TEXAS Health and Human Services

Form 2935
June 2026

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	
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 assistance.

4. Receipt of Written Operational Policies

I acknowledge 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 medications
☐ 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)	
	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)	

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 https://www.dshs.texas.gov/immunizations/public.

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**

German International School of Houston

German-English Dual Language Immersion Program

ONE CHILD. TWO LANGUAGES. UNLIMITED POSSIBILITIES

6221 Main Street, Houston, Texas 77030

Phone: 832-831-6843 - E-mail: office@gish-houston.org - www.gish-houston.org

Directions: The childcare operation gives this form to the child's parent/s or guardian/s. The parent/s or guardian/s complete the form in its entirety and return it to the childcare operation before the child's first day of enrollment or earlier date as requested by the school. The childcare operation keeps the form on file at the childcare facility.

2026-2027

GISH - Addendum to Licensing Admission Form 2935

Operation Name: ***German International School of Houston***	**Date of** Admission **Date of** Withdrawal Site - Director's Name: Ms. Nicole Sanchez	
Child's Full Name:	Child's Date of Birth: (mm/dd/yyyy)	Child's Home Phone #:
Full Name of: Parent 1 or Legal Guardian 1 completing form:	Phone No:	
Full Name of: Parent 2 or Legal Guardian 2 completing form:	Phone No:	

CLASSROOM DIRECTORY: I/We authorize the German International School of Houston to use the below information in my Child's Classroom Directory to be shared with all enrolled families in my child's classroom only. No other information will be shared.

Parent 1:	**Parent 2:**	Zip Code:
Phone #:	Phone #:	
E-mail:	E-mail:	

The School Directory is a parent tool meant to facilitate the contact between our enrolled families. Any information herein cannot be shared outside of our *GISH* community. The information cannot be used to solicit any business.

Signature – Parent or Legal Guardian:	**Date Signed:**
Signature – Parent or Legal Guardian:	**Date Signed:**

SCHOOL PICTURES:

Notice Regarding Photography and Social Media Sharing

During school-sponsored events, open houses, sports games, and performances, parents and community members frequently take photographs and videos. GAES dba *GISH* is not responsible for, nor does it control, the capture, publication, or sharing of images by parents or third parties on personal social media platforms or other external websites.

If you object to your child appearing in photographs taken and shared informally by other families at public school events, please contact those individuals directly. The school's official media opt-out policies apply strictly to media published directly by authorized school channels, and do not extend to independent photography by private individuals.

I/We are aware that pictures of my child/ren are taken during the school day and school related events.

☐ **I/We do** ☐ **I/We do not**

give GAES dba *GISH* permission for our child's photographs to be used in school newsletter publications, and group photos of my child's classroom be shared with only these classroom parents.

Signature – Parent or Legal Guardian:	**Date Signed:**
Signature – Parent or Legal Guardian:	**Date Signed:**

NAME OF CHILD:	**DATE OF BIRTH** (mm/dd/yyyy):

Please check all the boxes as applicable.

9. INSECT REPELLENT SPRAY / SUNSCREEN LOTION/SPRAY / OVER THE COUNTER MEDICATION

1. Insect Repellent:	**I hereby ☐ give ☐ do not give**	my consent to apply on my child an insect repellent provided by the School. ☐ The School will use **Cutter Skinsations Insect Repellent** pump spray. I have made myself familiar with the active ingredients: ☐ Yes --- ☐ I will provide my own Insect Repellent, bring it to school+ refill as needed
2. Sunscreen:	**I hereby ☐ give ☐ do not give**	my consent to apply on my child a sunscreen lotion/spray provided by the School. ☐ The School will use **Babyganics SPF 50+** (Sunscreen Pump Spray, Octinoxate 7.5%, Octisalate 5.0%, Zinc Oxide 11.2%; formulated without PABA, phthalates, parabens, fragrances and nano-particles). I have made myself familiar with the active ingredients: ☐ Yes --- ☐ I will provide my own Sunscreen lotion/spray, bring it to school + refill as needed
3. Over the Counter Medication:	**I hereby ☐ give ☐ do not give**	my consent to apply on my child **Aquaphor** Advanced Therapy Healing Ointment (Petrolatum 41%) if needed. I have made myself familiar with the active ingredients: ☐ Yes
	I hereby ☐ give ☐ do not give	my consent to apply on my child **Benadryl Extra Strength** Stop Itching Cream (Diphenhydramine Hydrochloride 2%, Zink Acetate 0.1%) if needed. I have made myself familiar with the active ingredients: ☐ Yes

4. Archway Academy: ☐	I hereby acknowledge that I have been informed that the ***German International School of Houston*** is situated at the same physical address as Archway Academy (www.ArchwayAcademy.org)

The School has to be informed immediately of any changes to the information in this form. Please submit new information via e-mail to office@gish-houston.org.

The School is a Cell Phone Free Zone:

Parents/Guardians must refrain from the usage of their cell phones during drop-off and pick-up.
Please finish your phone call in the car before you take your child out of the car for drop-off or start a call after you have securely buckled your child in the car after pick-up. Parents/Guardians are not allowed to enter the gate, office or classroom and we will not release your child to you, if you are on the phone.
Schools put safety first. Staff members need your active attention to verify your identity and confirm the child's safe handoff. Being on the phone prevents clear communication and creates a safety risk.

The students are excited to share their day with you when you arrive.
Please practice the "Park and Pause" - If you take an urgent call, park your car legally away from the line. Finish your call and then pick up your child.
The 10-Minute Rule - Dedicate the first ten minutes after school to talking with your child without looking at your phone.

Signature – Parent or Legal Guardian:	**Date Signed:**
Signature – Parent or Legal Guardian:	**Date Signed:**

Signatures

_____ _____

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

_____

Center Designee / Date Signed

GAES dba *German International School of Houston* is formally recognized as tax exempt under section 501(c)(3) EIN 26-2709647, and a licensed facility with TDFPS Operation Number 1657223.
Non-Discrimination Policy: GAES dba *German International School of Houston* does not discriminate on the basis of race, gender, color, religion, national or ethnic origin, or handicap in administration of its educational policies, admission policies or in its employment practices. Information updated July 2026.