TEXAS Health and Human Services

Form 2935
January 2025

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name:	Director's Name:		
Child's Full Name:	Child's Date of Birth:	Child Lives With: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian 1:	Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:	Address of Parent or Guardian 2 if different from the child's:		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: ◯ Yes ◯ No
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact:	Relationship:	Area Code and Phone No.:	
Address:			

I authorize the child care operation **to release** my child to leave the child care operation **only** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

2. Field Trips:

◯ I give consent for my child to participate in field trips. ◯ I do not give consent for my child to participate in field trips.

Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance? ◯ Yes ◯ No If no, your child is required to wear a life jacket while in or near a swimming pool.	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ◯ Yes ◯ No If yes, your child is required to wear a life jacket while in or near a swimming pool.
Do you want your child to wear a life jacket while in or near a swimming pool? ◯ Yes ◯ No	

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for parents to participate in operation activities
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website

5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ _____

Signature — Parent or Legal Guardian **Date Signed**

8. Child's Special Care Needs, check all that apply

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment, include instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies? ◯ Yes ◯ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. 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 Signed**

9. School Age Children

My child attends the following school:	School Area Code and Phone No.:

My child has permission to:
Check all that apply.

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

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

Signature — Parent or Legal Guardian **Date Signed**

Requirements for Exclusion from Compliance

- ○ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ○ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ○Pass ○Fail

Signature **Date Signed**

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				○ Pass ○ Fail
Left				○ Pass ○ Fail

Signature **Date Signed**

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. Select **only one** option.

- ○ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ○ A signed and dated copy of a health care professional's statement is attached.
- ○ 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.
- ○ 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 submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature **Date Signed**

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

◯ Positive ◯ Negative Date:

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.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

Signatures

Child's Parent or Legal Guardian **Date Signed**

Center Designee **Date Signed**

Physician or Public Health Personnel Verification

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

Signature **Date Signed**

Mt. Hebron Christian Academy
MEDICAL HISTORY FORM

Date _____

Name of Student _____ Birthdate _____ Sex ____

Address _____ Home Phone _____

Father's Name _____ Business Phone _____

Mother's Name _____ Business Phone _____

Student's Doctor or Clinic _____ Dentist _____

Hospital Preference _____

PAST MEDICAL HISTORY

1. Has your child had to stay in the hospital overnight? Yes _____ No _____

If yes, for what reason? _____

2. Check which of the following illnesses your child has had:

____ measles	____ mumps	____ chicken pox
____ strept throat	____ dehydration	____ bladder/kidney problems
____ ear infections	____ convulsions	____ asthma
____ pneumonia	____ bronchitis	____ frequent/constant colds
____ epilepsy	____ tonsillitis	____ meningitis/encephalitis
____ sustained high fever	____ allergic reaction	____ rashes
high blood pressure	diabetes	other (explain)

_____

3. Check If your child has had any of the following:

____ serious burn	____ near drowning	_____
____ poisoning	____ bee sting	_____
____ broken bones	____ auto accident	_____
____ cuts needing doctor's care	____ surgery	_____
____ other (explain) _____	____ Type _____	_____
_____	_____	

PRESENT MEDICAL HISTORY

1. State any health concerns you have at this time about your child: _____

_____

_____

2. Does your child have any allergies? Yes ____ No ____ If yes, to what is he/she allergic? _____

_____

Is your child experiencing:

eating problems?	Yes ____	No ____
sleeping problems?	Yes ____	No ____
vision problems?	Yes ____	No ____
hearing problems?	Yes ____	No ____
activity limitations?	Yes ____	No ____

OVER - COMPLETE BOTH SIDES

4. Does your child wear glasses? Yes ____ No ____
   If yes, is he/she supposed to wear them constantly? Yes ____ No ____
   If no, when is he/she to wear them? _____

   When was he/she last seen by the eye doctor? _____

5. Is your child on any medication? Yes ____ No ____ If yes, what medication and for what? _____

6. When did your child last see the doctor? _____ For what reason? _____

7. Have any members of your child's immediate family (brothers, sisters, parents, grandparents, aunts, uncles) had any of the following: Check problem and list person who had it.

Example: X Heart disease grandmother

____ Diabetes	_____	____ Convulsions	_____
____ Sickle Cell	_____	____ High blood pressure	_____
____ Heart disease	_____	____ Cancer	_____
		Type of Cancer	_____

8. If there is any thing the school nurse needs to know about your child that will help her in providing health services for him/her, please list it below.

