

WELCOME!



Welcome to Spirals Gymnastics After-School Program!

Spirals after school program offers a unique environment that promotes individual development in a fun and safe way. Our program is licensed by the state of Texas.

Safety of our students is the primary concern of our staff at all times. From the minute the school bell rings until the time you arrive to pick your child up we want to be able to provide a safe and fun environment for them.

In order for our school pick up procedure to run smoothly, it is vitally important that we know that your child needs our pick up service for the day, so that we can get to the gym quickly where the fun officially begins. **Please contact us before 2:00 pm at 817-473-4944 in Mansfield or 817-516-2100 in Kennedale if your child will not be in attendance on a particular day to avoid a \$10 No Call fee.**

Our concerns for your child's safety do not stop there. The students will be supervised at all times by our professional staff. We will see that they receive a snack, are helped with homework and, of course, have lots and lots of FUN!

Included in this packet is your Parent Manual. This comprehensive guide will help you and your child get the most out of your after school program. Please feel free to contact us at any time. We are looking forward to an exciting school year.

Mansfield Services the following Schools

J.L Boren

Alice Ponder

Erma Nash



SPIRALS GYMNASTICS AFTER SCHOOL REGISTRATION



Customer Information

Mother: _____	Father: _____
Address: _____ City: _____ Zip: _____	
Mom's Cell: (____) _____	Dad's Cell: (____) _____
Mom Work: (____) _____	Dad Work: (____) _____
First Number To Call: _____	
<i>This is the first number we will call for any reason regarding your child(ren).</i>	
Email Address: _____	
Driver's License: _____	
Why did you choose Spirals? _____	

Student 1:

Student Name: _____ DOB: _____ Age: _____ Gender: _____

School Name: _____ Grade: _____ Phone: _____

School Address: _____ City: _____ Zip: _____

Student 2:

Student Name: _____ DOB: _____ Age: _____ Gender: _____

School Name: _____ Grade: _____ Phone: _____

Student 3:

Student Name: _____ DOB: _____ Age: _____ Gender: _____

School Name: _____ Grade: _____ Phone: _____

My child(ren)'s immunization and vision and hearing screening records are current and on file with the school(s) listed above

Name: _____ Signature: _____ Date: _____

Date of Admission: _____ Date service is to begin: _____

Registration: _____

Supply Fee Per Family: _____

Total: _____

Date: _____ Initials: _____

Participant Emergency Information

PLEASE PRINT		
Student's Name:	DOB:	Age:
Address:	City & State:	Zip Code:
Mother's Name:	Cell #	Work #
Father's Name:	Cell #	Work #
In an emergency when parent/guardian cannot be reached please contact the following:		
Emergency Contact:	Phone:	
Emergency Contact:	Phone:	
Physician's Name: _____	Phone: _____	
Physician's Address: _____		
Insurance Provider:	Policy Number:	
Hospital:	Ambulance Service:	
Medical Information		
<p>*Is your child allergic to any medication? Yes _____</p> <p>No _____ If yes, please list: _____</p>		
<p>*Is your child currently taking any long term or continuous medication?</p> <p>Yes _____ No _____ If yes, please list: _____</p>		
<p>*Has your child been hospitalized in the past 12 months? Yes _____</p> <p>No _____</p> <p>If yes, please explain: _____</p>		
<p>*Does your child have any allergies to food, animals, etc?</p> <p>Yes _____ No _____ If yes, please list: _____</p>		
<p>*Does your child have any medical conditions or special needs that may affect afterschool or camp activities? Yes _____ No _____ If yes, please describe: _____</p> <p>*State licensing requires that a copy of an IEP plan for any children with special needs be provided to Spirals Gymnastics. Please sign below acknowledging that a copy <u>will be</u> provided to Spirals within 14 days of registration</p>		
<p>Parent Name: _____ Signature: _____</p> <p>Date: _____</p>		
<p>I authorize my child to obtain medical care and/or to transport my child for emergency medical treatment</p>		
<p>Parent Name: _____ Signature: _____</p> <p>Date: _____</p>		
<p>My child's immunizations records are current and up to date</p>		
<p>Parent's Name: _____ Signature: _____ Date: _____</p>		
<p>I authorize the following people to pick up my child. (Must provide Spirals a copy of each authorized persons driver's license for our records)</p>		
Name: _____	Phone: _____	DL # _____
Name: _____	Phone: _____	DL # _____
Name: _____	Phone: _____	DL # _____
Name: _____	Phone: _____	DL # _____

Spirals Gymnastics Operational Policies

Name of Child: _____

Date of Birth: _____

Name of Child: _____

Date of Birth: _____

Parent/Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

Our Program

Spirals Gymnastics Afterschool Edventure is a state licensed program and follows the guidelines set forth by the Texas Department of Family and Protective Services.

