



Admissions- General Information

Child's Full Name	Child's Date of Birth	Date of Admission	Date of Withdrawal
Child's Home Address	Child lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian		
List telephone numbers below where parents / guardian may be reached while child is in care. List in order of best contact.			
Parent / guardian 1	Phone 1	Phone 2	
Parent / guardian 2	Phone 1	Phone 2	
Emergency Contacts- Name and phone if parent can't be reached. 1-	Address of emergency contact	Relationship to child	
2-			
3-			
I authorize Main Street Children's Center to release my child to leave the school ONLY with the following persons.	Child will ONLY be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.		
Name and Phone	Name and Phone		
Name and Phone	Name and Phone		
Name and Phone	Name and Phone		
My child MAY NOT leave the Center with those listed below.	Comments:		
Custody Documents on file: <input type="checkbox"/> yes <input type="checkbox"/> no	Parent name and address if different from child.		
Diagnosed Food or Medical Allergies: <input type="checkbox"/> yes <input type="checkbox"/> no Space is provided on the next page for details.	Does your child have an allergy action plan on file? <input type="checkbox"/> yes <input type="checkbox"/> no Date submitted-		

Main Street Children's Center
 1001 S. Main Street, Georgetown, Tx 78626
 512-869-4505 / 512-863-5792 (fax)
 Ruth Ann Godfrey, Director

Luke 2:52 "And Jesus grew in wisdom and stature, and in favor with God and man."



Authorization for Emergency Medical Attention

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	Address	Phone
Name of Emergency Care Facility	Address	Phone
I give consent for the facility to secure any and all necessary emergency medical care or my child.		Signature- Parent or Legal Guardian
List any special needs that your child may have, such as environmental allergies, food intolerances/allergies, allergies to medications, 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 of which caregivers should be made aware.		
Does your child have diagnosed food allergies? <input type="radio"/> yes <input type="radio"/> no		Plan submitted on
Immunizations: <ul style="list-style-type: none"> <input type="radio"/> I have included a copy of my child's up to date immunizations prior to being admitted to the program. <input type="radio"/> 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 section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized. 		For information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm
Child day care 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)		
Signature- Parent or Legal Guardian		Date signed

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