TEXAS
Health and Human Services

Form 2935
December 2025

Admission Information

Use this form to collect all required information about a child enrolling in day care. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form 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.

Section 1 – General Information

Operation's Name	Director's Name
Children's Universe of Lake Conroe	Casie O'Neil

Child's Full Name	Child's Date of Birth

Child Lives With: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian

Child's Home Street Address, City, State and ZIP Code

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.

Street Address, City, State and ZIP Code

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.

Section 2 – 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 ☐ Wading pools ☐ Swimming pools ☐ Aquatic playgrounds

1. Is your child a competent swimmer? ◯ Yes ◯ No If no, your child is required to wear a life jacket while in or near a swimming pool.

2. 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.

Note: 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 assistanca.

4. Receipt of Written Operational Policies

I ecknowledge 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
☐ Procedures for parents to participate in activities
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medicetions
☐ 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 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 Week	A.M.	P.M.	Day of Week	A.M.	P.M.
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

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.

Parent or Legal Guardian Signature **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).

Parent or Legal Guardian Signature **Date Signed**

9. School-Age Children

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

My child has permission to: ☐ 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 are current and on file at their school.

Section 3 – 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	Area Code and Phone No.
Street Address, City, State and ZIP Code	
Name of Emergency Care Facility	Area Code and Phone No.
Street Address, City, State and ZIP Code	

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

Parent or Legal Guardian Signature **Date Signed**

Section 4 – 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 Health and Safety Code Section 161.0041 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.

Section 5 – Vision Exam Results

Right Eye 20/ Left Eye 20/ ◯ Pass ◯ Fail

Signature **Date Signed**

Section 6 – Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right:				◯ Pass ◯ Fail
Left:				◯ Pass ◯ Fail

Signature **Date Signed**

Section 7 – 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.

- ◯ 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.

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

Health Care Professional Signature **Date Signed**

Parent or Legal Guardian Signature **Date Signed**

Section 8 – 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)	Please provide a signed and dated
	1 – 2 months (second dose)	record from your child's Dr.
	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)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
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.	

Section 9 – Physician or Public Health Personnel Verification

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

Signature **Date Signed**

Section 10 – 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**

Section 11 – Additional Information About Immunizations

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

Section 12 – 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.

Section 13 – Privacy Statement

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

Section 14 – Signatures

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

Center Designee Signature **Date Signed**