

# Community Christian Preschool



2024-2025 School Year  
Student Enrollment Packet



# Preschool Enrollment Checklist

If you are enrolling you will need the following:

- Registration Form
- Daycare “Admission Information” Form
- Physician’s Report
- Payment Agreement Form
- Handbook Acknowledgement Form
- Student Computer & Internet Use Permission Slip (K4 only)
- Parent Code of Honor Form
- Photo Release Form
- Copy of Birth Certificate
- Copy of Custody Paperwork (if applicable)
- Updated Immunization Records



## COMMUNITY CHRISTIAN PRESCHOOL/DAYCARE

### **2024-2025 Tuition Fees & Payment Agreement**

The following document details the terms and conditions for the payment of all fees and financial obligations to Community Christian Preschool by its students and their parents (sponsors) for the 2024-2025 August-May School Year. **This contract must be signed by the person who is responsible for payments.** All fees and obligations are to be paid on a timely basis.

The following is a list of fees and specific payment dates. This list does not include all fees and obligations. Students will be notified of other expenses as they occur.

**REGISTRATION FEE:** The \$300 registration fee is non-refundable and non-transferable. Early registration fee will be \$250 and ONLY from February 12-March 29, 2024. The registration fee is due with registration papers before a student is officially enrolled in school. The registration fee and registration papers must be submitted to secure your child's spot in our program. This applies to new students enrolling and current students re-enrolling.

#### **Nursery Weekly Tuition**

5months-18months \$180

Hours: 7:30AM-6:00PM

Monday-Friday

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#### **Preschool Weekly Tuition**

18 months-5years old \$135

Hours: 7:30AM-2:30PM

Monday-Friday

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#### **Preschool and Daycare Weekly Tuition**

18 months-5years old \$160

Hours: 6:45AM-6:00PM

Monday-Friday

### **PRESCHOOL/DAYCARE TUITION:**

1. Payments are due on a weekly basis.
2. Tuition is due on the Monday of each week by 4:00 P.M. If it is not paid by the following Wednesday at 4:00 PM, a \$20 late fee will be added to the students account. If an account is not current by Thursday 7:30A.M. of each week, a child will not be allowed to attend until accounts are current. **NO EXCEPTIONS.**

*Example: \$160 is due Monday August 12<sup>th</sup>, if not paid by Wednesday the 14<sup>th</sup> at 4:00 PM a \$20 late fee will be and the balance due will be \$180. If a balance is not paid by Thursday the 17<sup>th</sup> at 8:00AM a child may not attend until the account is paid in full.*

3. Tuition fees for each week is due in full, even if a child attends for only a part of the week.
4. A \$25 computer charge will be charged to K4 students' accounts in September 2, 2024.
5. A \$50 Graduation charge will be charged to K4 students' accounts on March 10, 2025.
6. All May payments must be made before K-4 graduation, or the student will not participate in graduation.
7. Any child who is not enrolled in full time preschool/daycare will be charged an hourly late pick up rate of \$10.00 per hour for every hour or part of an hour they are in daycare. This total is calculated at the end of the week and charged to your account on the following Monday.
8. If a child is picked up after 6:00PM there is a late pick-up fee (*\$10.00 for every 5 minutes*).

Childcare fees are subject to change based on unforeseen changes in cost of childcare services. After receiving a final notice you will be *dismissed from enrollment in Community Christian Preschool*. This policy will be implemented and managed by the preschool Director.

I have read this Fees and Payment Agreement and understand and agree to the terms and conditions.

- *I understand that tuition and daycare fees are subject to changes. In the event fees change, I agree to pay the new tuition fees or forfeit my child's reservation at Community Christian Preschool.*
- *I understand that my commitment impacts the school's financial liabilities such as the school staff, vendors, service providers, and others. I understand that all payments are non-refundable, non-negotiable, and non-transferable.*
- *I understand that early withdrawal of my student can result in the obligation to pay my balance in full.*
- *I understand that early withdrawal requires a two-week notice and my account is to be current in payments.*
- *I understand that non-payment of any fee due the school will result in termination of school services, and all past due bills are payable immediately.*
- *I understand that no student's records will be released for any reason until the balance of this obligation is paid in full.*

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Parent or Guardian's Signature

Student's Name/Grade

Date

*(Person signing contract is responsible for the bill.)*



## COMMUNITY CHRISTIAN PRESCHOOL/DAYCARE

### 2024-2025 2-Day Program Tuition Fees & Payment Agreement

The following document details the terms and conditions for the payment of all fees and financial obligations to Community Christian Preschool by its students and their parents (sponsors) for the 2024-2025 August-May School Year. **This contract must be signed by the person who is responsible for payments.** All fees and obligations are to be paid on a timely basis.

