



Registration Form

A parent must complete the below information for your child(ren) to be admitted into Ashley's Playhouse.

PARENT & CHILD INFORMATION

Parent / Guardian Full Name: _____ Date of Birth: _____

Home #: _____ Work #: _____ Cell #: _____

Address: _____ Email Address: _____

City, State, Zip Code: _____

Parent / Guardian Full Name: _____ Date of Birth: _____

Home #: _____ Work #: _____ Cell #: _____

Address: _____ Email Address: _____

City, State, Zip Code: _____

Child's Full Name: _____ Date of Birth: _____

Child's Full Name: _____ Date of Birth: _____

Child's Full Name: _____ Date of Birth: _____

Child's Full Name: _____ Date of Birth: _____



Admission Form

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

Emergency

Authorized

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Phone #: _____

Phone #: _____

Emergency

Authorized

Emergency

Authorized

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Phone #: _____

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 #: _____



Admission Form

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:

<p>Child's Name: _____</p> <p>Submitted to Ashley's Playhouse</p> <p><input type="checkbox"/> Up to date Immunization Records</p> <p><input type="checkbox"/> Health Care Professional Statement</p> <p><input type="checkbox"/> Vision and Hearing Screening (4 years and older)</p> <p>Immunizations and Health Statement Conflict*</p> <p><input type="checkbox"/> Immunizations and Health Statement Conflict</p>
<p>Child's Name: _____</p> <p>Submitted to Ashley's Playhouse</p> <p><input type="checkbox"/> Up to date Immunization Records</p> <p><input type="checkbox"/> Health Care Professional Statement</p> <p><input type="checkbox"/> Vision and Hearing Screening (4 years and older)</p> <p>Immunizations and Health Statement Conflict*</p> <p><input type="checkbox"/> Immunizations and Health Statement Conflict</p>

<p>Child's Name: _____</p> <p>Submitted to Ashley's Playhouse</p> <p><input type="checkbox"/> Up to date Immunization Records</p> <p><input type="checkbox"/> Health Care Professional Statement</p> <p><input type="checkbox"/> Vision and Hearing Screening (4 years and older)</p> <p>Immunizations and Health Statement Conflict*</p> <p><input type="checkbox"/> Immunizations and Health Statement Conflict</p>
<p>Child's Name: _____</p> <p>Submitted to Ashley's Playhouse</p> <p><input type="checkbox"/> Up to date Immunization Records</p> <p><input type="checkbox"/> Health Care Professional Statement</p> <p><input type="checkbox"/> Vision and Hearing Screening (4 years and older)</p> <p>Immunizations and Health Statement Conflict*</p> <p><input type="checkbox"/> Immunizations and Health Statement Conflict</p>

*** 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 a 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*

Immunizations and Health Statement Conflict

Child's Name: _____

School Name: _____

Address: _____

Phone #: _____

On File at School Above

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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*

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

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 diagnosed food Allergies, a Food Allergy Emergency Plan must be completed plus signed by you and a health care professional.**

Food Allergy*/Dietary Preferences

Child(ren)'s Name: _____

Food Allergy (Must complete Food Allergy Plan)

Dietary Preference

Food Allergy/Dietary Preference: _____

Food Allergy*/ Dietary Preferences

Child(ren)'s Name: _____

Food Allergy (Must complete Food Allergy Plan)

Dietary Preference

Food Allergy/Dietary Preference: _____

Special Care: _____

ASHLEY'S PLAYHOUSE POLICIES AND PROCEDURES

Payment information: *(please initial each item)*

- I understand that **payment is due upon pick-up** unless a credit card is on file for which payment will be processed the next *business day* _____
- I understand there are no refunds on membership balances or for any prepaid amounts _____

Please check all boxes that apply:

- I read and agree to the facility's operational policies which are always available online or per request.
- 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