



Admission Requirements

The following items **MUST** be submitted and completed **PRIOR** to your child attending preschool. Please initial on each line, stating that you agree and understand your child will not be able to start school at High Hopes until these items have been received.

Please read and initial each section below:

Vaccination/Immunization Record (up to date according to Texas state standards for Licensed Child Care facilities) **OR** a **Notarized Affidavit of Exemption** to exclude your child from the immunization requirements for reasons of conscience, including, but not limited to, a religious belief.

Statement of Health – a signed and dated copy of a Health Care Professional's statement medically clearing your child for participation in preschool or daycare (*this form must be renewed annually*) **OR** a **Notarized Affidavit** stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization to which I adhere or am a member of.

Please review and initial the following items, or mark them as N/A if they are not applicable to your child:

(*If your child has any allergies*) **A FARE (Food Allergy Research & Education) Food Allergy & Anaphylaxis Emergency Care Plan** or equivalent, signed by a Health Care Professional, outlining the procedures for intervention in the case of exposure to the allergen(s). This form must be renewed annually.

(*If your child has any medical conditions*) **A signed and dated Treatment Plan** from a Health Care Professional outlining your child's medical condition and how to treat it (if necessary) while at preschool. If your child has Asthma, please provide an Asthma Action Plan. These forms must be renewed annually.

(*If your child has any special needs*) **A signed and dated Special Needs Care Plan** stating any limitations, restrictions, accommodations, and/or adaptive equipment (if necessary) while at preschool. These forms must be renewed annually.

(*If your child has any medication requirements*) I understand that High Hopes Preschool will not administer any type of medication other than prescribed emergency medications, such as epinephrine auto-injectors or Benadryl [for allergic reactions], or albuterol inhalers for asthma or respiratory distress.

Four Year Olds & Older ONLY: A copy of a completed (pass/fail/attempted) **Vision & Hearing Screening** record.

Disclosures

By signing below, I hereby agree to relieve High Hopes Preschool, its officers, and its directors of any liability for injury or accident occurring on school premises. I also verify that all of the information included on this form is complete and correct.

Parent/Guardian Signature _____

Date _____