The following is a list of fees and specific payment dates. This list does not include all fees and obligations. Students will be notified of other expenses as they occur.

**REGISTRATION FEE:** The \$200 registration fee is non-refundable and non-transferable. Early registration fee will be \$150 and ONLY from February 12-March 29, 2024. The registration fee is due with registration papers before a student is officially enrolled in school. The registration fee and registration papers must be submitted to secure your child's spot in our program. This applies to new students enrolling and current students re-enrolling.

#### **2 Day Preschool Weekly Tuition**

18 months-5years old \$65

Hours: 7:30AM-2:30PM

Monday-Friday

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#### **2 Day Preschool and Daycare Weekly Tuition**

18 months-5years old \$100

Hours: 7:30AM-6:00PM

Monday-Friday

**PRESCHOOL Two-Day Program TUITION:** Tuition is a weekly fee payable as outlined below.

1. Tuition is to be paid in full each week, and due at the beginning of each week.
2. In the Two-Day program, a student is enrolled for the days decided by the Director and availability.
3. Two-Day Preschool Program hours are 7:30 am -2:30 pm. If a student is not picked up by 2:45pm there will be a late pick-up fee (\$10.00 for every hour or part of an hour). **NO EXCEPTIONS.**
4. If the child does not attend a scheduled day of care, their payment is nontransferable and non-refundable.
5. Tuition is due every week whether student attends or not.
6. Childcare fees are subject to change based on unforeseen changes in cost of childcare services. Parents or guardians will be notified of any changes in a timely manner. Tuition is due on the Monday of each

week by 4:00 P.M. If it is not paid by the following Wednesday at 4:00 PM, a \$20 late fee will be added to the students account. If an account is not current by Thursday 8:00A.M. of each week, a child will not be allowed to attend until accounts are current. **NO EXCEPTIONS.**

7. Should you receive *more than one final notice* on your account you are subject to *termination of enrollment from Community Christian Preschool.*
8. If a child is picked up after 6:00PM there is a late pick-up fee (*\$10.00 for every 5 minutes*).

**I have read this Fees and Payment Agreement and understand and agree to the terms and conditions. I understand that my decision to enroll my child will result in the school making annual financial commitments to the school staff, vendors, service providers, and others. I understand that early withdrawal of my student can result in a negative impact on the school's obligations and if necessary can require that I pay my obligation in full. Early withdrawal in any case will at minimum require that payment in full be paid for any month in which at least any part of one day is attended. I understand that non-payment of any fee due the school will result in termination of school services, and all past due bills are payable immediately. I understand that no student's records will be released for any reason until the balance of this obligation is paid in full.**

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Parent or Guardian's Signature

Student's Name/Grade

Date

*(Person signing contract is responsible for the bill)*



# Preschool Registration Form

Age of child by September 1<sup>st</sup>:       5-18months       18-24months       24-30months       30-36months       36-48months       4 yrs.

FIRST NAME	MIDDLE NAME	LAST NAME	NICKNAME
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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

**Father's** Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Email \_\_\_\_\_

**Mother's** Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Email \_\_\_\_\_

**Guardian's** Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Email \_\_\_\_\_

**Child resides full time with:**     Mother/Father     Mother only     Father only     Guardian  
 Father/Step Mother     Mother/Step Father     Other \_\_\_\_\_

**If the student's parents are divorced or are not married, which parent has legal responsibility for:**  
 School Related Decisions: \_\_\_\_\_ School Bills: \_\_\_\_\_  
 Custody of the Student: \_\_\_\_\_ Receiving School Communications: \_\_\_\_\_

