

ADMISSION INFORMATION

IMMUNIZATION RECORD: TCCED Health Manual updated 8/16 states, *Childcare facilities and schools are required to have an immunization record on file for each child enrolled to ensure that each child has received age-appropriate immunizations. (p.55) Immunizations are not a conflict with the Catholic faith. Conscientious objections or waivers, which may be permissible for attendance to public schools, do not qualify as an exemption in Catholic Schools in Texas. (Atty. Gen. Op. GA-0420) (p. 16)*

The only exemption to forgoing requirement is a medical exemption signed by a licensed physician authorized to practice in the state of Texas, including the physicians license number.

I have provided the childcare operation with a copy of my child's most current immunization record.

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

_____ **Health Care Professional's Signature** _____ **Date**

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

3. 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.

Name and address of health care professional:

_____ **Signature - Parent or Legal Guardian** _____ **Date**

Primary Students Only

Hearing and Vision Screening will be administered to students in October who are:
4 years on or before September 1, and 5 years on or born September 1st of the current school year.

CHECK ALL THAT APPLY: I hereby give do not give – consent for my child to be transported and supervised by the operation's employees:

1. **TRANSPORTATION:**
 for emergency care

2. **WATER ACTIVITIES:** I hereby give do not give – my consent for my child (Toddler – Primary) to participate in
 sprinkler play water table play

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 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