Contact Information: Parents or guardians should contact the After School Director in the event of any questions or concerns regarding the program and their child. A parent/guardian interested in participating in daily or special activities should contact the Day Care Program Director.

The Minimum Standards Rules and Regulations are available for review at the Day Care Program facility or online at www.tdprs.state.tx.us.

The Program's most recent Licensing Inspection Report is posted on the bulletin board in the gym area. The local Licensing Specialist or State agency may also be contacted:

Licensing Specialist - Texas Department of Family and Protective Services Child Care Licensing
1501 Circle Drive Suite 310 Ft.
Worth, TX 76119
Website:
www.hhs.texas.gov
Child Abuse Hotline: 1-800-252-5400

Participants: Our after school program is available for children in grades Kindergarten through 6th.

Enrollment: I understand Texas State Licensing requires all necessary forms to be completed and returned to Spirals Gymnastics before the Afterschool

Program will assume the responsibility of caring for my child. Required forms include Enrollment Form, Liability and Release Form, Operational Policies, Participant Emergency Information Form and verification of receipt of the policies outlined in this document.

Updating Records: I understand it is the responsibility of the parent/guardian to keep their child/children's files and records up to date. If there are any changes, please notify the office immediately.

_____ **Dress Code:** If your child wears a dress or skirt to Spirals, please have them wear a pair of shorts underneath. **For safety purposes, tennis shoes are required daily.** Flip-flops, sandals, crocs or any type of slip on shoes or open toe shoes are not allowed. If your child(ren) wears these to school, have them pack a pair of tennis shoes in their back pack.

_____ **Personal Items:** I understand items such as, hand held video games, trading cards and toys are not permitted in our after school program. **Spirals is not responsible for any personal items that are lost or stolen.** Any toys that are not kept in a student's backpack will be taken up by a teacher or a staff member and can be collected by the parent when they pick up their child(ren) that evening.

Daily Procedures

_____ **Hours of Operation:** I understand the Afterschool Program will provide child care services according to the Mansfield ISD School Calendar and will be closed on school holidays and teacher work days. These specific days change each year and a specific calendar of days of operation is included in your parent packet. Operating hours will be Monday through Friday from 3:00 p.m. to 6:30 p.m. **Tuition is not prorated for holidays and school closings. Parents will be obligated to pay the full weekly or monthly tuition amount regardless of attendance.**

_____ **Transportation:** I understand students will be transported directly from their school to Spirals Gymnastics facility by 15 passenger vans. Students that are 5 years to 7 years old will be provided with a booster seat. Child counts are taken upon entering the vehicle, exiting the vehicle, and entering the facility.

_____ **Student Pick Up:** I understand that every time I pick up my child(ren) from Spirals, I am required to enter the school to sign him/her out on the Sign-Out sheet in the entry by putting my initials and time of pick up and notifying a staff member that my child(ren) is/are leaving. I understand that my child is not permitted to sign him/herself out. The person(s) picking up must have a valid ID on file and be on the authorized pick up list in order for our staff to release your child(ren) to that person(s). No one other than those listed on the authorized pickup list will be allowed to pick up a child. If someone other than the persons listed is to pick up the child, Spirals must be notified in advance. We will require positive identification (drivers license) before the child will be allowed to leave with that person.

_____ **Meals and Snacks:** I understand a whole grain snack and juice will be served daily during the afterschool program. Students are more than welcome to bring a snack from home. **Students may purchase a snack or drink from the vending machines, however they must have the correct amount of change to do so. Available in Mansfield location only.**

_____ **Visitation:** I understand Spirals Gymnastics has an "Open Door" Policy. Parents/guardians may come at any time to visit and check on their child(ren). It is not necessary to schedule an appointment to visit the facility.

