



Admission Form

The information below must be completed in order for your child(ren) to be admitted into Ashley's Playhouse.

Parent's Name(s): _____ Child(ren)'s Name(s): _____

Parent's Name(s): _____ Child(ren)'s Name(s): _____

EMERGENCY & AUTHORIZED ADULTS

Please provide at least **ONE** Emergency Contact and **ONE** Authorized Pick-up, other than Mom and Dad. Please check if the person listed is an Emergency Contact, Authorized Pick-up or both.

Emergency Contact: a person to contact in case of an emergency if parents / guardian cannot be reached.

Authorized Pick-up: an authorized person to pick up, besides the parent / guardian. Children will only be released after verification of ID.

Emergency **Authorized**

Name: _____

Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Emergency **Authorized**

Name: _____

Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Emergency **Authorized**

Name: _____

Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Emergency **Authorized**

Name: _____

Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event 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(ren). I authorize the person in charge to take my child to **ONE** of the following:

Seton NW Hospital, 11113 Research Blvd, 78759
Phone: (512) 324-6000

Dell's Children Hospital, 4900 Mueller Blvd, 78723
Phone: (512) 324-0000

Name of Other Emergency Medical Care Facility: _____

Address: _____ Phone #: _____



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DOCTOR INFORMATION

Child(ren)'s Name: _____

Child(ren)'s Name: _____

Doctor's Name: _____

Doctor's Name: _____

Address: _____

Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Phone #: _____

Phone #: _____

Doctor Check*

Doctor Check*

Doctor Check* The above doctor has examined my child(ren) within the past year and my child(ren) are able to participate in Ashley's Playhouse.

MY CHILD DOES NOT ATTEND DAY CARE OR SCHOOL:

Child's Name: _____

Submitted to Ashley's Playhouse

Up to date Immunization Records
 Health Care Professional Statement
 Vision and Hearing Screening (4 years and older)

Immunizations and Health Statement Conflict*

Immunizations and Health Statement Conflict

Child's Name: _____

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Immunizations and Health Statement Conflict*

Immunizations and Health Statement Conflict

*** Immunizations & Health Statement Conflict**

Immunization requirements plus medical diagnosis and treatment conflict with my beliefs and / or practices of a recognized religious organization, which I adhere to or am a member of; *I have attached signed and dated affidavits stating this for the immunizations and one for the Health Care Professional Statement.*



Admission Form

MY CHILD ATTENDS DAY CARE OR SCHOOL:

Please add your child's information and check all that apply.

Child's Name: _____

School Name: _____

School Address: _____

School Phone #: _____

On File at School Above

Up to date Immunization Records

Health Care Professional Statement

Vision and Hearing Screening (4 years and older)

Submitted to Ashley's Playhouse

Immunization Records

Health Care Professional Statement

Vision and Hearing Screening (4 years and older)

Immunizations and Health Statement Conflict*

Immunizations and Health Statement Conflict

Child's Name: _____

School Name: _____

Address: _____

Phone #: _____

On File at School Above

Up to date Immunization Records

Health Care Professional Statement

Vision and Hearing Screening (4 years and older)

Submitted to Ashley's Playhouse

Immunization Records

Health Care Professional Statement

Vision and Hearing Screening (4 years and older)

Immunizations and Health Statement Conflict*

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Child's Name: _____

School Name: _____

Address: _____

Phone #: _____

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Child's Name: _____

School Name: _____

Address: _____

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*** Immunizations & Health Statement Conflict**

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Admission Form

SPECIAL CARE INFORMATION

List any special care information that your child may have, such as allergies, any prescribed medication, and any other information which caregivers should be aware of. For prescribed medication, another form will need to be completed.

Child's Name: _____

Special Care Information: _____

If food allergy, possible symptoms & steps to take if a reaction: _____

Child's Name: _____

Special Care Information: _____

If food allergy, possible symptoms & steps to take if a reaction: _____

ASHLEY'S PLAYHOUSE POLICIES AND PROCEDURES

Please check all boxes that apply:

- I acknowledge receipt of the facility's operational policies.
- I have read and understand the facility's discipline and guidance procedures.
- I have read and agree to the daily health check procedures.

I hereby authorize Ashley's Playhouse to publish photographs taken of my child(ren). I agree that Ashley's Playhouse may use such photographs of my child(ren) for any lawful purpose in print and/or electronically. Names will never be used in conjunction with the photographs, it will be for promotional purposes only.

(Check one)

- I agree Ashley's Playhouse may use photographs of my child(ren).
- I do NOT consent for Ashley's Playhouse to use photographs of my child(ren).

ADMISSION FORM SIGNATURE

I confirm that all of the information provided in this Admission Form is complete and accurate to the best of my knowledge. I agree to update Ashley's Playhouse if any pertinent information changes.

Parent Signature

Date