

Mini-Mustang Cottage
Registration Form
2018-2019

Please complete all sections and return to MMC

Child's Name _____ Date of Birth _____
Physical address _____
Enrollment Date _____ Hours Child will need care _____

Parents/Guardians

Name _____
Relationship to Child _____
Physical address _____
Home Phone _____ Work Phone _____
Cell Phone/Pager _____
Email _____ Driver's Lic. # _____
Nixon-Smiley CISD Employee _____ Nixon-Smiley CISD Student _____

Name _____
Relationship to Child _____
Physical address _____
Home Phone _____ Work Phone _____
Cell Phone / Pager _____
Email _____ Driver's Lic. # _____
Nixon-Smiley CISD Employee _____ Nixon-Smiley CISD Student _____

Emergency Contacts and Authorization to Release Child

List 2 people who can be contacted in the event of an emergency if parents/guardians are unavailable. These individuals must have your permission to pick up your child if necessary. Identification will be required at time of pick up.

Emergency Contact #1

Name _____
Relationship to Child _____
Physical address _____
Home Phone _____ Work Phone _____
Cell Phone / Pager _____
Email _____ Driver's Lic. # _____

Emergency Contact #2

Name _____
 Relationship to Child _____
 Physical address _____
 Home Phone _____ Work Phone _____
 Cell Phone / Pager _____
 Email _____ Driver's Lic. # _____

Authorization for Emergency Medical Treatment

In the event I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize Mini Mustang staff to administer first aid/CPR and/or take my child to the following hospital or clinic for emergency care treatment.

Name of Physician _____ Phone _____
 Address _____

Name of Hospital or Clinic _____ Phone _____
 Address _____

Signature of Parent of Legal Guardian

Date

Vision and Hearing Screening

The *Special Senses and Communication Disorders Act, Texas Health and Safety Code* requires that all children three years of age and older who are enrolled in a Texas Department of Family and Protective Services licensed child care center be screened or have a professional examination for possible vision and hearing problems. A licensed or certified screener or a health-care professional must conduct the screening.

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
SIGNATURE _____		DATE _____		
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				
SIGNATURE _____		DATE _____		

ADMISSION REQUIREMENT

All of the following must be presented when your child is admitted to Mini Mustang Cottage or within one week of admission.

Please check all options:

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the child care program.

Signature: Physician or Staff Making Handwritten Copy of Record

Date

- A signed and dated copy of a health care professional's statement is attached.

- PARENT'S STATEMENT: 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 will submit it to the child care program.

Name and address of health care professional: _____

Parent/Guardian Signature: _____

Date: _____

- 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.

MEDICAL INFORMATION

Is your child allergic to anything? _____ YES _____ NO

If yes, please provide specific information regarding type of allergy, medication(s) used to treat allergy and a description of the signs and symptoms typically associated with your child's condition:

Is your child taking medication of any sort on a regular basis? _____ YES _____ NO

If yes, please provide the following information:

Name of Medication: _____ Dosage: _____ Frequency: _____

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Name of Medication: _____ Dosage: _____ Frequency: _____

Are there any other medical conditions or concerns we should be aware of? _____ YES _____ NO

If yes, please provide information regarding symptoms, special care requirements, etc.:

Immunization Record

Immunizations	Date/Dose #1	Date/Dose #2	Date/Dose #3	Date/Dose #4	Date/Booster
DTP/DTaP/DT					
Polio IPV or OPV					
Measles (Rubeola/Serampion,					
Mumps					
Rubella					
HIB					
Hepatitis A					
Hepatitis B					
Varicella*					
TB Test	Positive r	Negative r	Date:		

* 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 of Parent of Legal Guardian

Date

** If medical diagnosis and treatment and/or immunization 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.

Immunization Record (above) Completed by Physician's Office

Signature of Physician or Staff Making Handwritten Copy of Record

Date

Copy of Immunization Record attached and Verified by School Nurse

Signature of School Nurse Verifying Immunization Record

Date

PHOTO RELEASE

I hereby consent to the use by the Mini Mustang Cottage or anyone authorized by Mini Mustang Cottage, to produce a portrait, motion picture (silent or sound), videotape, or photograph of myself or my child.

I agree that such portrait, motion picture, videotape, sound track or photography of myself, or my child, in plates or negatives, connected therewith, should be and will remain the personal property of NSCISD and that the use of the photos shall be limited to public relations and educational activities.

Parent Approval: Yes _____ No _____ **Parent Initials** _____

WATER ACTIVITIES PERMISSION

I hereby give permission for my child, _____, to participate in water activities planned by the Mini Mustang Cottage staff. I understand that my child will be supervised continuously and that safety rules will be enforced.

Parent Approval: Yes _____ No _____ **Parent Initials** _____

ANIMALS AT THE CHILD CARE CENTER

I understand that, while children may have contact with classroom pets such as gerbils, hamsters, birds, guinea pigs or fish, they will not have direct contact with such animals as chickens, ducks, reptiles, or amphibians. The Mini Mustang Cottage and playground will be free of unfamiliar animals, and children will not be allowed to play with unfamiliar or potentially dangerous animals. I understand that I will be notified in advance when animals will be present at the child care center.

Parent Initials _____

FOOD FROM HOME

I understand that should I choose to provide my child's lunch and/or daily snacks, Mini Mustang Cottage is not responsible for the nutritional value of meals and/or snacks provided from home.

Parent Initials _____

EMERGENCY TRANSPORT

In case of an emergency off site evacuation for child safety concerns, I hereby give permission for my child, _____, to be transported in a school vehicle to the selected site.

Parent Initials _____

RECEIPT OF PARENT HANDBOOK

I have received a copy of the Parent Handbook with a detailed explanation of the Center's activities and policies. I understand that it may be necessary to revise the Parent Handbook from time to time and my signature here indicates acceptance of future revisions to the Handbook.

Parent Initials _____

The information I have provided on the Registration Form is correct and I will update the information as necessary.

I also understand that if I call to give the name of a person who will pick up my child I may be asked questions to verify my identity. Likewise, emergency contacts and pick-up persons may be asked to show picture identification before my child is released to him or her.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____