_____ **Discipline and Guidance:** Please see attached Discipline and Guidance Policy from the Minimum Standard Rules for Licensed afterschool programs.

Students are expected to be respectful to other students and staff members. Consequences for inappropriate behavior will be addressed with the parent/guardian.

_____ **Withdrawal Notice:** I understand a two-week written notice is required to withdraw my child(ren) from the after school program. **My account will be charged accordingly until a written notice is received.** A withdrawal form may be obtained from the office. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If there was an outstanding balance at the time of withdrawal, I will be required to bring my account current prior to re-enrollment.

Tuition and Fees

_____ **Registration Fee:** I understand registration is on a first come, first serve basis, depending on available space. A discount is offered on the registration and tuition for additional children within the same family. Registration fees are due upon enrolling my child in the after school program. The registration fee is \$45.00 per family. **Registration Fees are non-refundable and non-transferable.**

_____ **Supply Fee:** In order for our school age program to have new games, art supplies, movies etc. we charge an annual supply fee of \$75.00 per family when you register your child(ren) with Spirals. **Supply fees are non-refundable and non-transferable.**

_____ **Tuition Rates:** I understand payments may be made on a weekly or monthly basis. The weekly tuition varies depending by which payment option you choose for our family. Options can be found in the packet on the tuition fees page. **Tuition is non-refundable and non-transferable.**

_____ **Tuition Due Date:** I understand the first tuition payment is due at the time of registration. I understand **Monthly** tuition payments are generally due the last Friday of each month for the upcoming month and **Weekly** tuition payments are due each Friday for the upcoming week. Payments are accepted in the form of cash, check or credit card. However, we do not accept American Express. Please make checks payable to Spirals Gymnastics. Payments must be received in full. Partial payments will not be accepted.

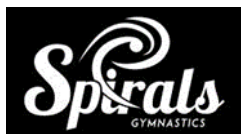
_____ **Tuition Late Fees:** I understand my account will be charged a \$10.00 late fee if tuition is not paid by the payment due date. I understand that if my account is delinquent for one week, I may be asked to withdraw my child until my account is made current. Spirals cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid fees may be sent to a thirdparty collection agency.

_____ **Late Pick Up Fee:** I understand I am considered late picking up my child(ren) if I arrive after the scheduled closing time of 6:30 pm and a fee of \$1.00 per minute, per child will be charged to my account. I understand if my child(ren) are still at Spirals at 6:45 pm, they will contact the parent/guardian first, followed by authorized pick up person(s).

_____ **No Call Fee:** I understand if I fail to notify Spirals of my child(ren)'s absence by 2:00 pm, a \$10.00 fee will be placed on my account. This fee will be assessed to my account the first time notification is not made.

_____ **Refunds:** I understand there are no refunds for the after school tuition, supply fees and/or registration fees. **There will not be a discount, credit or refund for any days my child(ren) are absent. Tuition, registration and supply fees are non-transferable and nonrefundable.**

_____ **Returned Check Fee:** I understand the returned check fee is \$25.00. Payment must be made by cash, credit card or money order within one week of notification. I am responsible for the principal amount plus all returned check fees.



Absences and Closings

_____ **Attendance:** I understand Spirals staff must be notified no later than 2:00 pm if my child(ren) will not need to be picked up from their school on a particular day. If unable to speak to the office, please leave a detailed message on the answering machine. We check our messages several times throughout the day. **If your child does not attend Spirals, there will not be a discount, credit or refund for that day.**

_____ **Illness:** In the event of an illness, please keep your child(ren) home so other children will not be exposed and become ill. I understand if my child becomes ill during program hours, I will be notified and pick up my child promptly. Health Department regulations prohibit the admittance of any child into an after school facility exhibiting the following symptoms: Fever – Any child with a temperature of 100.5 degrees or higher will be sent home **(the child must be free of fever for 24 hours before returning to Spirals facility)**, runny nose with colored discharge, diarrhea or vomiting, or communicable diseases (chicken pox, roseola, conjunctivitis, mumps, measles, influenza, etc.). **If your child does not attend Spirals in the event of illness, there will not be a discount, credit or refund for that day.**

_____ **Inclement Weather and other disasters:** I understand Spirals follows the Mansfield ISD inclement weather guidelines. If your school district is closed due to weather, Spirals will be closed as well. **There will be no discount, credit or refund if we must close for inclement weather.**

_____ **Holiday and School Closings:** I understand tuition is not prorated for holidays and school closings. **I will be obligated to pay the full weekly or monthly tuition amount regardless of attendance.** I understand attendance to the one day and weekly holiday camps is an additional \$19.00 per day, per child. There is no charge for extended care. (This amount reflects a 50% discount off the regular daily rate charged to non-after school families).

Medical Information

_____ **Medications:** I understand Spirals will not be responsible for administering medication of any kind to any child with the following exceptions: asthma inhaler or Epi-Pen in an emergency situation. I understand that I must have a completed Medication Authorization Form on file in the office. I understand these medications must be in their original packaging with doctors' instructions. No medications may be in a child's possession or sent in their backpacks. We ask that you contact the nurse at your child's school to administer any necessary medicine before 3:00 pm and arriving at Spirals.

_____ **Immunization Requirements:** I understand it is my responsibility to ensure that my child remains current on all required immunizations and that those records are current at my child's school facility. Failure to do so could cause my child to be excluded from the After School Program. At this time, testing for tuberculosis is not required.

_____ **Emergencies:** I understand fire drills and smoke detector tests will be conducted once per month and disaster drills will be conducted twice per year.
I understand first aid will be administered to any child needing care. Serious accidents will be recorded on an Accident/Illness Report. Parents or guardians will be given a copy of this report and Spirals Gymnastics will retain a copy. Serious accidents will be reported to the Child Care Licensing Office of the Texas Department of Family and Protective Services.
I understand in the event of a medical emergency 911 will be called. The parent or guardian will then be contacted. If the parent or guardian cannot be reached, the directions on the enrollment form will be followed.

_____ **Parental Notifications:** Parents or guardians will be notified in writing regarding changes in policy and serious incidents or illnesses. Parents are given a discipline and guidance plan in this handbook. Parents will be notified in writing of any policy changes affecting the after school program.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Operational Policies. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____
Date: _____

Parent/Guardian Name (Printed): _____

Employee Signature: _____
Date: _____

Discipline and Guidance Policy for Spirals Gymnastics Inc.

- ◆ 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.

Accommodating Families and Children

Family Accommodations- All Spirals programs believes that children of all ability levels are entitled to the same opportunities for participation, acceptance and belonging. We will make every reasonable accommodation to encourage full, active participation of all children in our program based on their individual capabilities and needs. We ensure equal educational opportunities are available for all children, without regard to race, color, creed, national origin, gender, age, ethnicity, religion, disability, or parent/provider political beliefs, marital status, sexual orientation or special needs, or any other consideration made unlawful by federal, state or local laws. Educational programs are designed to meet the varying needs of all students. If your child has an identified special need, please inform us at the time of his/her enrollment so that we may accommodate those needs.

My signature verifies I have read and received a copy of this discipline and guidance policy

Signature:_____ Date:_____

Check one please: ☐ employee/caregiver ☐ household member of child-care home

Texas Administrative Code, Title 40, /Chapters 746 and 747, Subchapters L, Discipline and Guidelines

Last Edited: 10/2024-2025 Afterschool Monthly Payment Schedule
(Mansfield ISD)

Month	Payment Due Date	Weeks Included	# of weeks	Monthly with Auto Pay	Weekly with Auto Pay	Weekly Fee/Cash, Check or CC
Aug	8/9	8/14- 8/30	3	\$218.25	\$79	\$83
Sep	8/30	9/2-9/27	4	\$291	\$79	\$83
Oct	9/27	9/30-11/1	5	\$363.75	\$79	\$83
Nov	11/1	11/4-11/29	4	\$291	\$79	\$83
Dec	11/29	12/2-12/27	4	\$291	\$79	\$83
Jan	12/27	12/30-1/24	4	\$291	\$79	\$83
Feb	1/24	1/27-2/28	5	\$363.75	\$79	\$83
Mar	2/28	3/3-3/28	4	\$291	\$79	\$83
April	3/28	3/31-4/25	4	\$291	\$79	\$83
May	4/25	4/28-5/22	4	\$291	\$79	\$83

Registration Fee: \$45.00 per family

Supply Fee: \$75 per family

Monthly Tuition: The monthly rate reflects a \$10.00 discount per month for auto pay customers (not per sibling.)

Siblings receive a \$10 discount off of the monthly rate (not the auto-pay rate.)

Weekly Tuition: The weekly rate is \$83 if paying card, cash, or check without auto pay or \$79 for auto pay customers.

Siblings receive a \$2 per week discount of \$81. (There is no auto pay discount for siblings.)

Drop in Tuition / Daily Drop in Rate is \$35.00 per child.

Tuition Due Date: (see payment schedule for monthly payment due date)

Tuition Late Fee: \$12.00 if not paid by the tuition due date

Holiday Schedule

Camp Dates	Holiday
Mon & Tue Aug. 12 th & 13 th	Student Holiday – Camp Available
Mon Sept 2 nd	Labor Day – Spirals is CLOSED – No Camp is Offered
Friday Sept 20 th	Student Holiday - Camp Available
Monday Oct 14 th	Student Holiday - Camp Available
Mon. & Tue Nov. 4 th & 5 th	Student Holiday - Camp Available
Nov 25 th -29 th	Thanksgiving Break- Camp Available (SPIRALS CLOSED 11/28 & 11/29)
Fri. Dec. 20 th	Student Holiday – Camp Available
Dec 23 rd – Dec 27 th	Holiday Camp- Camp Available: SPIRALS CLOSED (12/24 & 12/25)
Dec 30 th -Jan. 3 rd	Holiday Camp-Camp Available: SPIRALS CLOSED (12/31 & 1/1)
Mon & Tue. Jan. 6 th & 7 th	Student Holiday – Camp Available
Mon. Jan. 20 th	Martin Luther King Jr. Holiday – Camp Available
Fri. Feb 14 th	Student Holiday – Camp Available
Mon. Feb. 17 th	Student Holiday - Camp Available
Mar. 17 th -21 st	SPRING BREAK – Camp Available
Fri Apr 4 th	Student Holiday – Camp Available
Fri May 23 rd	Student Holiday – Camp Available
Holiday Camp Rate is \$25 per day (no extra charge for extended care)	Regular tuition is still paid, plus the \$19 per day for the Holiday camp rate. This rate reflects a 50% discount off the regular daily rate charged to non-after school families. Full Week Closing Policy: <u>Nov 25-29, Dec 23-27, Dec 30-Jan. 3,</u> <u>Mar 17–21</u> if your child <u>DOES NOT</u> attend any camp days, you will only pay <u>50% of the weekly tuition.</u>

--

A Typical Day in After School at Spirals	
Time	Activity
3:15 – 3:50	Transport Students
3:50 – 4:00	Student Roll Taken
4:00 – 5:00	Homework Time/Open Gym/Organized Group Activities
5:00 – 6:00	Snack/Outdoor Activities (Weather Permitting)
6:00 – 6:30	Indoor Table Activities/Prepare To Go Home



AUTOPAY INFORMATION

Payment schedule	WEEKLY / MONTHLY
Card Type	
Card Number	
Expiry	
CVV code	
Name on card	
Address (ZIP)	



TEXAS
Health and Human
Services

Form 2935
April 2023

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 phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
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.:	

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 ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds
Is your child able to swim without assistance: ☐ Yes ☐ No

If no, what type of assistance is needed: _____

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- | | |
|--|---|
| <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"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <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 (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 the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Child's Special Care Needs (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (<i>include instructions below</i>) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

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 <https://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).

Signature — Parent or Legal Guardian _____

Date Signed _____

School Age Children

My child attends the following school: _____

School Area Code and Phone No.: _____

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 or her sibling under 18 years old

Authorized pick up or 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.**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	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

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

Signature — Parent or Legal Guardian _____

Date Signed _____

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 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 _____

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. (*Select **only one** option.*)

- ☐ 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.
- ☐ 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.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

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)	
	12-15 months (fourth dose)	
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 6 to 18 months after the first dose.	

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.

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 _____

Physician or Public Health Personnel Verification

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

Signature _____

Date Signed _____

Authorization For Emergency Medical Attention

Last Edited: 10/24/23

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
---------------------------------------	---------------------

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:

- ☐ 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 1. 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.

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 4. 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

Signature — Parent or Legal Guardian

Date Signed

