



**Life Church KDO Admission Form**  
**1393 E. Woodview Dr**  
**Leander, Tx. 78641**  
[www.yourlifechurch.org](http://www.yourlifechurch.org)  
**512-260-5151**

For Office Use:
Amount _____
Check # _____
Class _____

Child's Name		Date of Birth	Child's Home Telephone No.	
Child's Home Address – Please include city and zipcode				
Date of Admission	Age as of Sept. 1	Hours and days child will be in care T/TH 9:00 a.m. – 1:30 p.m.		
Parent's or Guardian's Names		Email		
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Cell No.	Father's Cell No.	Church Home	
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:				Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.				

<b>List an allergies or medical issues your child has.</b>
Do you give permission for your child's photograph to be used on the church website/blog, crafts/yearbooks and/or for advertisement purposes? _____yes _____no

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b> 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		

## HEALTH REQUIREMENTS

IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
Signature or stamp of a physician or public health personnel verifying immunization information above. _____					
Signature			Date		
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 (date) _____ and does not need varicella vaccine.					
Parent's signature			Date		
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a 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.					
For additional information regarding immunizations contact the Department of State Health Services at <a href="http://www.dshs.state.tx.us/immunize/school_info.htm">http://www.dshs.state.tx.us/immunize/school_info.htm</a>					

**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.

Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.  
 \_\_\_\_\_  
 Health Care Professional's Signature Date
- A signed and dated copy of a health care professional's statement is attached.
- 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.
- 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

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

By signing below I verify that all the information included on this admission form is correct

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_