

*King of Kings Lutheran Church*  
*Early Childhood Development Center*  
13888 Dreamwood San Antonio, Texas 78233  
210/656-6509

**Admissions Form**

Child's Name: _____	DOB: _____
Child's Address: _____	
City: _____	State: _____ Zip: _____
Home Phone #: _____	Date of Admission: _____
Hours & days in care: _____	
Is your child baptized? _____	Baptism date: _____ Church Affiliation: _____
Mother's Name: _____	Occupation: _____
Place of Employment: _____	Work Phone #: _____
Cell Phone #: _____	Email Address: _____
Father's Name: _____	Occupation: _____
Place of Employment: _____	Work Phone #: _____
Cell Phone #: _____	Email Address: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In case of an emergency in which the parents cannot be reached, please call:**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**1. AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**2. FIELD TRIPS:**

I hereby  give  do NOT give my consent for my child to participate in field trips.

Parent's Comments: \_\_\_\_\_

**3. WATER ACTIVITIES:**

I hereby  give  do NOT give my consent for my child to participate in the following water activities:  splashing/wading pools  sprinklers  water table play  swimming pools

Parent's Comments: \_\_\_\_\_

**4. TRANSPORTATION:**

I hereby  give  do NOT give my consent for my child to be transported and supervised by the facility's staff:  on field trips  to and from school  emergency care

**5. SCHOOL AGE CHILDREN:**

My child attends the following school and his/her immunization record is on file at the school and all immunizations and tuberculosis test results are current.

Name of School: \_\_\_\_\_ Phone #: \_\_\_\_\_

**6. RECEIPT OF WRITTEN OPERATIONAL POLICIES:**

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

To review a copy of the Texas Minimum Standards please go to [www.tdprs.state.tx.us/childcare](http://www.tdprs.state.tx.us/childcare).

