

BRAINY KIDS PLACE ADMISSION INFORMATION

Child's Full Name	Child's Date of Birth	
Child's Home Address	Child's Home Telephone Number	
My child will normally be in care the following days and times:	Date of Admission	Date of Withdraw

Contact Information, Emergency Contacts, and Authorized Pickup

Full Name	Full Name	Full Name	Full Name
Relationship	Relationship	Relationship	Relationship
Cell	Cell	Cell	Cell
Work #	Work #	Work #	Work #
Employer	Employer	Employer	Employer
Address	Address	Address	Address
Email	Email	Email	Email
4 Digit Front Door Code	4 Digit Front Door Code	4 Digit Front Door Code	4 Digit Front Door Code
Check ALL that apply <input type="checkbox"/> Lives With <input type="checkbox"/> Emergency <input type="checkbox"/> Pick-Up	Check ALL that apply <input type="checkbox"/> Lives With <input type="checkbox"/> Emergency <input type="checkbox"/> Pick-Up	Check ALL that apply <input type="checkbox"/> Lives With <input type="checkbox"/> Emergency <input type="checkbox"/> Pick-Up	Check ALL that apply <input type="checkbox"/> Lives With <input type="checkbox"/> Emergency <input type="checkbox"/> Pick-Up

Medical Information

Medical Conditions and Medications (include existing illness, previous serious illness, injuries & hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of)	Allergies (include any food or drug related)
My child has been examined in the past 12 months by the following pediatrician:	
<input type="checkbox"/> Cline Pediatrics 3828 Hughes Ln Dickinson, TX 77539 281-534-1300	<input type="checkbox"/> Bay Colony Pediatrics 2251 FM 646 Rd W Ste 155 Dickinson, TX 77539 281-614-2445
<input type="checkbox"/> UTMB Pediatrics 10121 Emmett F Lowry Texas City, TX 77591 409-938-8466	<input type="checkbox"/> Other (Please list)
My preferred emergency medical facility is:	
<input type="checkbox"/> Clear Lake Regional 500 Medical Center, Webster, TX 77598 281-332-2511	<input type="checkbox"/> Mainland Medical Center 6801 Emmett F Lowry Expy, Texas City, TX 77591 409-938-5000
<input type="checkbox"/> UTMB Galveston 301 University Blvd, Galveston, TX 77555 409-772-1011	
I understand that I will be notified in case of an emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor or EMS and the providing of the necessary medical services and treatment. I understand that Brainy Kids Place, LLC. will not be responsible for medical services incurred, but that such expenses will be my responsibility as a parent/ guardian.	
Sign	Date

School Age Only

My child attends school and rides the bus to and from: (Please circle)

Wollam Elementary School- Phone #409-925-2770

Kubacak Elementary School- Phone #409-925-3526

_____ His/ her immunization record is on file at the school and all required immunizations and/or tuberculous test are current. Vision and hearing screening records are also on file.

Permission Authorization (Initial Each One Please)

Transportation

_____ I hereby give consent for my child to be transported and supervised by Brainy Kids Place employees in the event of an emergency, a field trip (ages 4 and up), and/or to and from school.

Field Trips

_____ I hereby give consent for my child (age 4 and up) to participate in field trips that are supervised by Brainy Kids Place employees. I understand that my child must be in a blue Brainy Kids Place shirt. I understand that my child will be expected to follow all rules and guidelines. I understand that I will be expected to pick up my child should they pose a safety risk.

Water Activities

_____ I hereby give consent for my child to participate in water activities that are age appropriate and include water table and sprinkler play (toddlers and up), splashing/ wading pools (ages 2 and up), and/or swimming pools (schoolers).

Sunscreen and Mosquito Spray

_____ I hereby give consent for my child to have sunscreen and/or mosquito spray that I have supplied to be applied to my child. I agree to provide the sunscreen and/or mosquito spray. I understand that it will be applied according to the instructions on the bottle. I understand that Brainy Kids Place will not provide these items.

General Photo Release

_____ I hereby give Brainy Kids Place, LLC the right to take photographs of me and my family in connection with childcare experiences at the facility and on outings to field trips. I authorize Brainy Kids Place, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Brainy Kids Place may use such photographs with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Operational Policies and Procedures

_____ I have received a copy of the Brainy Kids Place Operational Policies and Procedures. I recognize that it is my responsibility to read and review all sections of the handbook, as I will be held accountable for abiding by the guidelines and procedures outlined. I recognize that I will be sent a reminder, in the event I do not adhere to a guideline or procedure. I recognize that I will be notified of any changes that occur throughout the year and that I may request a copy of the Operational Policies and Procedures at any time. I recognize that should I choose not to comply with the Brainy Kids Place procedures or guidelines outlined in the Operational Policies and Procedures, my child may be dismissed from services.

Sign

Date

OFFICE USE ONLY

- Shot Record Received
- Shot Record Entered in Procare
- Physician Statement Received
- Physician Statement Entered in Procare

- Account Created in Procare _____
- Tuition added \$ _____
- Copy for Red Binder
- Update Rosters (Classroom and Office)