

ADMISSION INFORMATION CAPITAL CITY KIDS DAYCARES
13107 Dessau Road Suite 300 Austin, Texas 78754 Ph. 512-251-9951
1900 Gregg Lane Bldg. A-1 Pflugerville, Texas 78660 Ph. 512-989-8510
8906 Wall Street Suite 101 Austin, Texas 78753 Ph. 833-5437

Operation Name Capital City Kids Daycares & Learning Centers 1-3		Director's Name Ralph Mendoza, Samantha Nolan, Marilyn Fernandez	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
	Work:	Work	Work
	Cell:	Cell	Cell
	Home	Phone	Phone
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached: NAME: ADDRESS: PHONE #			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name, Phone Number & Driver's License Number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
1 Name	2 Name:	3. Name:	
Phone:	Phone:	Phone:	
License/ID#	License/ID#	License/ID#	

CHECK ALL THAT APPLY:

1. **TRANSPORTATION:** I hereby give consent for my child to be transported and supervised by the operation's employees:
 For emergency care on field trips to and from home to and from school

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
 sprinkler play splashing/wading pools swimming pools water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES (Parent Handbook).** I acknowledge receipt of the facility's operational policies including those for discipline and guidance.
 Parent Signature: _____ Date: _____

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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

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

 Signature - Parent or Legal Guardian

Child daycare 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 with Title III, you may call the ADA Information Line at (800) 414-0301 (voice) or (800) 514-0383 (TTY)