

## Talent Academy Summer Camp Application Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Student's Chinese Name \_\_\_\_\_ Chinese Grade \_\_\_\_\_

Sex \_\_\_\_\_ Grade \_\_\_\_\_ Parents E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ TX \_\_\_\_\_

Mother's Name \_\_\_\_\_ W-Phone \_\_\_\_\_ C-Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ W-Phone \_\_\_\_\_ C-Phone \_\_\_\_\_

**Computer Use** Authorization: Circle One YES or NO

**Field Trips**: I hereby Give / Do Not Give my child/children consent to join Talent Academy summer camp field trips.

**Pick Up**: I hereby authorize Talent Academy to allow my child to leave Talent Academy ONLY with the following person(s) (Names and Phone Numbers) \_\_\_\_\_

### Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergencies, I authorize Talent Academy or the person in charge to contact medical emergency services for care or to take my child to:

Name of Physician:	Address:	PH#:
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Name of Hospital:	Address:	PH#
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I give consent for this facility to secure any and all necessary and essential medical supplies for my child. I will not hold Talent Academy, its employees, or its administrators liable for any emergencies.

Signature-Parent or Legal Guardian \_\_\_\_\_

### Policies

**1)** The registration fee is nonrefundable. **2)** Students must be picked up by 7pm or a \$1 per minute extended care fee will be charged. **3)** 100% of the Weekly Tuition will be refunded if noticed at least One Week prior to the week begins. And Refund on Field Trips must be at least 48 hours prior.

**4)** I, myself, and my family members will not hold Talent Academy, its affiliates, officers, directors, employees, agents and/or volunteers liable for any harm, losses, claims, expenses, damages, suits, and liabilities of any kind (including Field Trips). **5)** I understand that I will be held liable for any damages and expenses incurred by my child at Talent Academy to property as well as to others. **6)** Tuition is subject to change without notice

**7)** Student must wear Talent Academy T-shirt during field trips.

**Signature-Parent or Legal Guardian** \_\_\_\_\_ **DATE** \_\_\_\_\_



### Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety 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.

General Information			
Operation's Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address			Date of Admission      Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to <b>call in case of an emergency</b> if parents/guardian cannot be reached			Relationship
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list 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 Number	
Name		Phone Number	
Name		Phone Number	

Consent Information
Check All That Apply:
<b>1. Transportation</b>
I give consent for my child to be transported and supervised by the operation's employees:
<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
<b>2. Field Trips</b>
<input type="radio"/> I give consent for my child to participate in field trips.
<input type="radio"/> 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:

- water table play   
  sprinkler play   
  splashing/wading pools   
  swimming pools   
  aquatic playgrounds

### 4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- |  |   |
|--|---|
| <input type="checkbox"/> Discipline and guidance                                       | <input type="checkbox"/> Procedures for release of children   |
| <input type="checkbox"/> Suspension and expulsion                                      | <input type="checkbox"/> Illness and exclusion criteria   |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications  |
| <input type="checkbox"/> Procedures for conducting health checks                       | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval   |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

### 5. Meals

I understand that the following meals will be served to my child while in care:

- 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 the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### 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	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

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

\_\_\_\_\_  
 Signature — Parent or Legal Guardian

### Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, 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:

Does your child have diagnosed food allergies?  Yes  No Plan Submitted on \_\_\_\_\_

Child day care 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 — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### School Age Children

My child attends the following school	School Phone Number
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My child has permission to (check all that apply):

walk to or from school or home       ride a bus       be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

### 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.

Check **only one** option:

1.  Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

\_\_\_\_\_  
Signature — Health Care Professional

\_\_\_\_\_  
Date Signed

2.  A signed and dated copy of a health care professional's statement is attached.

3.  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.

4.  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.

Name	Address of Health Care Professional
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\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### Requirements for Exclusion

- 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 Section 161.0041 Health and Safety Code 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.

