



Nature School Admission Information

Section 1 – General Information

| | | | |
|---|--|---|--|
| Child's Full Name: | | Child Goes By: | |
| Child's Date of Birth: (MMDDYYYY) | | Child Lives With: <input type="radio"/> Both Parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian | |
| Child's Address: | | street / city / state / zip | |
| Name of Parent or Guardian 1 | | | |
| Address of Parent/Guardian 1: (if different from the child's) | | street / city / state / zip | |
| Name of Parent or Guardian 2 | | | |
| Address of Parent/Guardian 2: (if different from the child's) | | street / city / state / zip | |

List phone numbers below where parents or guardian may be reached while child is in care.

| | | |
|---|----------|----------|
| Parent 1 | Parent 2 | Guardian |
| Custody documents on file? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A | | |

Provide the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardians cannot be reached:

| | | |
|-----------------------------|--------------|-----------------------------|
| Name of Emergency Contact | Relationship | Phone (including area code) |
| street / city / state / zip | | |

I authorize Nature School to release my child to the following people. Please list the name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

| Name | Phone (including area code) | Relationship to child |
|------|-----------------------------|-----------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Initial to agree.

Section 2 – Consent Information

| | |
|--|---|
| | I give consent for my child to be transported and supervised by Nature School employees in an emergency. |
| | I give my consent for my child to participate in water table play. |
| | I have read the cancellation and refund policy on Nature School's online registration site, and I accept the terms. |
| | I give my consent for my child to be photographed or videotaped during program and class activities. I understand that these photos or videos may be used to promote River Legacy and its Education Programs. |
| | I give my consent for my name, my child's name, phone number and email address to be included on a class roster distributed to Nature School families in your child's class. I understand that River Legacy Foundation will not release this roster for general distribution. |

Authorization for Participation and Medical Consent

I am the natural parent, guardian or managing conservator of _____, a minor. I hereby give my permission for my child to participate in all River Legacy program activities, including nature walks. In the event I cannot be personally contacted, I do hereby grant authority to River Legacy Foundation, its agents, officers, employees, representatives and volunteers to consent to medical treatment and transportation as necessary, if required by the minor child.

This authorization is for the purpose of securing benefits for the health and welfare of my minor child and expressly includes the authority to sign releases for physicians and hospitals or medical facilities, as selected by River Legacy Staff, who may render medical care and service. I assume liability for payment of all such professional treatment, care, drugs and other services for my minor child. I agree to indemnify and hold harmless River Legacy Foundation, its agents, officers, employees, representatives, and volunteers from any and all responsibility owed to the child, the parent or their legal representatives, heirs and assigns from any and all claims, demands, actions, judgments, causes of action or damages that the parent or child ever had or may have, whether caused by the negligence of River Legacy Foundation, or their agents, officers, employees, representatives, or volunteers while the child is participating in the activities of River Legacy Foundation.

Sign here Date

Signature

List any special needs your child may have, such as environmental allergies, food allergies, existing illness, previous serious illness, injuries, and hospitalizations during the last 12 months, any medications prescribed for long-term continuous use, and any other information that the teachers should be aware of:

| | | | | |
|---|-----|----|--|----------------------|
| Does your child have any <u>diagnosed</u> food allergies? | Yes | No | Food Allergy and Anaphylaxis Emergency Care Plan submitted on: | <small>Date:</small> |
|---|-----|----|--|----------------------|

Sign here Date

Signature

Admission Requirement

ONE of the following must be presented by the first day your child is admitted to Nature School.
 Please check only one of the following three.

1 Health Care Professional's Statement: I have examined the above-named child within the past year and find that he/she can physically participate in Nature School

Sign here Date:

 Health Care Professional Signature: street / city / state / zip

Health Care Professional Name: _____

Health Care Professional Address: _____

2 A signed and dated copy of the healthcare professional's statement is attached.

3 Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, to which I adhere or am a member. I have attached a signed affidavit stating such.

Sign here Date

Signature - Parent or Legal Guardian

Requirements for Exclusion from Compliance

I have attached a signed and dated affidavit stating that I decline immunizations for reasons of conscience, including religious belief on the form described by Section 161.0041 Health and Safety Code – submitted no later than the first day of class.

I have attached a signed and dated affidavit stating that the vision and hearing screening conflict with the tenets or practices of a church or religious denomination to which I adhere or am a member.

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) | |
| | 1 – 2 months (second dose) | |
| | 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) | |
| 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. | |

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

Sign here

Health Care Professional Signature:

Date:

The **varicella (chickenpox) vaccine** is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete this statement:

My child had varicella on or about _____ and does not need the vaccine.

Sign here

Signature – Parent or Legal Guardian

Date

Vision and Hearing Screening

Children who are 4 or older as of September 1 of the year they enroll, must have a vision and hearing screening on record with Nature School.

| | | | | |
|-----------------------------|---------------|--------------|----------------------------|----------------------------|
| <u>Vision Exam Results:</u> | Right Eye 20/ | Left Eye 20/ | <input type="radio"/> Pass | <input type="radio"/> Fail |
|-----------------------------|---------------|--------------|----------------------------|----------------------------|

| | | |
|------------------|-------------------------------------|-------|
| Sign here | Health Care Professional Signature: | Date: |
|------------------|-------------------------------------|-------|

| | | | | | |
|------------------------------|---------|---------|---------|----------------------------|----------------------------|
| <u>Hearing Exam Results:</u> | 1000 Hz | 2000 Hz | 4000 Hz | <u>Pass or Fail</u> | |
| Right Ear | | | | <input type="radio"/> Pass | <input type="radio"/> Fail |
| Left Ear | | | | <input type="radio"/> Pass | <input type="radio"/> Fail |

| | | |
|------------------|-------------------------------------|-------|
| Sign here | Health Care Professional Signature: | Date: |
|------------------|-------------------------------------|-------|

Additional Information from the Texas Department of State Health Services

1. For more information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.
2. 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).
3. Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.
4. HHSC values your privacy. For more information, read our privacy policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

| | | |
|------------------|--------------------------------------|------|
| Sign here | Signature – Parent or Legal Guardian | Date |
|------------------|--------------------------------------|------|

| | | |
|------------------|---|------|
| Sign here | Signature – River Legacy Nature Center Designee | Date |
|------------------|---|------|

Required Signatures:

Parent/Guardian

Healthcare Professional

River Legacy Nature Center

For Office Use Only

| | | | |
|--------------|-----------------|-------------|----------------|
| Class: TL ON | Day: M T/Th W F | Start Date: | Withdraw Date: |
|--------------|-----------------|-------------|----------------|