



# Admission Form

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

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## **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: \_\_\_\_\_

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## **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 North, 9010 N Lake Creek Pkwy,  
78717 Phone: (737) 707-6000

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><b>Submitted to Ashley's Playhouse</b></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><b>Immunizations and Health Statement Conflict*</b></p> <p><input type="checkbox"/> Immunizations and Health Statement Conflict</p>
<p>Child's Name: _____</p> <p><b>Submitted to Ashley's Playhouse</b></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><b>Immunizations and Health Statement Conflict*</b></p> <p><input type="checkbox"/> Immunizations and Health Statement Conflict</p>

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**\* 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

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**Immunizations and Health Statement Conflict\***

Immunizations and Health Statement Conflict

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

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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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 #: \_\_\_\_\_

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Up to date Immunization Records

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**Immunizations and Health Statement Conflict\***

Immunizations and 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 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.
- By checking this box, I consent to receive SMS from Ashley's Playhouse. Reply STOP to opt out, reply HELP for support. Message and data rates may apply. Messaging frequency may vary. Visit <https://ashleysplayhouseaustin.com/parents-corner/> to see our privacy policy

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