _____

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Signature — Parent or Legal Guardian

Date Signed

School Age Children

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

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.

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 or she is able to take part in the day care program.

Signature — Health Care Professional

Date Signed

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 submit it to the child care operation.

Name

Address of Health Care Professional

Signature — Parent or Legal Guardian

Date Signed

Requirements for Exclusion

☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/	Left Eye 20/	<input type="radio"/> Pass	<input type="radio"/> Fail	
Signature		Date Signed		

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail
Signature			Date Signed	

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature

Date Signed

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.

Signature

Date Signed

Additional Information Regarding Immunizations

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

TB Test (If Required)

☐ Positive ☐ Negative Date: Not required in Collin County

Gang Free Zone

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.

Privacy Statement

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

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed