



# ADMISSION INFORMATION

1700 W. 32nd Street  
Austin, TX 78703  
(512) 467-8500  
[www.treetopslarning.com](http://www.treetopslarning.com)

<b>Child's Name</b> Last _____ First _____ Middle _____		<b>Child's Date of Birth</b> (mm/dd/yyyy)	<b>Child's Home Phone</b> ( ) ( )	
<b>Child's Home Address</b> Street _____ City _____ State _____ ZIP _____				
<b>Date of Admission</b> (mm/dd/yyyy)		<b>How did you learn about Tree Tops?</b>		
<b>Mother / Guardian</b> (circle one) <b>Name</b> Last _____ First _____		<b>Authorized to pick-up child?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Middle _____	<b>Address</b> (if different from child's address) Street _____ City/State/ZIP _____	
<b>Home Phone</b> ( ) ( )	<b>Work Phone</b> ( ) ( )	<b>Mobile Phone</b> ( ) ( )	<b>Driver's License</b> (State/Number)	<b>Email Address</b>
<b>Father / Guardian</b> (circle one) <b>Name</b> Last _____ First _____		<b>Authorized to pick-up child?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Middle _____	<b>Address</b> (if different from child's address) Street _____ City/State/ZIP _____	
<b>Home Phone</b> ( ) ( )	<b>Work Phone</b> ( ) ( )	<b>Mobile Phone</b> ( ) ( )	<b>Driver's License</b> (State/Number)	<b>Email Address</b>
<b>Emergency Contacts</b> <i>If Parent/Guardian cannot be reached (At least two OTHER THAN Parent/Guardian)</i>	<b>Name</b> (Last, First) <b>Authorized to pick-up child?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Address</b> Street _____ City/State/ZIP _____	
	<b>Home Phone</b> ( ) ( )	<b>Work Phone</b> ( ) ( )	<b>Mobile Phone</b> ( ) ( )	<b>Relationship to Child</b>
	<b>Name</b> (Last, First) <b>Authorized to pick-up child?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Address</b> Street _____ City/State/ZIP _____	
	<b>Home Phone</b> ( ) ( )	<b>Work Phone</b> ( ) ( )	<b>Mobile Phone</b> ( ) ( )	<b>Relationship to Child</b>
<b>Authorized to Pick-Up Child</b>	<b>Name</b> (Last, First)	<b>Phone</b> ( ) ( )	<b>Name</b> (Last, First)	<b>Phone</b> ( ) ( )

**CHECK ALL THAT APPLY:**

<p>1. <input type="checkbox"/> <b>WATER ACTIVITIES:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:  <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play</p>
<p>2. <input type="checkbox"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>          I acknowledge receipt of the facility's operational policies.</p>
<p>3. <b>I AUTHORIZE PHOTOS TO BE TAKEN OF MY CHILD FOR ANY SCHOOL RELATED USE, INCLUDING BUT NOT LIMITED TO NEWS MEDIA &amp; PROMOTION, AND I RELEASE ALL RIGHTS, TITLE AND INTEREST IN THE FINISHED PHOTOS &amp; NEGATIVES:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4. <b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Drop-In  <input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> 7:00am – 5:00pm <input type="checkbox"/> 7:30am – 5:30pm  <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> 8:00am – 6:00pm <input type="checkbox"/> Other: _____</p>

<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 (Street, City, State, ZIP):	Ph.#: ( ) ( )
Preferred Hospital:	Address (Street, City, State, ZIP):	Ph.#: ( ) ( )
<input type="checkbox"/> I give consent for the facility to secure any and all necessary emergency medical care for my child.		

Signature – Parent or Legal Guardian

Date



# ADMISSION INFORMATION

Page 2

1700 W. 32nd Street  
Austin, TX 78703  
(512) 467-8500

[www.treetopslearning.com](http://www.treetopslearning.com)

## SPECIAL CARE NEEDS:

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:

---

---

## IMMUNIZATION RECORD:

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

--- OR ---

## SCHOOL AGE CHILDREN:

My child attends the following school AND 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.

\_\_\_\_\_ Name of School and Address \_\_\_\_\_ School Ph.#

**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.

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

Name and address of health care professional:

---

---

--- OR ---

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.

\_\_\_\_\_ Signature – Parent or Legal Guardian \_\_\_\_\_ Date

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date