

# ENROLLMENT INFORMATION

Operation Name <b>German International School of Dallas</b>		Director's Name Charlotte von Engelbrechten-Ilow	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Email mother	Email father		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below 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 <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>1. 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. 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"/> water table play	
<b>4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b> <input type="checkbox"/> <i>I read and understand the facility's operational policies including those for discipline and guidance.</i>	
<b>5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b> <input type="checkbox"/> Breakfast Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack	
<b>6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES: ( Early drop off after agreement)</b> <input type="checkbox"/> Mondays from: 9am -3pm <input type="checkbox"/> from 3pm-6pm <input type="checkbox"/> Tuesdays from: 9am -3pm <input type="checkbox"/> from 3pm-6pm <input type="checkbox"/> Wednesdays from: 9am -3pm <input type="checkbox"/> Thursdays from: 9am -3pm <input type="checkbox"/> from 3pm-6pm <input type="checkbox"/> Fridays from: 9am -3pm <input type="checkbox"/> from 3pm-6pm	

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:

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

\_\_\_\_\_  
Date

# ENROLLMENT INFORMATION

**IMMUNIZATION RECORD:**

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

**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:

1. 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

2. A signed and dated copy of a health care professional's statement is attached.
3. 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.
4. 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

*To be provided for kids 4 years of age and older:*

<b>VISION</b>	R 20/ _____	L 20/ _____	PASS    FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
R			
L			
SIGNATURE _____			PASS    FAIL
SIGNATURE _____		DATE _____	

\_\_\_\_\_

Signature – Parent or Legal Guardian

\_\_\_\_\_

Date

# ENROLLMENT INFORMATION

## HEALTH REQUIREMENTS

Name of Child:	Date of Birth:
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Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococccal											

<b>TB TEST</b> (if required)	Positive	Negative	Date:
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Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature or stamp of a physician or public health personnel verifying immunization information above.

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 \_\_\_\_\_

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 [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

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Signature – Parent or Legal Guardian
Date