

**Precious Stones Academy**

**License #1563523**

7518 East Mount Houston RD

Houston, TX 77050

281-449-0152

**Director: Anetta Parker**

Child's Full Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Home Telephone  
No. \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Date of Admission \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian full Name \_\_\_\_\_

Address (if different from child's address)  
\_\_\_\_\_

**Please list telephone numbers below where parent/guardian may be reached while child will be in care:**

Mother's Telephone No. \_\_\_\_\_

Father's Telephone No. \_\_\_\_\_

Guardian's Telephone No. \_\_\_\_\_

**\*Please give the name and phone number (s) of the person to call in case of an emergency if parents/guardian cannot be reached.**

Emergency Contact Person \_\_\_\_\_ Relationship:  
\_\_\_\_\_

Contact's Phone No. \_\_\_\_\_

**I hereby authorize Precious Stones Academy to allow my child to leave the childcare operation ONLY with the following persons:**

(please list name & phone number for each person. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.)

Name:	Phone No.
Name:	Phone No.
Name:	Phone No.

**Check all that apply:**

I hereby

- Give
- Do not give

consent for my child to be transported and supervised by Precious Stones Academy employees.

**1. Transportation**

- Walk home
- For emergency care
- Field trips
- To and from home
- To and from school

**2. Field Trips**

I hereby

- Give
- Do not give

my consent for my child to participate in Field Trips.

**3. Water Activities**

I hereby

- Give
- Do not give

my consent for my child to participate in Water Activities

- Sprinkler play
- Splashing/wading pool
- Swimming pool
- Water table play

**4. Receipt of written operational policies**

- I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

**5. I understand that the following meals will be served to my child while in care**

- None
- Breakfast
- Lunch
- PM snack

**6. My child is normally in care on the following days and times**

- |   |       |     |
|---|-------|-----|
| <input type="checkbox"/> <b>Monday</b>    | from: | to: |
| <input type="checkbox"/> <b>Tuesday</b>   | from: | to: |
| <input type="checkbox"/> <b>Wednesday</b> | from: | to: |
| <input type="checkbox"/> <b>Thursday</b>  | from: | to: |
| <input type="checkbox"/> <b>Friday</b>    | from: | to: |

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

- In the event that I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child.

I authorize the person in charge to take my child to:

Name of Physician _____	Name of Emergency care facility _____
Address _____	
Phone No. _____	
Signature – Parent or Legal Guardian: _____ Date: _____	
Are your child's immunizations up to date? _____ (Please provide a copy of immunizations. This should include a Doctor's or Nurse's signature who administered medications.)	
Please 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 caregivers should be aware of: _____ _____ _____	
<b>Child daycare operations are public accommodations under the American 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).</b>	
Signature – Parent or Legal Guardian _____	
Date: _____	

**School age children**

My child attends the following school: \_\_\_\_\_  
 School Phone No. \_\_\_\_\_

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

**My child has permission to:**

- Walk to or from school or home
- Ride a bus and/or
- Be released to the care of his/her sibling(s) under the age of 18 years old. Please list name(s) of sibling(s) \_\_\_\_\_

**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 STATEMENT:** I have examined the above-named child within the past year and find that he/she is able to take part in the daycare program.

Health-care professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- A signed and dated copy of a health-care professional statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or and a member of: I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a 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: \_\_\_\_\_

**Enrollment Application**

**Precious Stones Academy, INC.  
7518 Mount Houston Rd.  
Houston, TX 77050**

**Registration Form**

1st Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
2nd Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

4<sup>th</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Check here if authorized to take child from facility \_\_\_\_\_ Yes

Mother's Name \_\_\_\_\_

Check here if authorized to take child from facility \_\_\_\_\_ Yes

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day-time Telephone \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency contacts and persons authorized to take children from facility**

Name \_\_\_\_\_ Relationship to Children \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day-Time Telephone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Relationship to Children \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day-Time Telephone \_\_\_\_\_ Cell \_\_\_\_\_

**Medical Information**

Doctor(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Medical Problems or Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Day Care Agreement Concerning Policies and Procedures**

**Precious Stones Academy, INC.  
7518 Mount Houston Road  
Houston, TX 77050  
Phone: 281.449.0152**

**This Agreement Is Made Between**

**Parent/ Guardian #1**

Name(s) \_\_\_\_\_ Phone:

\_\_\_\_\_  
Child's Name \_\_\_\_\_

\_\_\_\_\_  
I agree to abide by the policies and procedures specified in the policy and procedures manual given to me by PRECIOUS STONES ACADEMY, INC. I also understand that the provisions of the policy and procedures manual may change from time to time and I will abide by all future changes.

\_\_\_\_\_  
**Parent Name, Parent  
Director Name, Director**

**Child Health care Power of Attorney  
Precious Stones Academy, INC,  
7518 Mount Houston Road  
Houston TX 77050**

**Registration Form  
Health Care Power of Attorney**

In the event of an emergency, we will make every effort to contact a parent when a child is in need of medical attention. If we ever have a situation where a parent cannot be contacted, we need to be able to take the child to the nearest emergency service.

Please sign the medical power of attorney giving us the authority to take appropriate action in behalf of your child.

I hereby give my consent for my child \_\_\_\_\_ to be taken to the nearest emergency health care center for medical treatment. I also give my consent for an ambulance to be called in when the staff of Precious Stones Academy, INC., feels it is necessary. I further agree to pay all cost incurred for any medical treatment that my child receives including transportation in an ambulance.

\_\_\_\_\_  
**Parent/ Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent /Guardian**

\_\_\_\_\_  
**Date**

**Infant Child Care Instruction Sheet  
Precious Stones Academy, INC.  
7518 Mount Houston Road  
Houston, TX 77050**

**Infant Child Care Instructions**

Please give detailed instructions on how we should care for your child

Parent Name \_\_\_\_\_

Child Name \_\_\_\_\_



Bottle  
Diaper  
a.m. Nap  
Sleep on Stomach  
p.m. Nap  
Sleep on Back  
Pacifier  
Snack

Please give details to any of the items that you have checked above or other pertinent information.

Any Additional Information:

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parental Release Form for a Field Trip  
Precious Stones Academy, INC.  
7518 Mount Houston Road  
Houston, TX 77050**

The undersigned parent(s), \_\_\_\_\_, of \_\_\_\_\_, hereby grant(s) Precious Stones Academy, INC., the authority to take temporary care of the following child(ren):

**Child Name** \_\_\_\_\_  
**Child Name** \_\_\_\_\_  
**Child Name** \_\_\_\_\_

This grant of temporary authority shall begin on \_\_\_\_\_, and shall remain effective through \_\_\_\_\_.

The above named caretaker shall have the following powers:

1. The power to seek, appropriate medical treatment or attention on behalf of the children as may be required by the circumstances, including but not limited to, a medical doctor and/or hospital visits.
2. The power to authorize medical treatment or medical procedures in an emergency situation.
3. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Parent Name, Parent**

\_\_\_\_\_  
**Parent Name, Parent**

\_\_\_\_\_  
**Parent Name, Parent**

**Parent Address**  
\_\_\_\_\_  
\_\_\_\_\_