

Mustard Seed

St. Luke's Episcopal Church



DFPS Operation #1654518
11 St. Luke's Lane
San Antonio, TX 78209
210-828-6425

Child's Full Name: _____ Gender: ___Male ___Female

Child's Date of Birth: _____ Child's Home Telephone: _____

Child's Home Address: _____

Date of Admission: _____ Date of Withdrawal: _____

Parent's or Guardian's Name: _____ Phone #: _____

Address (if different from child's address): _____

Place of Employment: _____

Email Address: _____

2nd Parent's or Guardian's Name: _____ Phone #: _____

Address (if different from child's address): _____

Place of Employment: _____

Email Address: _____

Give the name, address and phone number of person to call in case of an emergency if parents or guardian cannot be reached:

Name: _____ Telephone: _____

Address: _____ Relationship: _____

I hereby authorize The Mustard Seed to allow my child to leave the child-care operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

1. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

3. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

WATER ACTIVITIES:

I do give my consent for my child to participate in Water Activities: sprinkler play, puddles, splashing/wading pools, and/or water table play.

Signature of Parent or Guardian

Date

DIRT PLAY:

I understand that The Mustard Seed will occasionally partake in nature play and I give consent for play with sand, dirt and mud.

I UNDERSTAND THAT NO MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE. The Mustard Seed will provide a morning snack. A menu will be posted on the bulletin in the hallway.

My CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

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 of Physician: _____ Phone #: _____

Address: _____

Name of Emergency Medical Care Facility: _____

Address: _____ Phone #: _____

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

Signature of Parent or Legal Guardian

Date

List any special issues that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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).

Signature of Parent or Guardian

Date

IMMUNIZATION RECORD:

_____ I have provided the child-care operation with a copy of my child's most current immunization record.