**If there is custody paperwork, it must be on file with the school.**       No custody paperwork

**Emergency Contact** (other than parents) Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Person to whom child may be released** (other than parents) Any additional names please list on a separate sheet of paper.  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name and grade of sibling(s) attending CCS \_\_\_\_\_

OFFICE USE ONLY	
Registration Date _____	Payment Received _____
Admission Date _____ (First Day in Attendance)	Notes _____
Account Set Up _____	_____

Has student ever been refused admittance to or let go from any previous childcare facility?  
 If so, why? \_\_\_\_\_

Family Church \_\_\_\_\_

Check all that apply:  attends church regularly  parents attend church  belongs to church's youth group

**MEDICAL INFORMATION (If none apply please mark N/A and sign)**

Physician's Name \_\_\_\_\_

Office Phone Number \_\_\_\_\_

1. List any current health conditions such as heart disease, headaches, diabetes, epilepsy, allergies, asthma, eye or ear problems, or any chronic conditions, etc.:

\_\_\_\_\_

2. Are there any other physical conditions or data, the knowledge of which would be helpful to the school staff in better understanding your child?

\_\_\_\_\_

3. My child is allergic to \_\_\_\_\_

4. List all regular medication (including inhalers) \_\_\_\_\_

5. Food Sensitivities (such as dairy): \_\_\_\_\_

**Employees of the school may administer medication to a student provided:**

1. The school has received a written request to administer the medication from the parent/legal guardian.
2. When administering prescription medication, the medication appears to be in the original container and to have an affixed prescription label with the student's name, name of drug, and the directions concerning dosage. Instructions about the duration of the medication period should be included.
3. Non-prescription medication must be in the original container and requires a written request to administer the medication from the parent with instructions concerning dosage which must be age specific.
4. A physician's written request to administer medication is required when the medication must be administered for more than 10 days. The student should **NOT** carry the medication with him/her or administer it to himself/herself unless specified by a physician. All medication is to be kept in the office. Please do not send medication in plastic baggies.

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

\_\_\_\_\_ In case of joint custody, both signatures are required

**Please read the following carefully, check, and sign the bottom.**

\_\_\_\_\_ My child \_\_\_\_\_ has my permission to participate in all activities planned as a part of any session of the school or day care, which includes field trips for PS3 & K4.

\_\_\_\_\_ I understand the discipline policy for Community Christian School.

\_\_\_\_\_ I have read and agree with the philosophy and objectives of Community Christian School.

\_\_\_\_\_ I hereby authorize the school principal, nurse, or teacher in charge to give consent for emergency medical treatment if I, or the physician listed, cannot be reached immediately.

\_\_\_\_\_ (PS3-K4 students only) I hereby authorize school personnel to transport my child in school provided vehicles to off campus school activities.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**In case of joint custody, both signatures are required.**

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**Community Christian School admits students of any race, color, national/ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national/ethnic origin in administration or its educational policies, and other school administered programs.**





# 2024-2025 Physical Form

Child's name: \_\_\_\_\_ DOB \_\_\_\_\_  
has applied for admission in Community Christian Preschool. The daily activities include vigorous outdoor play. Please provide a report on the above-named child using the form below.

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The above-named child is/is not physically and emotionally able to participate in the program described above.

Comments:

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\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone #

\_\_\_\_\_  
Date



# Community Christian Preschool

## Photo Release

I hereby authorize and give full consent to Community Christian Preschool to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs of Community Christian Preschool. I further agree that Community Christian Preschool may transfer or use these photographs in school brochures, social media posts, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMs, and like publications, literature, or materials without limitations or reservations.

Additionally, I agree that use of a photograph or photographs does not constitute in any manner a waiver of Community Christian Preschool policies, program, or rules, nor does continued use constitute and agreement to continue the child's enrollment.

I am the parent and/or guardian of \_\_\_\_\_  
and certify I am authorized to execute this Photo Release.

Printed Name \_\_\_\_\_

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

Relationship to child \_\_\_\_\_

Witnessed by \_\_\_\_\_



# Student Computer & Internet Use Permission Slip (K4 Students ONLY)

Student Name: \_\_\_\_\_

Grade/Age: \_\_\_\_\_  
(As of August 2024)

Community Christian Preschool recognizes the fundamental role technology plays in the 21<sup>st</sup> Century, as well as supports and encourages the appropriate and responsible use of technology in student learning. Community Christian Preschool will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

The current policy, including rules and regulations can be found in our handbook online at [www.ccsorange.org](http://www.ccsorange.org) or may be obtained at the school.

