



Program Enrollment Form

Child's Full Name:	Child's Date of Birth:	Child Lives with? (circle) Both Parents Mom Dad Guardian
Name of Parent/guardian 1:	Name of Parent/guardian 2:	
Child's address:	Address of Parent or Guardian (if different from the child's):	

List phone numbers below where parents or guardian may be reached while child is in care:

Parent/Guardian 1 Phone No.:	Parent/Guardian 2 Phone No.:	Custody Documents on File? (circle) YES NO N/A
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In case of an emergency, call: (cannot be parent/guardian)

Name of Emergency Contact:	Relationship:	Phone Number:
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Address:

I authorize MasterKey Academy **to release** my child to leave MasterKey Academy **ONLY** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID. The persons listed below must be someone other than the parent/guardian.

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by operation's employees (circle all that apply).

for emergency care
 on field trips
 from school

2. Field Trips:

- I give consent for my child to participate in field trips. Parent/Guardian Initial
- I do not give consent for my child to participate in field trips Parent/Guardian Initial _____

3. Water Activities:

I give consent for my child to participate in the following water activities (circle all that apply).

Water table play sprinkler play splashing or wading pools swimming pools aquatic playgrounds

Is your child able to swim without assistance? (circle)
YES NO

Does your child have any physical, health, behavioral, or other condition that would put them at risk while swimming?
YES NO

Do you want your child to wear a life jacket while in or near a swimming pool?

YES NO

4. Meals:

I understand that the following meals may be served by MasterKey Academy to my child while in care.

morning snack afternoon snack

5. Days and Times in Care:

My child is normally in care on the following days and times:

Days of the Week	A.M./P.M	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

6. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled in MasterKey Academy. (see last page)

Signature- Parent or Guardian

Date Signed

7. School Age Children

My child attends the following school:

School Phone Number:

Child's Grade:

My child has permission to (check all that apply):

- Ride the MasterKey Academy Van
- Be released to the care of his/her sibling under 18 years old.

I verify that my child's required immunizations and vision and hearing screening are current and on file at their school.

_____ parent initial

8. Child's Special Care Needs (check all that apply)

- environmental allergies
 - food intolerance
 - existing illness
 - previous serious illness
 - injuries and hospitalizations (past 12 months)
 - limitations or restrictions on child's activities
 - reasonable accommodations or modifications
 - adaptive equipment (include instructions below)
 - medications prescribed for continuous use
- Other: _____

Please describe checked items from above:

Does your child have diagnosed food allergies? yes no If yes, submit an allergy action plan from your doctor.

Food Action Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more visit <https://www.ada.gov/resources/child-care-centers/>. 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

Authorization for Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Hospital:	Address:	Phone Number:

I give consent for MasterKey Academy to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian

Date Signed

Admission Requirement

If your child does not attend school away from MasterKey Academy, the following must be presented when your child is admitted to MasterKey Academy.

- A signed and dated copy of a health care professional’s statement.
- Signed copy of current immunization record
Or
- A signed and dated affidavit stating that you 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.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. You must attach a signed and dated affidavit stating this.

Varicella (Chickenpox) Only fill out this section if your child has had Chickenpox.

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 _____ and does not need the varicella vaccine.

Signature – Parent or Legal Guardian

Date Signed

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

Gang Free Zone

Under the Texas Penal Code, any area within 1000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Signatures

Signature – Parent or Legal Guardian

Date Signed

Director

Date Signed

Office Use Only

Admission Date _____

Date of Withdrawal _____

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

1. Enter and examine the child care facility during the facility's hours of operation without advance notice;
2. Review the child care facility's publicly accessible records;
3. Receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
4. Obtain a copy of the child care facility's policies and procedures
5. Review, at the request of the parent or guardian, the facility's
 - a. Staff training records; and
 - b. Any in-house staff training curriculum used by the facility
6. Review the child care facility's written records concerning the parent's or guardian's child;
7. Inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - a. Video recordings of the alleged incident are available
 - b. The parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own;
 - c. The parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
8. Have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
9. Be provided the contact information for the child care facility's local Child Care Regulation office;
10. File a complaint against the child care facility by contacting the local Child Care Regulation office; and
11. Be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's right

Parent statement of nutrition:

I am providing my child's lunch daily and I understand MasterKey Academy is not responsible for its nutritional value or for meeting my child's daily food needs.

Signature – Parent/Guardian

Receipt of Written Operational Policies and Procedures:

I acknowledge receipt of the facility's operational policies and procedures in the form of the Family Handbook, including those for (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> discipline and guidance | <input type="checkbox"/> procedures for dispensing medications |
| <input type="checkbox"/> suspension and expulsion | <input type="checkbox"/> immunization requirements for children |
| <input type="checkbox"/> emergency plans | <input type="checkbox"/> meals and food service practices |
| <input type="checkbox"/> procedures for conducting health checks | <input type="checkbox"/> procedures to visit the center without prior approval |
| <input type="checkbox"/> safe sleep | <input type="checkbox"/> procedures for supporting inclusive services |
| <input type="checkbox"/> procedures for parents to discuss concerns with the director | <input type="checkbox"/> illness and exclusion criteria |
| <input type="checkbox"/> promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | |
| <input type="checkbox"/> procedures for parents to participate in MasterKey Academy activities | |
| <input type="checkbox"/> procedures for release of children | |
| <input type="checkbox"/> procedures for parents to contact Child Care Regulation (CCR), DFPS Child Abuse Hotline, and CCR website | |

Signature – Parent or Legal Guardian

Date Signed