



## San Antonio Zoo School - A Nature Preschool

DFFS Operation #1542904  
3909 N. St. Mary's Street  
San Antonio, Texas 78212  
210-734-7184 ext. 1513

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

Child's Date of Birth: \_\_\_\_\_ Child's Home Telephone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Address (if different from child's address): \_\_\_\_\_

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

2<sup>nd</sup> Parent's or Guardian's Name: \_\_\_\_\_

Address (if different from child's address): \_\_\_\_\_

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

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

Father's Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian's Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Give the name, address and phone number of person to call in case of an emergency if parents or guardian cannot be reached:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Are there any court orders affecting the life of your child? \_\_\_\_\_ If so, please provide a copy to the office to be kept on file.

I hereby authorize the San Antonio Zoo to allow my child to leave the child-care operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I do give my consent for my child to go out into the Zoo with the Zoo School Class.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

WATER ACTIVITIES:

I do give my consent for my child to participate in Water Activities: sprinkler play, puddles, splashing/wading pools, and/or water table play.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

DIRT PLAY:

I understand that Zoo School is a nature-based preschool and give consent for play with sand, dirt and mud. I understand that children will become dirty throughout the day and that this is an important part of the Zoo School experience. Puddle and mud play will happen most often after rainy days.

RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility's operational policies, including those for discipline and guidance included in the San Antonio Zoo School Parent Handbook.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I UNDERSTAND THAT NO MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE. San Antonio Zoo School will provide a snack in the morning to all students Monday through Friday.

My CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

\_\_\_\_ Monday-Friday 9:00 a.m. to 2:00 p.m.

\_\_\_\_ Monday/Wednesday/Friday 9:00 a.m. to 2:00 p.m.

\_\_\_\_ Tuesday/Thursday 9:00 a.m. to 2:00 p.m.

No Zoo School on Saturdays or Sundays

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: \_\_\_\_\_

Name of Emergency Medical Care Facility: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

List any special problems that your child may have, such as allergies, 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child daycare 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 of Parent or Guardian

\_\_\_\_\_  
Date

