

GM Joy School Admission Form

Operations Name: GMBC-Joy School	Director's Name: Gina Burdick	
Date of Admission: Sept. 1st 2018	Date of Withdraw:	
Child's Full Name:	Child's Date of Birth:	
Child's Home Address	Email Address(es):	
Parent's or Guardian's Name:		
Father's Phone #:	Mother's Phone #:	Guardian's Phone #:
Address (If Different from Child's Address):		

Check here if you would like to receive our monthly newsletter and reminders by email

Emergency Contact Information (Someone other than parents or guardian)

Emergency Contact Name:	Emergency Contact Phone:
Emergency Contact Address:	

Authorized Pickup

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Person:	Phone #:
Person:	Phone #:
Person:	Phone #:
Person:	Phone #:
Person:	Phone #:

Check All That Applies

<p><u>TRANSPORTATION:</u></p> <p>1. I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported by the YMCA bus on field trips.</p> <p>2. I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported by the operation's employees for emergency care.</p>
<p><u>FIELD TRIPS:</u></p> <p>1. I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in Field Trips.</p> <p>PARENT COMMENT:</p>
<p><u>WATER ACTIVITIES:</u></p> <p>1. I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in water table play.</p>
<p><u>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</u></p> <p><input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.</p>
<p><u>FOOD:</u></p> <p>1. I understand that the following meals will be served to my child while in care:</p> <p style="text-align: center;">AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/></p>

Signature _____

Date _____

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Medical Information Check all that Applies

<p>IMMUNIZATION:</p> <p>1. <input type="checkbox"/> I have provided the childcare operation with a copy of my child's most current immunization record.</p> <p>2. <input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.</p>
<p>CHICKENPOX:</p> <p>1. My child <input type="checkbox"/> has <input type="checkbox"/> has not had chickenpox. The varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the following statement.</p> <p style="text-align: center;">My child had chickenpox on or about (date) _____ and does not need the varicella vaccine.</p> <p>Parent Signature _____ Date _____</p>
<p>VISION & HEARING:</p> <p>1. I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give Joy School consent for my child to participate in a Hearing and Vision Test.</p>
<p>ALLERGIES:</p> <p>1. <input type="checkbox"/> My child has an allergy to a food that has been diagnosed by a physician. I will provide the childcare operation with a Food Allergy Emergency Plan signed by myself and my physician. The allergy is to _____.</p> <p>2. <input type="checkbox"/> My child has an allergy that is not diagnosed by a physician. The allergy is to _____.</p>
<p><i>For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm</i></p>

Authorization for Emergency Medical Attention

<p>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:</p>		
PHYSICIAN:	ADDRESS:	PHONE:
EMERGENCY MEDICAL FACILITY:	ADDRESS:	PHONE:
<p>I give consent for the facility to secure any and all necessary emergency medical care for my child.</p>		
<p><i>Signature of Parent or Legal Guardian</i> _____</p>		

Admission Requirements

<p>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.</p>
<p>1. <input type="checkbox"/> I have provided a signed and dated copy of a health care professional's statement.</p> <p>2. <input type="checkbox"/> 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.</p> <p>3. <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious, which I adhere to or am a member Of; I have attached a signed and dated affidavit stating this.</p> <p>4. <input type="checkbox"/> 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.</p>
<p><i>Signature- Parent or Legal Guardian</i> _____ <i>Date</i> _____</p>

Signature: _____

Date: _____

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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: **PLEASE WRITE NONE IN THE SPACE BELOW IF THIS DOES NOT APPLY TO YOUR CHILD.**

Disclaimer: While we would love to provide a space for every child, some children have needs that are beyond the scope of our ability to provide services. Our ability to provide childcare/school services will be determined by the Director and the JOY School Steering Committee on an individual basis.

JOY School is a ministry of Glen Meadows Baptist Church. We affirm that the Bible is our sole authority for spiritual instruction. We strive to follow the teaching of the Bible in all matters. We believe that all Scripture is inspired by God and is profitable for teaching, rebuking, correcting, and training in righteousness. We reject any teaching, tradition, or practice that conflict with the Word of God. Glen Meadows Baptist Church, Inc., subscribes to the doctrinal statement of faith known as "The Baptist Faith and Message" as adopted by the Southern Baptist Convention, June 14, 2000. A copy of the Baptist Faith and Message is available in the JOY School office.

I acknowledge that I have received a copy of the JOY School Parent Handbook. I understand that it replaces and supersedes any prior version of the handbook. I will familiarize myself with the material in the Parent Handbook, and I understand and acknowledge that I am responsible for knowing and abiding by its contents.

Signature-Parent/Legal Guardian _____ Date _____