

Prime Time/Camp Yahweh Admission Form

Operation Number/Name: 810746

Prime Time/Camp Yahweh at the PARC

431 Eldridge Rd. Sugar Land, TX 77478

281-634-8926

Director – Elaine Jones

Child Admission Information

Date of Admission: _____

Child's Name: _____ DOB: _____ Home phone: _____ t-shirt size _____

Child's Home Address _____ City _____ Zip _____ sex of child: _____

Parent or Guardian #1 Name: _____ Address(if different) _____

Parent #1 work phone: _____ Parent #1 cell phone: _____

Parent #1 email: _____

Parent or Guardian #2 Name: _____ Address(if different) _____

Parent #2 work phone: _____ Parent #2 cell phone: _____

Parent #2 email: _____

Emergency Care

Give the name, address and phone number of person to call in case of an emergency if parent/guardian cannot be reached.

Name: _____ Address: _____

Phone #1: _____ Phone #2: _____

I hereby authorize Prime Time/Camp Yahweh to allow my child to leave the childcare operation ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

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

____ I hereby give ____ do not give

____ for emergency care ____ on field trips ____ to and from school

Check all that apply: Consent for my child to participate in Field Trips: _____ I hereby give _____ I do not give

Parent's Comments: _____

Check all that apply: consent for my child to participate in water activities I hereby ____ give ____ do not give

____ sprinkler play ____ slashing/wading pools ____ swimming pools

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

____ yes ____ no **Receipt of written operation policies:**

I understand that the following snacks will be served to my child while in care. Children will be responsible for bringing their own lunch. _____ AM snack _____ PM snack

Authorization for Emergency Medical Attention

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 or Physician: _____

Address: _____

Phone: _____

Emergency Medical Care Facility: Check One

_____ Methodist Sugar Land Hospital
16655 Southwest Freeway
Sugar Land, Texas 281-274-7000

_____ Texas Children's Hospital
6621 Fannin Street
Houston, Texas 832-824-5454

_____ Memorial Herman SugarLand17510
West Grand Parkway, Suite 200
Sugar Land
(281) 238-1600

I give consent for a PARC Director 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 last 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Allergies: _____ Medications _____ Reason: _____

Treatment: _____ Medications _____ Reason: _____

Hospitalizations: _____

School Age Statement

My child attends the following school: _____ currently enrolled grade level: _____

Address: _____ school phone number: _____

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 on file. yes no

I understand that the Registration Fee and all deposits are non-refundable _____ (initials)

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

I understand that neither Prime Time/Camp Yahweh nor its representatives can be held responsible in the event of an accident, injury, or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

Signature of parent or legal guardian: _____ Date: _____

Print name of parent or legal guardian: _____