



The Homegrown School

A Homestead-based Preschool and School-Age Program

16407 Decker Creek Dr

Manor, Texas 78653

thehomegrowschool@gmail.com

Owners/Director: Mayra Treat & Lara Paul

TxHHS Operation #: 1708949

ADMISSIONS APPLICATION

(Este documento está disponible en español)

ABOUT YOUR CHILD	DATE OF ADMISSION: _____
Full Name: _____	
Nicknames? _____	Date of Birth: _____
Place of Birth (optional): <small>(This info would be used for fun when learning about travel)</small>	
Does your child have any siblings?	
Has your child had any exposure to a language other than English? If so, please elaborate.	

For Office Use Only:

Quarterly Review

No Changes: _____

Date / /

No Changes: _____

Date / /

No Changes: _____

Date / /

W/D / /

Child Lives With:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Guardian
Name of Parent or Guardian Completing Form:	Custody Documents on File:		<input type="checkbox"/> yes	<input type="checkbox"/> no

PARENT/GUARDIAN 1	Your relationship to the child:
Name: _____	Phone Number: _____
Address: _____	E-Mail: _____
	Alt. Phone: _____

PARENT/GUARDIAN 2	Their relationship to the child:
Name: _____	Phone Number: _____
Address: _____	E-Mail: _____
	Alt. Phone: _____

Child's Name: _____ DOB: _____

EMERGENCY CONTACT	Their relationship to the child:	
Name:	Phone Number:	
FULL Address:		
*All information in this section is required. This person will be contacted in case of emergency if parents cannot be reached.		

My Child will normally be in care on the following dates and times:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
__ : __ - __ : __	__ : __ - __ : __	__ : __ - __ : __	__ : __ - __ : __	__ : __ - __ : __

Child Pick Up Authorization

I hereby authorize The Homegrown School to allow my child to leave **ONLY** with the following persons.
(Parents and emergency contact are considered authorized unless otherwise noted.)
 Please list the name, relation to the child and telephone number for each. Children will only be released to a person designated by the parent after verification of ID.

Name:	Phone:	Relation to child:
Name:	Phone:	Relation to child:
Name:	Phone:	Relation to child:

Emergency Medical Care

Child's Name & DOB:	Parent's Name:
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If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I authorize the person in charge to take my child to the following doctor and/or hospital:

Name of Physician:	Address:	Phone#:
Name of Emergency Medical Care Facility:	Address:	Phone#:

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

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.

Child's Name: _____

DOB: _____

More About Your Child...

HEALTH

CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illnesses, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No

Plan submitted on:

Child day care 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 (TTY).

Signature – Parent or Guardian:

Date Signed:

Immunization record: (please check one)

I have provided Homegrown School with a copy of my child's current immunization record and understand I must update as more immunizations are administered.

I am excluding my child from immunization requirements for reasons of conscience, including 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 2 years and Homegrown will be required to disclose whether an unvaccinated child is enrolled. Names will not be released.

Parent Signature: _____

Hearing & Vision Screening:

I understand that, as required by the State Health Department, once my child reaches 4 years of age, I must submit a hearing and vision screening form.

Child's 4th Birthday: ___/___/___

Parent Signature: _____

VISION EXAM RESULTS

R 20/	L 20/	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
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Signature:

Date Signed:

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass	Fail
Right					
Left					

Signature:

Date Signed:

PERMISSIONS

Activities	
Currently, transportation is only offered for field trips or emergency care. Off-Campus field trips and details are announced at least two weeks in advance and are often coordinated with parent volunteers.	
<input type="checkbox"/> I hereby give consent for my child to participate in off-campus field trips and allow The Homegrown School to transport my child to and from the field trip destination. I understand a neighborhood walk may be constituted as a field trip. <input type="checkbox"/> I do not give consent for my child to participate in off-campus field trips or to be transported by anyone.	Parent initials:
Water activities are generally conducted during warm months and only consist of sprinkler and/or splash pad play and water table play.	
<input type="checkbox"/> I hereby give consent for my child to participate in the above water activities. <input type="checkbox"/> I do not give consent for my child to participate in water activities.	Parent initials:
School Pets/Animals	
<input type="checkbox"/> I give permission for my child to participate in supervised, limited interactions with school pets. I understand the risks associated with my child's interactions and will not hold The Homegrown School or any of its staff liable for any illness or injury that my child may sustain because of those interactions. I also understand proper hygiene will be practiced and all safety precautions taken. Staff will use their best judgment with limiting the interactions between children and animals based on the child's age and developmental abilities. <p style="text-align: right;">Parent Signature: _____</p>	
<input type="checkbox"/> I do not give permission for my child to have any interactions with any animals on campus while in care. Parent Signature: _____	

Photographs & Videos
<input type="checkbox"/> I grant permission to The Homegrown School staff to capture photos or videos of my child on their mobile device or the school's electronics with the intent to upload to the school's secure parent network. I understand my child's photo may be shared on the operation's social media. <input type="checkbox"/> I prefer my child not be included in a photograph or video taken by Homegrown Staff. <p style="text-align: right;">Parent Signature: _____</p>

Child's Name: _____ DOB: _____

CHILD ASSESSMENT – Under 4 years old Only

TOILETING	
Does your child use diapers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular bathroom breaks are supervised for proper hygiene practices. How can we best help your child? (handwashing, wiping, etc.)	
BEHAVIOR	
Does your child have any special fears? If so, what are they and how can we help?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How does your child communicate their needs?	
Are there any special enunciations or words your child uses that might not readily be recognized?	
When your child gets upset, what helps them calm down?	
How is "less than desirable" behavior addressed at home? In public?	
Are there any routines that are particularly helpful at nap time?	
FOOD	
Does your child have any dietary restrictions or food sensitivities? If so, please elaborate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional notes/useful information:	

Child's Name: _____

DOB: _____

Check All That Apply:

Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency Plans	<input type="checkbox"/> Procedures for dispensing medication
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Immunization requirements
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, child abuse hotline and DFPS website	<input type="checkbox"/> Procedures to visit the center without prior approval

Please initial below, indicating your understanding of the following:

_____ I acknowledge receipt of Homegrown School's operational policies (Parent Handbook), including those for discipline and guidance.

_____ I understand that I will need to obtain a signed Health Care Professional's Statement for my child within 12 months of their admission and every 12 months following.

Parent Signature

Printed Name

Date

Parent Signature

Printed Name

Date

Center Director:	Date Reviewed: