

# My Li'l Wranglers Childare Contract



Updated for the school year 2018-2019

This contract may be viewed anytime by going to [www.mylilwranglers.com](http://www.mylilwranglers.com)

My Lil Wranglers operates based on a yearly tuition. If you pay yearly, monthly or quarterly, you do get a discount that will equate to approximately 4 weeks of tuition.

If you pay Weekly – 52 installments, Monthly – 12 installments or Quarterly – 4 installments

If you end your contract before the end of the year, your year's tuition is simply prorated.

We do have scheduled closings during the year. These closings do not affect your installments. You pay the same rate every week, every month, or every quarter for your childcare expenses even if your child is not in attendance.

## My Li'l Wranglers 2018-19 Calendar

June							July							August								
S	M	T	W	Th	F	Sat	S	M	T	W	Th	F	Sat	S	M	T	W	Th	F	Sat		
					1	2	1	2	3	4	5	6	7				1	2	3	4	July 4 & 5	MLW Closed for July 4
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11		
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18		
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25		
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30	31			
September							October							November								
S	M	T	W	Th	F	Sat	S	M	T	W	Th	F	Sat	S	M	T	W	Th	F	Sat		
						1		1	2	3	4	5	6					1	2	3	3-Sep	MLW Closed - Labor Day
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	21-Nov	MLW Closes at 4 pm
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	22-Nov	MLW Closed - Fall Break
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	23-Nov	MLW Closed - Fall Break
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30			
December							January							February								
S	M	T	W	Th	F	Sat	S	M	T	W	Th	F	Sat	S	M	T	W	Th	F	Sat		
						1	30	31	1	2	3	4	5						1	2	Dec 22 - Jan 6	KISD Closed - Holiday Break
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9	24-Dec	MLW Closed - Christmas Eve
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16	25-Dec	MLW Closed - Holiday Break
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23	26-Dec	MLW Closed - Holiday Break
23	24	25	26	27	28	29	27	28	29	30	31			24	25	26	27	28			31-Dec	MLW Closed - New Years Eve
																					1-Jan	MLW Closed - New Years
																					21-Jan	MLW Closed - MLK Day
March							April							May								
S	M	T	W	Th	F	Sat	S	M	T	W	Th	F	Sat	S	M	T	W	Th	F	Sat		
					1	2	31	1	2	3	4	5	6				1	2	3	4	March 11-15	Spring break - MLW is Open!
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	19-Apr	MLW Closed - Good Friday
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18		
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25		
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30			27-May	MLW Closed - Memorial Day

My Lil Wranglers uses yearly tuition rates to calculate payment plans. We do give a discount that amounts to approximately 7.5% to families that pay by the year, the quarter, or the month. Rate tables are calculated from the yearly tuition below.

This is our cost structure for Full-Time School. Discounts are applied to Yearly, Quarterly, and Monthly payers.

	Annual Tuition	Yearly 1 installment	Quarterly 4 installments	Monthly 12 installments	Weekly 52 installments
4 years old	\$ 9,880.00	\$ 9,120.00	\$ 2,280.00	\$ 760.00	\$ 190.00
3 years old	\$ 10,920.00	\$ 10,080.00	\$ 2,520.00	\$ 840.00	\$ 210.00
2 years old	\$ 11,960.00	\$ 11,040.00	\$ 2,760.00	\$ 920.00	\$ 230.00
1 year old	\$ 13,000.00	\$ 12,000.00	\$ 3,000.00	\$ 1,000.00	\$ 250.00

Most people choose to pay monthly or weekly, so below is the cost structure, full time and part time for those payment plans. This is based on yearly tuition, so payment is required even if days are missed due to scheduled closing, illness, family vacation, etc.

Monthly Pay Chart - 12 Pay

Age as of 9/1/18	Full Time	4 days	3 days	2 days	Mother's Day Out 2 day minimum
School aged (summer)	\$ 600.00	\$ 510.00	\$ 390.00	\$ 270.00	NA
4 years old	\$ 760.00	\$ 645.00	\$ 495.00	\$ 345.00	\$ 120.00/day
3 years old	\$ 840.00	\$ 715.00	\$ 545.00	\$ 380.00	\$ 120.00/day
2 years old	\$ 920.00	\$ 785.00	\$ 600.00	\$ 415.00	\$ 120.00/day
1 year old	\$1,000.00	\$ 850.00	\$ 650.00	\$ 450.00	\$ 120.00/day
School aged (Before <b>OR</b> After School Care)	\$ 200.00	\$ 170.00	\$ 130.00	\$ 90.00	Na
School age (Before <b>AND</b> After School Care)	\$ 300.00	\$ 240.00	\$ 180.00	\$ 120.00	Na

Below are our weekly rates. Families paying weekly pay the same rate every week of the year including when we have scheduled closings. The scheduled closings can be found on our calendar.

Weekly Pay Chart - 52 pay

Age as of 9/1/18	Full Time	4 days	3 days	2 days	Mother's Day Out
School age (Summer)	\$ 150.00	\$ 120.00	\$ 90.00	\$ 60.00	NA
4 years old	\$ 190.00	\$ 160.00	\$ 125.00	\$ 85.00	NA
3 years old	\$ 210.00	\$ 180.00	\$ 135.00	\$ 95.00	NA
2 years old	\$ 230.00	\$ 195.00	\$ 150.00	\$ 100.00	NA
1 year old	\$ 250.00	\$ 210.00	\$ 165.00	\$ 110.00	NA
School aged (Before <b>OR</b> After School Care)	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	NA
School age (Before <b>AND</b> After School Care)	\$ 75.00	\$ 60.00	\$ 45.00	\$ 30.00	NA

Payment is due on Friday preceding care if paying weekly and on or before the 1<sup>st</sup> of the month if paying monthly. Please add a \$20 late fee if your circumstances require you to make your installment late.

# The Rules

## The Parent Agrees:

1. To pay an annual supply fee of no more than \$120 per family per school year and a registration fee of \$25 for first time families. Fees will be prorated when a family signs up after the school year has started. Supply fees will run \$30 per quarter for families that start after November 30<sup>th</sup>. So the supply fee will be \$90 if starting after December 1<sup>st</sup>, \$60 if starting after February 28<sup>th</sup>, and \$30 if starting after May 31<sup>st</sup>. Spots will be filled on a first come, first serve basis. Receipt of required paperwork and your first installment, registration fee, and supply fee will secure your spot. **Supply fees will be paid on or before 8/1/18 or on the first day of care .**
2. My Lil Wranglers counts on your tuition, so obligations can be met. Therefore, your tuition is due even if your child misses 1, 2, 3, 4, or 5 days in a week. **If paying monthly, you will pay 12 times per year with tuition due no later than the the 1<sup>st</sup> of each month. If paying weekly, you will pay 52 times per year with tuition due no later than Friday evening preceding care.**
3. Our teachers get paid for the days we are closed on our calendar, and therefore our students also pay on scheduled closings. In the event of a nonscheduled closing, you will receive a credit based on your average daily rate. Scheduled closings can be viewed on our calendar at [www.mylilwranglers.com](http://www.mylilwranglers.com) and generally fall on Federal Holidays. **My Lil Wranglers takes the following days off each year. 1) July 4<sup>th</sup> plus one travel day 2) Labor Day 3) Thanksgiving plus one travel day 4) Christmas Eve, Christmas and one travel day 5) New year's plus one travel day 5) Memorial Day 6) Martin Luther King Day (MLK Day is a bad weather make up day for Keller ISD, so if we miss a day due to inclement weather, we will be open on this day).**
4. The parent agrees to drop the child off well rested. Drop off shall not be before 6:30 am and not after 11 am. You will be responsible to pack and provide a nutritious lunch for the child each day. The child should be appropriately dressed for cold weather, hot weather, and school activities.
5. Inclement Weather – If this facility is required to close due to inclement weather, payment is still required. The decision to close due to inclement weather will correspond with the decisions made by the administration at Keller ISD. If Keller ISD modifies their schedule due to inclement weather, My Lil Wranglers will do the same. Information on school closings can be found at [www.kellerisd.net](http://www.kellerisd.net), [www.mylilwranglers.com](http://www.mylilwranglers.com) , or it will be announced on television by Keller ISD. **Martin Luther King Day is designated as a Bad Weather Make-up Day. If we miss a day due to inclement weather, we will make that day up on Martin Luther King Day.**
6. **The parent agrees to pay an overtime rate of \$20 per hour per child when the child/ren is picked up late without due notice.** This late fee may be waived or adjusted if prior notice (24 hours) and arrangements have been agreed upon between Parent and Provider.
7. To have backup childcare arranged for scheduled facility closings. This can be an issue on weather days and scheduled closings.
8. To submit a statement certifying your child's immunization record, a listing of special health needs, and the name of your child's physician.
9. **Your child must have or be in the process of obtaining all immunizations at the medically appropriate times according to state law. Per state law, each child must visit the doctor within 30 days of their 4th birthday to obtain physical, update immunizations, and obtain a hearing and vision screen.**
10. Provide a list of people authorized to pick up your child. You may allow somebody not on the list to pick up your child by making a statement in writing (who, when, etc.). In an emergency, a phone call authorizing somebody to pick up your child will be allowed. For your child's protection, proper identification will be required for anybody to remove a child from this establishment.
11. To notify your building in case of illness and the decision to keep a sick child home.

12. To refrain from bringing candy, gum, and toys with your child unless it is a special occasion (Party or Resting Toy).
13. At any time, you may contact the local Child Care Licensing Office located at 1501 Circle Drive STE 110 in Fort Worth, TX. The phone number is (817) 321-8604. You may ask for our most recent Licensing inspection report and/or questions about the Minimum Standard Rules for Licensed Child-Care Centers. If you suspect child abuse, you may dial the FPS Child Abuse Hotline at 1-800-252-5400. You may obtain information regarding other operations in this area by accessing [www.txchildcaresearch.org](http://www.txchildcaresearch.org)

## The Provider Agrees:

- 1) To provide childcare services for the above-named child during the following hours. Our facility is open from 6:30 am – 6:00 pm Monday – Friday.
- 2) Scheduled closings for holidays and building maintenance can be found on our calendar at [www.mylilwranglers.com](http://www.mylilwranglers.com)
- 3) To have a clear background check on all individuals working with your child including volunteers. Parents wishing to volunteer must have a clear background check.
- 4) To provide Morning and Afternoon snack. You will provide lunch each day.
- 5) To provide a safe environment for the children.
- 6) To provide appropriate activities and toys for the children.
- 7) To communicate with the parent about the needs and achievements of the children
- 8) Newsletters will be sent home weekly with important information regarding our program.
- 9) To apply a "Love and Logic" approach to discipline. Corporal punishment will not be utilized in this facility. Timeout will not be overused, but may be used when appropriate. Timeout shall never occur for longer than one minute per age of child. (example - a 3 year old may have a time-out that lasts no longer than 3 minutes)
- 10) To have an emergency plan available. This plan is available in the kitchen for parent review.
- 11) To observe all children for symptoms of illness and abuse as per state law.
- 12) **Children with an oral temperature of 101 degrees or with symptoms such as diarrhea or vomiting will be isolated from the group and parents will be called to come pick up the child. Children that become sick with a fever must be isolated from the group for a 24 hour period.** (example – If a child is sent home at 2:00 pm with a temperature, that child may not re-enter this facility until 2:00 pm the next day)
- 13) If a child is seriously injured or becomes seriously ill, I will administer CPR and/or appropriate first aid until EMT's arrive. I will call "911" immediately for assistance. I will call parents as soon as possible with information deemed from paramedics.
- 14) If any child shows evidence of abuse, the Department of Family and Protective Services will be notified as per State Law.
- 15) To provide the parent with a social security number or tax ID number and a statement including all fees paid for daycare expenses
- 16) To meet with you about any concerns you may have between the hours of 8:00 am and 5:30 pm by appointment. You may call Dawn Wilson at 817-692-2066 to schedule an appointment.
- 17) To provide a rocking chair to feed you infant in our infant room.

