

# Austin Nature & Science Center

## Tadpole Camp

### Admission Information

Summer 2022

#### General Information

Operation's Name		Dates of Program	
Child's Full Name		Child's Date of Birth	
Child's Home Address			
Parent/Guardian Name		Parent/Guardian Name	
Parent/Guardian Primary Phone Number		Parent/Guardian Secondary Phone Number	
Parent/Guardian Email Address			
Emergency Contact Name		Emergency Contact Phone Number	

I have received a copy of the City of Austin's Youth Programs Parent Handbook.

#### Pick-up Authorization

I authorize the child care operation to release my child to leave ONLY with the following persons:

Name	Phone Number
Name	Phone Number

#### Consent Information

I give consent for my child to participate in water activities, such as splashing and wading at ANSC.

I give consent for my child to take walking field trips to the Zilker Preserve and Botanical Gardens.

## Additional Information

Please 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, 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

*If you answered Yes to above, please fill out the Food Allergy Emergency Plan below:*

What foods are your child allergic to?

What symptoms does your child exhibit if they are exposed?

What steps should staff take if your child has an allergic reaction?

## Authorization for Emergency Medical Attention

In the event a parent/guardian cannot be reached to make arrangements for emergency medical care, please authorize the person in charge to take my child to:

Name of Physician	Physician's Phone Number
Physician's Address	
Name of Emergency Care Facility	Emergency Care Facility's Phone Number
Emergency Care Facility's Address	

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

## School Information

My child attends the following school:

School Name	School Phone Number
-------------	---------------------

My child's required immunizations and vision and hearing screening are current and on file at their school.

## Discipline and Guidance Policy

- Discipline must be:
  1. Individualized and consistent for each child;
  2. Appropriate to the child's level of understanding; and
  3. Directed toward teaching the child acceptable behavior and self-control.
- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  2. Reminding a child of behavior expectations daily by using clear, positive statements;
  3. Redirecting behavior using positive statements; and
  4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  1. Corporal punishment or threats of corporal punishment;
  2. Punishment associated with food, naps, or toilet training;
  3. Pinching, shaking, or biting a child;
  4. Hitting a child with a hand or instrument;
  5. Putting anything in or on a child's mouth;
  6. Humiliating, ridiculing, rejecting, or yelling at a child;
  7. Subjecting a child to harsh, abusive, or profane language;
  8. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Parent/Guardian Signature

Date