



All fields on the following pages are MANDATORY for Texas Department of Family and Protective Services. Here is some helpful information to make sure the form is filled out completely.

Klenk Elementary School  
6111 Bourgeois Road  
Houston, TX 77066  
832.484.6800

Greenwood Forest Elementary School  
12100 Misty Valley Drive  
Houston, TX 77066  
832.484.5700

Harmony School of Technology  
3202 North Sam Houston Pkwy W  
Houston, TX 77038  
281.444.1555

Yeager Elementary  
13615 Champion Forest Drive  
Houston, TX 77069  
281.440.4914

Wunderlich Intermediate  
11800 Misty Valley  
Houston, TX 77066  
832.249.5200

Closest Emergency Room to Kinsmen Lutheran  
First Choice Emergency Room  
10130 Louetta Road  
Houston, TX 77070  
281.301.3130

You MUST list your child's physician's name, phone number and address.

If any lines do not apply to you, do NOT leave them blank. Please write none or N/A.

# ADMISSION INFORMATION

Operation Name <b>Kinsmen Children's Academy</b>		Director's Name <b>Sara Ray</b>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			Child's Gender (circle one) Male      Female
Date of Admission	Date of Withdrawal	Parent Email Address	
Parent's or Guardian's Name		Address (if different from child's address)	
Home church of child and family			
List telephone numbers below where parents/guardian may be reached <b>while child will be in care:</b>			
Mother's Cell Phone No.	Father's Cell Phone No.	Guardian's Cell Phone No.	Other: Please describe:
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>CHECK ALL THAT APPLY:</b>		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:	
<b>1. <input type="checkbox"/> TRANSPORTATION:</b>		<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school	
<b>2. <input type="checkbox"/> FIELD TRIPS:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
<b>Parent's Comments:</b>			
<b>3. <input type="checkbox"/> 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	
<b>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
<b>5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b> <input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snack			
<b>6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: (REQUIRED)</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		

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 (if none, write none):

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

# ADMISSION INFORMATION

**SCHOOL AGE CHILDREN:**

X My child attends the following school:

\_\_\_\_\_

Name of School and Address

\_\_\_\_\_

School Ph.#

**CHECK ALL THAT APPLY:**

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:

ride a bus

Name of sibling(s):

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

\_\_\_\_\_  
Date