## Both Parent and Provider Agree:

- 1) **My Lil Wrangler Guarantee!** Once we agree on a rate, your tuition will never raise for comparable services! It is normal for our rates to change each year, but your rate will be locked in. It can only go down! This does not apply to any tuition increases that incur due to services added to the curriculum program. This also does not apply if any legislation passes that would increase the cost to provide services.
- 2) That childcare will not be provided if the child or provider shall be considered too ill to receive or provide care. **In order to protect the children from communicable disease, a child with an oral temperature of 101 degrees or higher will not be eligible for care for a 24 hour period of time**
- 3) That the Provider will give at least 30 days notice of any planned, temporary closings.
- 4) All contracts are valid from the first day of enrollment until the contract is terminated by either party with a minimum of a ten day notice. If the contract should change, you will receive an amended contract with the changes and/or additions highlighted. **If the parent should leave without giving 10 days due notice, the parent will still be charged for those ten days.**
- 5) Tuition must be paid in advance for your child to attend this facility. **In the event tuition is not paid on time, your credit card on file will be charged the next day to avoid the \$20 late fee. A 2% convenience fee will be added to the installment. If this transaction fails to process, services may be discontinued until payment can be secured.**

- 6) Parents may visit or call at any time during normal child care hours to discuss or check on their child/ren. For sensitive situations or disagreements with the items in this contract, you may schedule an appointment with the director between the hours of 8 am – 5:30 pm.
- 7) This facility provides mid-morning snack and afternoon snack. Parents may drop their child off as early as 6:30 am well fed and will provide a cold lunch for their child that includes healthy choices. These meals should be balanced and may not include candy, carbonated beverages, or drinks that contain red dye.
- 8) House Bill 2086 has designated all daycare centers gang-free zones. We are required to inform our families that any gang activity within 1000 feet of this facility is a violation of this law and will be subject to increased penalties under state law

# My Lil Wranglers Childcare Contract

4470 Keller Hicks Road, Fort Worth, Texas 76244

817-692-2066

[sdawnwilsonmlw@aol.com](mailto:sdawnwilsonmlw@aol.com)

Our calendar is in this contract. This contract can be viewed at anytime on our website. Any closings due to inclement weather can be found at [www.mylilwranglers.com](http://www.mylilwranglers.com)

This contract is entered into by and between the parent \_\_\_\_\_ of

\_\_\_\_\_, \_\_\_\_\_, Texas \_\_\_\_\_  
Address City Zip Code

Hereinafter "Parent" and My Lil Wranglers of 4470 Keller Hicks Road in Fort Worth, Texas 76244; Hereinafter "Provider" for the purpose of securing arrangements for childcare of the children below on the designated days for the agreed tuition rate.

A 10% discount is available off of our FULL TIME RATES ONLY if you are a teacher that keeps your children home on teacher-off-days, military, or have multiple children in full-time care. You may only have one 10% discount if multiple situations apply.

If you qualify for at least one of these discounts, which one will you claim? \_\_\_\_\_

Please enter the children's name, birthdate, and days of the week you will need care.

Child's Name	Birth Date	Days of Care	Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In order to start care, your first installment must be paid in advance and all paperwork must be complete including this contract, the State of Texas Form, and your child(ren)'s shot records.

The first day of care will be on \_\_\_\_\_  
Enter date here

**Important Phone Numbers**

Primary Contact	_____	_____	_____
	Name and Relation to child	Day time Phone	Cell Phone
Secondary Contact	_____	_____	_____
	Name and Relation to child	Day time Phone	Cell Phone
Emergency Contact	_____	_____	_____
	Name and Relation to child	Day time Phone	Cell Phone

**My Lil Wranglers offers three ways to pay .**

- 1) Cash                      2) Check                      3) Debit Card (free)                      4) Credit Card (additional fees apply when using credit)

**Auto Pay Authorization**

My Lil Wranglers charges a 2% convenience fee to run your credit card. Timely payment is essential for our business as payroll, rent, and other expenses are very high. Your timely payment allows us to meet our obligations on time. If you should forget to pay by cash, check, or debit on the due date, or if you would like us to take care of payment for you, this authorization will give us permission to run your credit card to bring your balance to zero and to avoid the \$20 late penalty. When we run your credit card, we will always run it as credit as we will never ask for your PIN #. Because of this, you will be charged a 2% convenience fee to help cover the costs associated with using credit.

**This section will be filled out by the provider**

Your \_\_\_\_\_ installments for tuition will be \$ \_\_\_\_\_ and your supply fee is due on August 1<sup>st</sup> of each year for the amount of \$120. This installment covers care for the children below in this contract.