_____

_____

_____

SCHOOL EMERGENCY MEDICAL AUTHORIZATION

If the above named pupil becomes seriously ill or injured at school and the family cannot be reached immediately for provision of instructions, I hereby authorize school personnel to call and/or arrange for transportation of the pupil to our family physician.

If this physician or dentist is not available, it is understood that the school will call a doctor and/or will send the pupil, if necessary, to the nearest facility for emergency care.

It is understood, further, that I will pay for any emergency transportation and for any subsequent emergency care, unless the costs are otherwise covered by insurance.

(NOTE: Parents are responsible for notifying the school about any change of information contained on this form).

Date: _____ Signed: _____
(Parent or Guardian)

Please list the names of two people to be contacted in an emergency if the parents cannot be reached.

Name _____ Telephone _____

Address _____ Relation to Child _____

Name _____ Telephone _____

Address _____ Relation to Child _____

Mt. Hebron Christian Academy

"Committed to Excellence in Christian Education"

FACTS Tuition Management

Setting up a FACTS Account

As a Christian school, our desire is to look for ways to concentrate our available human and financial resources on our primary mission of education. To help us meet this goal we co-source through FACTS Management Company to carry out the deferred tuition payment function. Our research indicates significant benefits to school staff and school families, including convenience, flexibility, and secure on-line access to individual account information.

The FACTS program is used by 5,000 schools nationwide; locally it is used by Dallas Christian, Tyler Street Christian, First Baptist, and many others. It is not a loan program. You have no debt, there are no interest or finance charges assessed, and there is no credit check. You may budget your tuition and fees in the following ways:

Automatic Bank Payment (ACH) – ACH payments are those payments you have authorized FACTS to process directly through your financial institution. It is simply a bank-to-bank transfer of funds that you have pre-approved from either your checking or savings account.

Enrollment steps (new Students).

1. Complete Application/Registration Form.
2. Return form to office along with fee ($50.00) Non-refundable.
3. Office staff will notify applicant of acceptance/denial to MHCA.
4. Set up your FACTS account by going to **www.mthca.org.** Navigate to the Payment screen and click the FACTS Tuition Management Icon.
5. Select term.
6. Select New User and follow the online instructions for account setup.
7. MHCA will finalize account setup by updating the account with fees and tuition amounts.
8. Responsible party will pay Registration and Administration fees online via FACTS prior to beginning classes.
9. Tuition is scheduled to draft weekly (18M, 3YRS, and after school) or monthly (Pre-K4 - 2nd).

901 Dairy Road
Garland, TX 75040
Phone 972-272-8095 • Fax 972-276-8203 • www.MTHCA.org

Frequently Asked Questions

1. How will I be notified of my payment information? Once your agreement is posted to the FACTS system, you will receive a confirmation notification of your payment amount by e-mail or letter in approximately 10 days. Payments will be processed until the total balance is paid in full. The notification has important information you must have to log on the consumer Portal Account; please be sure to retain for records.

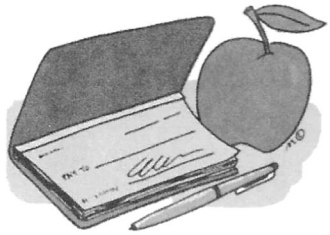
2. What is the FACTS Consumer Portal? Throughout the year, parents can log in to a password-protected site to check the status of their account, pay tuition and fees online, update demographic information, switch payment methods if preferred, and more-all with the click of a mouse. As part of the online sign up process, you will be asked to create a User Name and Password, needed to access your Consumer Portal Account. If you call into FACTS inquiring about your FACTS agreement, you will be asked the two security questions you responded to in setting up your account.

3. **What about enrollment in the FACTS payment plan in future years?** The FACTS payment plan enables the school to automatically reenroll families in payment plans over successive year, saving time for both the school office and your family. Should your tuition payments be made through FACTS the following year, you would be notifies in advance by the school.

4. **How will I pay other expenses at the school?** Fees for incidental items (holiday, spring break, fair day, thanksgiving etc.) will be processed separately from your tuition account but processed though FACTS. Written documentation will be sent to parents prior to the posting of the fees on the account.

WE LOOK FORWARD TO SERVING YOU BETTER

Mt. Hebron Christian Academy looks forward to our partnership again this year with FACTS and the efficiency and technology it brings to our school. Should you have any questions regarding this plan, contact the school office (972) 272-8096 or FACTS at (800) 624-7092



How do I sign up to FACTS? Follow these 5 easy steps to make payments online.

1. Go to www.mthca.org
2. Scroll over to PARENTS.
3. Under Helpful links click on PAYMENTS.
4. NEW browser will open up where you will be prompted to create an account.
5. Follow all prompts including banking information.