### Vision Exam Results

Right Eye 20/      Left Eye 20/       Pass       Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Vaccine Information

The following vaccines require multiple doses over time. Please 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)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Inactivated Poliovirus	12–15 months (fourth dose)	
	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
Influenza	4–6 years (fourth dose)	
	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 6 to 18 months after the first dose.	

**Physician or Public Health Personnel Verification**

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

**Varicella (Chickenpox)**

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

**Additional Information Regarding Immunizations**

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

**TB Test (If Required)**

Positive  Negative Date: \_\_\_\_\_

**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.

**Privacy Statement**

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

**Signatures**

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed

## Photo and Computer Release Form

I grant Talent Academy the right to take photographs of my child. I authorize Talent Academy, its assigns, and transferees the copyright, use and publish the same in print and/or electronically.

I agree that Talent Academy may use such photographs of my child with or without my consent and for any lawful purpose including but not limited to publicity, illustration, and web content.

我允许腾龙教育学院及其相关机构人员在合法情况下拍摄学生照片，并使用于正当途径的宣传，推广。

I agree that Talent Academy may take photographs of my child with or without my consent and for any lawful purpose **ONLY** at its facility.

Such photographs **MAY NOT** to be used for publicity, illustration, and web content.

我‘只’允许腾龙教育学院在合法情况下拍摄学生照片，并使用于正当途径的宣传，推广。

I have read and understand the above.

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for the use of electronics (School/Personal) to my child:

我允许我的小孩在学校使用（校方及个人的）电子设备。

During:  Class  Break  Field Trip  Not at all

I understand Talent Academy and its staff are not responsible for any damage caused During such usage.



# Talent Academy

4835 Highway 6 Missouri City TX 77459

## PLAYGROUND/GYM/ SCHOOL GROUNDS & VICINITY RELEASE WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Child's Name: \_\_\_\_\_ M F Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Legal Guardian/Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In consideration of allowing my child to participate in activities associated with Talent Academy, I/we shall release, waive, discharge and covenant not to sue Talent Academy, their agents and employees, from all liability from any and all loss or damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the name participant except in the case of gross or willful wanton negligence of Talent Academy, its agents and employees or otherwise while the named participant participates in the playground/Gym/school grounds and vicinity at Talent Academy.

I/we further agree to indemnity Talent Academy, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which Talent Academy, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments against Talent Academy, their agents and employees on account of injury to the person or property resulting in the death of the named participant except in case of gross or willful wanton negligence of Talent Academy, their agents or employees and whether or not such liability is sole, joint or several.

I/we am (are) aware that participation on the playground/Gym may present a strain on my child's body, or its parts and there I/we represent to Talent Academy, that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I/we assume the risk of participating. I acknowledge that I have received information concerning playground/Gym/school grounds and vicinity activities given with registration, including the absence of medical personnel as it pertains to the playground and other programs.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it's an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia or to order injections or surgery for the safety of my child. I/we further agree the privileges may be revoked upon any participants at the sole discretion of the supervisor. I/we, the parent or legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with willful knowledge of it significance. I/we have executed this release on this date indicated next to my name.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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Talent Academy \* 4835 Hwy 6 Missouri City TX 77459 \* 281-242-0989

EMAIL ADDRESS: [talentacademyorg@gmail.com](mailto:talentacademyorg@gmail.com) \* WEB ADDRESS: <http://talentacademy.org>

## 腾龙教育学院停车场交通规则

- 1. 停车场内时速是 15MPH。
- 2. 每天下午 5 点-7 点之间，交通是单行线。请沿着地上黄色箭头行车。
- 3. 不能随意将车停在门口或马路上。
- 4. 倒车时要减速，避免事故。
- 5. 进出学校时一定要牵孩子，保证孩子安全。
- 6. 如不遵守规则，一切事故自行负责。

我已认真读过此规定。

学生姓名\_\_\_\_\_ 学生年级\_\_\_\_\_

家长签名\_\_\_\_\_

日期\_\_\_\_\_