**Debit/Credit Card Authorization – Debit/Credit Card Payments**

I give permission to My Lil Wranglers to charge the card on file for tuition installments, supply fees, and late fees if applicable. If there is an outstanding balance on my account after an installment is due or when this contract expires, I authorize My Lil Wranglers to run my credit or debit card to clear up the outstanding balance due. This would include tuition incurred for a family that fails to give the required two-week notice to end this contract. When My Lil Wranglers runs your credit/debit card, we will charge only for installments and supply fees that are past due. I understand that both debit and credit cards will be run as credit and subject to the convenience fee agreed upon in this contract (2%).

I agree that My Lil Wranglers has the authority to charge for any monies owed to clear up this contract on the credit or debit card below.

Card Type    Visa    Mastercard    Discover    Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_ CVC \_\_\_\_\_

Your first payment will include your Registration Fee (\$25)	\$ _____
Your Supply Fee (\$120 per year or \$30 per quarter-Aug, Dec, Mar, June)	\$ _____
\$120, \$90, \$60, \$30	
Your First Installment	\$ _____
Your First Payment will be	\$ _____



Please initial next to each statement to ensure that you understand some of the very important terms of this contract.

\_\_\_\_\_ By initialing here, I understand that drop off is between 6:30 am and 11:00 am. Pickup shall happen no later than 6 pm.

\_\_\_\_\_ By initialing here I understand that payment is always due in advance. If paying weekly, payment is due on the Friday evening preceding care. If paying monthly, payment is due on or before the 1<sup>st</sup> of the month. To avoid the \$20 late fee, if you should forget payment, My Lil Wranglers will charge the unpaid balance to the card on file plus a 2% convenience fee. If payment can not be made, services may be discontinued until such time that payment can be secured.

\_\_\_\_\_ Your \$25 Registration fee (new customers only) and your supply fees are non-refundable.

\_\_\_\_\_ By initialing here, I confirm that my State of Texas Admission Information is on file at this school. If I am a returning student I confirm that my address, phone number, emergency contacts, and email addresses are all current.

By Signing below, I confirm that I have read and understand the policies outlined in this contract. I understand that both the parent and the provider are bound by the terms of this contract.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

**You must now fill out the State of Texas Admission Information and Provide your Shot Records**



# ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> 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.			

<b>CHECK ALL THAT APPLY:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- consent for my child to be transported and supervised by the operation's employees:	
<b>1. <input type="checkbox"/> TRANSPORTATION:</b>		<input type="checkbox"/> Walk home <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. <input type="checkbox"/> FIELD TRIPS:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child to participate in Field Trips:			
<b>Parent's Comments:</b>					
<b>3. <input type="checkbox"/> WATER ACTIVITIES:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child to participate in Water Activities:			
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
<b>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
<b>5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b>					
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack					
<b>6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>					
<input type="checkbox"/> Mondays	from:		to:		
<input type="checkbox"/> Tuesdays	from:		to:		
<input type="checkbox"/> Wednesdays	from:		to:		
<input type="checkbox"/> Thursdays	from:		to:		
<input type="checkbox"/> Fridays	from:		to:		
<input type="checkbox"/> Saturdays	from:		to:		
<input type="checkbox"/> Sundays	from:		to:		

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility 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 past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's 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 – Parent or Legal Guardian

Date



# ADMISSION INFORMATION

**SCHOOL AGE CHILDREN:**

My child attends the following school:

\_\_\_\_\_ Name of School and Address \_\_\_\_\_ School Ph.# \_\_\_\_\_

**CHECK ALL THAT APPLY:**

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 also on file.

My child has permission to:  walk to or from school or home,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**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.

Please 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 / she is able to take part in the day care program.

\_\_\_\_\_ Health Care Professional's Signature \_\_\_\_\_ Date \_\_\_\_\_

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 will submit it to the child-care operation.

Name and address of health care professional: \_\_\_\_\_

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

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date



# ADMISSION INFORMATION

## HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age ▶ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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Signature or stamp of a physician or public health personnel verifying immunization information above.

_____ Signature	_____ Date
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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.

_____ Parent's signature	_____ Date
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I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

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

_____ Signature – Parent or Legal Guardian	_____ Date
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