First United Methodist Church Preschool
201 E Hospital St. Nacogdoches, TX 75961
936-560-4631 Phone 936-564-8582 Fax

Operation Name:	Director's Name:	
First United Methodist Church Preschool	**Lisa Labosky**	
Child's Full Name:	Child's Date of Birth:	Child's Home Telephone No.:
Child's Home Address:		
Date of Admission:	Date of Withdrawal:	Email Address:
Parent's or Guardian's Name Completing Form:	Address (if different from the child):	

List Telephone numbers below where parents/guardian may be reached while child will be in care:

Mother/Guardian Name	Mother/Guardian Cell & Work	Father/Guardian Name	Father/Guardian Cell & Work

Custody Documents on File:	Child Primarily Lives with: Both Parents Mother Father Mother/Stepfather
○ Yes ○ No	Father/Stepmother Alternates between mother's/father's home Grandparents(s) Other:

If custody is shared with someone outside of the child's primary home:

Name:	Address:	Phone:	Relationship:

Give the name, address and phone number of person to call in case of an emergency,if parents 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 & telephone number for each. Children will only be released to parent or a person designated by the parent/guardian after verification of ID.

Name: Phone:	Name: Phone:	Name: Phone:

CHECK ALL THAT APPLY:	I hereby ____ give _____ do not give my consent for my child to be transported and supervised by the operation's employees. _____ **Parent Initials**
Emergency/Transportaion	FUMC Preschool only transports for emergencies. _____ **Parent Initials**
FIELD TRIPS	FUMC does not transport children for field trips. _____ **Parent Initials**
WATER ACTIVITIES:	I hereby ____ give _____ do not give my consent for my child to participate in water table play. FUMC does not participate in any other form of water activity play. _____ **Parent Initials**

I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:

_____AM SNACK (Provided by the Preschool) _____ LUNCH (Provided by Parent) _____PM SNACK (Provided by Preschool)

My Child is normally in care Monday through Friday and will be dropped off/picked up the following times for 2024-2025 school year:

- ☐ All Day (7:15am - 5:15pm)
- ☐ Extended Day (8:00am - 2:45pm)
- ☐ Half Day (8:00am - 12:00pm)

Authorization for Emergency Medical Care: 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:

_____ Nacogdoches Memorial Hospital 1204 Mound St, Nacogdoches, TX 75961 936-564-4611	_____ Nacogdoches Medical Center 4920 NE Stallings Dr., Nacogdoches, TX 75965 936-569-9481	_____ Other

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

_____

Signature- Parent or Legal Guardian

List any special problems that your child may have, such as environmental allergies, food intolerances, 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:

Allergy:	Reaction:	Treatment:
Allergy:	Reaction:	Treatment:
Allergy:	Reaction:	Treatment:

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

SCHOOL AGE CHILDREN - FUMC Preschool does not offer care for school age children.

IMMUNIZATION RECORD:

_____ I have provided FUMC with a copy of my child's most current immunization record.

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 able to take part in the preschool program.

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

_____ Medical diagnosis and teratment conflict with the tenets an practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed an dated affidavit stating this.

_____ _____

Health Care Professional's Signature Date Signed

Name and Address of Health Care Professional :

_____ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including a religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

_____I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Gang Free Zone

Under the Texas Penal Code, any area within 1 ,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

DFPS values your privacy. For more information, read our Privacy and Security Policy online at http://www.dfps.state.tx.us/policies/privacy.asp.

_____ _____ _____

Signature - Parent or Legal Guardian Date Date of Admission

Vision Exam Results (Pre-K Only)

Right Eye 20/ Left Eye 20/ ○ Pass ○ Fail

Signature Date Signed

Hearing Exam Results (Pre-K Only)

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				○ Pass ○ Fail
Left				○ Pass ○ Fail

Signature Date Signed

Varicella (Chickenpox)

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 _____ and does not need Varicella vaccine.

Date

Signature Date Signed

Additional Information Regarding Immunizations

For Additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm

TB Test (This is NOT required in our region)

○ Positive ○ Negative Date: _____

I have received a copy of FUMC's Parent Handbook which includes the discipline & guidance policy as well as written operational policies: _____ Parent Initials

Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

☐ Discipline and guidance	☐ Procedures for release of children
☐ Suspension and expulsion	☐ Illness and exclusion criteria
☐ Emergency plans	☐ Procedures for dispensing medication
☐ Procedures for conducting health checks	☐ Immunization requirements for children
☐ Safe sleep	☐ Meals and food service practices
☐ Procedures for parents to discuss concerns with the director	☐ Procedures to visit the school without securing prior approval
☐ Promotion of indoor & outdoor activity including criteria for extreme weather	☐ Procedures for supporting inclusive services
☐ Procedures for parents to participate in operation activities	☐ Procedures for parents to contact DFPS, Child Abuse Hotline, & CCL web

Signature - Parent or Legal Gardian's Signature Date Signed

Vaccine Information		
The following vaccines require multiple doses over time. Please provide the date your child received each dose.		
Vaccine	**Vaccine Schedule**	**Date child received vaccine**
Hepatitis B	Birth (first dose)	
	1 - 2 Months (second dose)	
	6 - 18 Months (third dose)	
Rotavirus	2 Months (first dose)	
	4 Months (second dose)	
	6 Months (third dose)	
Diphtheria, Tetanus, Perussis	2 Months (first dose)	
	4 Months (second dose)	
	6 Months (third dose)	
	15 - 18 Months (fourth dose)	
	4 - 6 Years (fifth dose)	
Haemophilus Influenza Type B	2 Months (first dose)	
	4 Months (second dose)	
	6 Months (third dose)	
	12 - 15 Months (fourth dose)	
Pneumococcal	2 Months (first dose)	
	4 Months (second dose)	
	6 Months (third dose)	
	12 - 15 Months (fourth dose)	
Inactivated Poliovirus	2 Months (first dose)	
	4 Months (second dose)	
	6 Months (third dose)	
	6 - 18 Months (fourth dose)	
	4 - 6 Years (fifth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12 - 15 Months (first dose)	
	4 - 6 Years (second dose)	
Varicella	12 - 15 Months (first dose)	
	4 - 6 Years (second dose)	
Hepatitis A	12- 23 Months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Physician or Public Health Personnel Verification

Signature or stamp of a Physician or public health personnel verifying immunization information above:

Physician Signature

Date Signed