



Ameen Academy

Building Trust in Learning

Operation Name Ameen Academy		Director's Name Shaheen Madni	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission		Date of Withdrawal	Hours and days child will be in care
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
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 ONLY 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.			
CHECK ALL THAT APPLY:			
1. <input type="checkbox"/> TRANSPORTATION:		I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees.
<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		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			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
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		

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:

SCHOOL AGE CHILDREN:	
My child attends the following school:	
_____	_____
Name of School and Address	School Ph.#
CHECK ALL THAT APPLY:	
<input type="checkbox"/> 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.	
My child has permission to:	
<input type="checkbox"/> Walk to and from school, and/or	<input type="checkbox"/> ride a bus,
<input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.	
Name of sibling(s):	

Signature – Parent or Legal Guardian _____ Date _____



HEALTH REQUIREMENTS					
Name of Child:					Date of Birth:
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					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Signature or stamp of a physician or public health personnel verifying immunization information above. _____ <u>Signature</u> _____ <u>Date</u>					
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 http://www.dshs.state.tx.us/immunize/school_info.htm					

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.

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

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

Signature: _____ Date: _____



STUDENT BACKGROUND

Note to Parents: The information below is confidential. It will help your child's teacher understand him/her better, and therefore will make his/her adjustment easier and enable your child to gain more from his/her experience at Ameen Academy. We appreciate your cooperation.

Child's Name: _____

Date of Birth _____
Last First Middle Called Sex _____

Has child been in a day care situation before? _____ When? _____ Where? _____

How long? _____ Was this a successful experience? _____

If no, please explain _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Does child reside with both parents? _____

If not, with whom does he/she live? _____

Brothers and sisters (names and ages) _____

Pets _____

Usual bedtime _____ When rises? _____ When naps? _____

Special blankets, toys, etc. slept with _____

Foods liked _____

Foods disliked _____

Eating problems _____

Food or other allergies _____

Other medical problems _____

Is child reliably toilet trained? _____

If not, frequency of accidents? _____

Child's reaction to accidents _____

Behavior problems _____



Parents' method of discipline _____

Child's Nature: Friendly _____ Aggressive _____ Shy _____ Withdrawn _____

Other Characteristics _____

When upset, child most often: Cries _____ Withdraws _____ Temper Tantrums _____

Expresses feelings _____

Unusual fears _____

If any, can you explain background of fears? _____

Can child dress himself? : _____

Can child tie shoes? _____

Favorite toy(s): _____

Favorite activities _____

What age children does he/she play with at home? _____

Special interests and talents _____

Please give any other information you feel will help your child adjust to school:

What do you hope your child will gain from attending school?

Other comments? _____

Signature: _____



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I give authorization to Ameen Academy to give Pain Reliever/ Fever Reducer/ Benadryl to my child as needed.

Signature

Date

I hereby affirm that I have read and understood all the Ameen Academy policies and procedures and agree to follow them.

Signature

Date

(Please submit this sheet with all the other paperwork).

Thank you.