

# Prime Time/Camp Yahweh Admission Form

rev. 1/11

**Operation Number/Name:** 810746  
Prime Time/Camp Yahweh at the PARC  
431 Eldridge Rd. Sugar Land, TX 77478  
281-634-8926  
Director – Elaine Jones

## Child Admission Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Home phone: \_\_\_\_\_ t-shirt size \_\_\_\_\_

Child's Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Parent #1 or Guardian #1 Name: \_\_\_\_\_ Address(if different) \_\_\_\_\_

Parent #2 or Guardian #2 Name: \_\_\_\_\_ Address(if different) \_\_\_\_\_

### List telephone numbers where parents/guardians may be reached while child will be in care:

Parent #1 work phone: \_\_\_\_\_ Parent #2 work phone: \_\_\_\_\_

Parent #1 cell phone: \_\_\_\_\_ Parent #2 cell phone: \_\_\_\_\_

Parent #1 email: \_\_\_\_\_ Parent #2 email: \_\_\_\_\_

## Emergency Care

Give the name, address and phone number of person to call in case of an emergency if parent/guardian cannot be reached.

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

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

I hereby authorize Prime Time/Camp Yahweh to allow my child to leave the childcare operation ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check all that apply: consent for my child to be transported and supervised by the operation's employees**

\_\_\_\_\_ I hereby give \_\_\_\_\_ do not give

\_\_\_\_\_ for emergency care \_\_\_\_\_ on field trips \_\_\_\_\_ to and from school

**Check all that apply: Consent for my child to participate in Field Trips: \_\_\_\_\_ I hereby give \_\_\_\_\_ I do not give**

Parent's Comments: \_\_\_\_\_

**Check all that apply: consent for my child to participate in water activities I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give**

\_\_\_\_\_ sprinkler play \_\_\_\_\_ slashing/wading pools \_\_\_\_\_ swimming pools

**I acknowledge receipt of the facility's operational policies including those for discipline and guidance:**

\_\_\_\_\_ yes \_\_\_\_\_ no **Receipt of written operation policies:**

**I understand that the following snacks will be served to my child while in care. Children will be responsible for bringing their own lunch. \_\_\_\_\_ AM snack \_\_\_\_\_ PM snack**

# 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 or Physician: \_\_\_\_\_

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

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

Director in charge has permission to give my child the following over the counter medication. The director will call a parent/guardian before administering any other the medication.

tylenol     ibuprofen     tums     pepto bismol

cough drops

## Emergency Medical Care Facility: Check One

\_\_\_\_\_  Methodist Sugar Land Hospital  
16655 Southwest Freeway  
Sugar Land, Texas 281-274-7000

\_\_\_\_\_  Texas Children's Hospital  
6621 Fannin Street  
Houston, Texas 832-824-5454

\_\_\_\_\_  Memorial Herman SugarLand17510  
West Grand Parkway, Suite 200  
Sugar Land  
(281) 238-1600

I give consent for a PARC Director to secure any and all necessary emergency medical care for my child.

Signature – parent or Legal Guardian \_\_\_\_\_

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

Allergies: \_\_\_\_\_ Medications \_\_\_\_\_ Reason: \_\_\_\_\_

Treatment: \_\_\_\_\_ Medications \_\_\_\_\_ Reason: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

\_\_\_\_\_

## School Age Statement

My child attends the following school: \_\_\_\_\_ currently enrolled grade level: \_\_\_\_\_

Address: \_\_\_\_\_ school phone number: \_\_\_\_\_

His/her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are on file.  yes  no

I understand that the Registration Fee and all deposits are non-refundable \_\_\_\_\_ (initials)

I acknowledge receipt of the facility's operational policies including those for discipline and guidance:

I understand that neither Prime Time/Camp Yahweh nor its representatives can be held responsible in the event of an accident, injury, or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of parent or legal guardian: \_\_\_\_\_