

Section A Emergency Contact Information

Give the name, address, and phone number of a responsible individual TO CALL in case of an emergency
Someone Other than a Parent or Guardian

Name:
Address:
Phone Number:
:
Relationship:

I authorize the child care operation **TO RELEASE** my child to leave **ONLY** with the following persons. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

Name: _____
Phone Number: _____

Name: _____
Phone Number: _____

Name: _____
Phone Number: _____

Name: _____
Phone Number: _____

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

Name of Physician: _____ Phone Number: _____
Address: _____

Name of Emergency Care Facility: _____ Phone Number: _____
Address: _____

Section B

Permission:

Give / Do Not Give – consent for my child to participate in all activities associated with being on St. Paul Lutheran Church property. I understand that my child will be leaving Great Beginnings and participating in activities associated with other areas on campus at St. Paul Lutheran Church.

Photo Release:

Give / Do Not Give – permission for Great Beginnings to electronically and physically display photos of my child on the Great Beginnings website and on school walls. I understand no names will be displayed.

Water Activities:

I Give/ Do Not Give Permission for my child to participate in water activities (Splash pools/Wading pools), sprinklers, water table, inflatable water slides.

YES/ NO My child is able to swim alone and unassisted

YES/ NO My child is at risk of injury or death when swimming or otherwise accessing a body of water.

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.

Parent Handbook/Receipt of Written Operational Policies:

I have received and read the Parent Handbook detailing the Operational Policies and Procedures as well as the Discipline and Guidance Policy of Great Beginnings. I understand that it is my responsibility to follow these policies and procedures as they apply to my child.

Privacy Statement

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

Parent Signature

Date

Admission Requirement

**Great Beginnings
602 Morgan Blvd.
Harlingen, TX 78550
956-425-6330**

Child's Name: _____

Date of Birth: _____

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.

Name of Physician (Please Print)

Address

Phone Number

Physician Signature

Date

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 of Physician	Address of Health Care Professional
_____ Signature – Parent or Legal Guardian	_____ Date Signed

Statement of Child's Special Care Needs

Are there any limitations or restrictions on your child's activities Yes No

If yes, list all limitations or restrictions:

Does your child require any reasonable accommodations or modifications Yes No

If yes, list all accommodations or modifications:

Does your child require any adaptive equipment Yes No

If yes, list all adaptive equipment including instructions for how to use the equipment, you may attach additional documents needed for instructions of use.

Please list any symptoms or indications of potential complications related to a physical, cognitive or mental condition that may warrant prevention or intervention while your child is in care:

List all prescribed medications your child is taking for continuous, long term use? (i.e. Allergy meds, ADHD meds, mental health medication)