**It is the responsibility of the student and parent/guardian to understand the current policy.**

**By signing below, I acknowledge I have read and reviewed with my student the rules and regulations associated with the Community Christian Preschool Technology Policy. Furthermore, I acknowledge these rules and regulations apply to both school and personal devices while on school property.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

As the parent/guardian of the student,

I DO

I DO NOT

**give permission for my child to use the Community Christian Preschool network in all the following ways: Internet services, Student Email, Google docs, and other services. This permission shall remain in effect unless changed explicitly by a guardian.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Need to Know Info



## **Drop-Off**

Park under the awning, walk the child in, and check them in on the Brightwheel tablet. A staff member will then take their temperature and walk them to class. Getting checked in shouldn't take more than a few minutes. You must wait for a staff member to walk the child into the preschool. CHILDREN MUST BE HERE BY 9:00AM or they cannot be dropped off. Please allow a few extra minutes at the drop off time as we start the new school year and everyone gets in routine. If you want your child to have morning snack or breakfast from home they must arrive by 8:30.

## **Pick-Up**

Park under the awning, walk in, check them out on the tablet, and a staff member will bring your child out to you. Please bring in driver's license the first couple weeks so we can make sure you are on pick up list (even if you are the parent). This is to protect your child and us.

## **Meals/Food:**

Snack times are provided in the morning and the afternoon for all ages.

You are more than welcome to send snacks and lunch from home in a lunch kit.

ABSOLUTELY NO DONUTS or DONUT HOLES, SODAS, and KOOLAID. If these items are brought they will be returned to their backpack to send home.

## **Brightwheel:**

Our Brightwheel Program replaces having to sign in and out on paper everyday. It also reduces the amount of papers we send home. You have to have this app and check it frequently; this is how we communicate most effectively. This is also where we send out calendars and events.

## **What to bring to class:**

A backpack that is large enough to hold a folder and change of clothes should be sent daily. Nap mats are mandatory and need to be put in a big Ziploc bag or trash bag. This is for sanitation reasons. Nap mats will be sent home every Friday to be washed and returned with child on Monday. Make sure to label your child's stuff. If it is not labeled and goes missing we are not responsible for it. Please DO NOT send toys or sentimental objects from home. A child is allowed one stuffed animal for nap time. If they are being thrown or become a distraction they will be put up.

## **Dress Code:**

Children are NOT allowed to wear backless shoes or house shoes. Sandals may be worn if they have backs. Girls in dresses need to wear shorts underneath. No spaghetti straps or tank tops. K4 students must be in uniform Monday-Thursday and may wear a spirit shirt with jeans on Friday. If the K4 student does not dress in the spirit shirt then they need to be in uniform.





## ADMISSION INFORMATION

**Purpose:** 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="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual <b>to call</b> in case of an emergency 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 and Phone Number:	Name and Phone Number:	Name and Phone Number:	

CONSENT INFORMATION
<b>CHECK ALL THAT APPLY:</b>
<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="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> I <b>do not</b> give consent for my child to participate in field trips. <b>Comments:</b>
<b>3. WATER ACTIVITIES</b> I give consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds

**CONSENT INFORMATION**

**CHECK ALL THAT APPLY:**

**4. RECEIPT OF WRITTEN OPERATIONAL POLICIES**

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, DFPS, Child Abuse Hotline, and DFPS 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:

<b>Day of the Week</b>	<b>AM</b>	<b>PM</b>
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:

Name of 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:

**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 or she is able to take part in the day care program.

Health Care Professional's Signature:

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 and Address of Health Care Professional:

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 90<sup>th</sup> 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**

R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature:		Date Signed:	

**HEARING EXAM RESULTS**

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



**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
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.	

**PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION**

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

Signature :	Date Signed:
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**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.

Parent's Signature:	Date Signed:
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**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)**

<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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**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**

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

**SIGNATURES**

Child's Parent or Legal Guardian:  X	Date Signed:
Center Designee:  X	Date Signed: