Peter E. Hyland Child Care Center Enrollment Information

1906 Decker Drive
Baytown, Texas 77520
281/707-3817

Classroom School Year _____

Operation Name	Director's Name	
Peter E. Hyland Child Care Center	Mrs. Tammy Davis	
Child's Full Name	Child's Date of Birth	Home Telephone No.
Child's Home Address	Zip code	
Date of Admission / Date of Withdrawal	Reason for Withdrawal	
Parent's or Guardian's Name Mother	Address (if different from child's address)	
Work (Campus)	Campus Phone Number and Room Ext.	
Father	Address (if different from child's address)	

List telephone numbers below where parents/guardian may be reached while child will be in care:

Father's Telephone No.	Mother's Telephone No

Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached: This person is also authorized to pick up your child Name Phone Address	Relationship

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

Name Relationship Address Phone Number	Name Address Relationship Phone Number	Name Address Relationship Phone Number

MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

Days of the week:_____ **Time:**_____

I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: AM Snack, Lunch, and PM Snack

If you choose to provide lunch for your child from home, the center is not responsible for your child's nutritional value or for meeting the child's daily food needs.

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Health and Admission Requirement

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
In the event I cannot be reached to decide emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility: San Jacinto Hospital	Address: 4401 Garth Rd. Baytown, Texas 77520	Ph.#: 281/420-8600
Name of Dentist:	Address: Phone Number	Ph.#:
I give consent for the facility to secure all necessary emergency medical care for my child.	Parent's Signature:	Date:

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:

_____

The Following must be presented when your child is admitted to the child care facility.

Child's name: _____

Doctor's Statement: I have examined the above child within the past year and find that he/she is physically able to take part in the child care program.

_____ _____
Health Care Professional's Signature Date

_____ _____
Address Phone

☐ I have provided the child care operation with a copy of my child's immunization record.

☐ I give permission for P.E.H. Child Care Center to share health information about my child within their program.

Yes or No I give permission for my child's teacher to post any allergies that my child has.

_____ _____
Signature – Parent or Legal Guardian Date

Note: If medication, diagnosis and treatment and / or Immunizations and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and / or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

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).