

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

List any special problems that your child may have, such as allergies, 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 which caregiver's should be aware of:

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address

School Ph #

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to ride a bus,
 walk to and from school, and/or be released to
the care of his/her sibling(s) under 18 years old.
Name of sibling(s): _____

Signature – Parent or Legal Guardian

Date

ADMISSION REQUIREMENT: 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**.

Please check only one option:

1. A HEALTH-CARE PROFESSIONAL'S STATEMENT will be turned in to Capital City Kids Daycare within one week of admission.
2. A signed and dated copy of a health care professional's statement is attached.
3. 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 operation. An up to date immunization record is attached.
4. 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.

Parent Signature

Date

***Name, Address and Phone Number of Health Care Professional:**

Additional Information:

Mother or Guardian's Place of Employment: _____

Father or Guardian's Place of Employment: _____

Email Address: _____

Additional Comments: (please add any additional information that you feel we may need to know)