Welcome to



2024 - 2025



Welcome To Ed-venture Kids Academy Private Preschool Kindergarten Readiness Program Where physical education and academic learning are combined!



We are a Texas Rising Star accredited program. We offer full and part time programs to suit your needs.

We understand that children develop individually and our curriculum reflects the flexibility to both challenge and also allow the necessary time for those students that need more time to explore

Our Curriculum

CIRCLE Curriculum Activity Collection

We use the CIRCLE Activity Collection. It is part of the Children's Learning Institute at UTHealth Houston.

It was first published in 2002, the CIRCLE curriculum translates research into practice through a variety of hands-on activities that teachers can implement in their classrooms during whole group, small group, centers, and one-on-one instruction. When implementing the activities, we want children to have an optimal learning experience using planful, purposeful, and playful strategies. Children should be exposed to new concepts multiple times and across a variety of contexts in order to solidify their understanding.

Curriculum Features

- 100% alignment to the Texas Prekindergarten Guidelines and the Head Start Early Learning Outcomes Framework
- Comprehensive coverage of skill domains supporting cognitive and social and emotional development
- Balance of teacher-directed lessons and child-initiated activities
- Daily playful and purposeful experiences across whole group, small group, and center time
- Lesson scripting that follows a teaching and learning cycle
- Flexible themes for building language and background knowledge through meaningful and relevant experiences
- Scaffolds and teacher tips for differentiating lessons

Our Gross Motor Development Curriculum

Spirals EKA program not only assures your child is kindergarten ready, but also emphasizes the importance of physical education, which is typically not included in traditional preschool programs. In fact, our program has successfully been addressing the physical and education needs of children for the last 15 years.

Preschools naturally need to move their bodies. Our unique curriculum builds in daily gross motor activities. The program includes Gymnastics, Yoga, Ball Play/development, fun songs to move to and various PE Games.

No matter what the weather is outside, we have a large gymnasium to work on our gross motor development.

Our Mission

Our goal is to provide every child with a quality early childhood experience. We strive to create a safe, nurturing and developmentally appropriate environment, which fosters individual needs. We view education as a partnership between parents and teachers. We believe it is essential to develop a good rapport with each child and parent based on open communication and mutual respect. We believe this is the foundation of a successful school experience. We believe in empowering children by offering them opportunities to make decisions and solve problems. It is our goal that children will possess confidence in their abilities and establish lasting relationships with teachers and peers. By offering an engaging curriculum, it is our aspiration that each child will develop a positive outlook towards school, a better appreciation of the world around it, and acquires a lifelong love for learning during their time spent with us.

9:00am-2:00pm Schedule

| | Learning/Activity Pleak |
|---------------|--|
| Time | Learning/Activity Block |
| 9:05-9:30am | Circle Time : •Arrival Routine •Morning Meeting •Job Announcements •Language & Communication |
| 9:30-10am | Center Time & Small Group/Free Play Rotation |
| 10-10:30am | Circle Time: •Writing •Book & Print Writing |
| 10:30-11am | Outside/Gym Time/Music/Dance/ Yoga Practice |
| 11-11:15am | Circle Time: •Alphabet Knowledge •Phonological Awareness |
| 11:15-11:30am | Sensory Discovery |
| 11:30am-Noon | Lunch |
| Noon-12:15 | •Journals •Art Expression |
| 12:15-1230pm | Social Play/Free Play Rotations |
| 12:30-1pm | Gym/ Outdoor Time |
| 1-120pm | Circle Time: •Science •Social Studies |
| 1:20-1:40pm | Circle Time •Book & Print Reading |
| 1:40-2pm | Circle Time •Closing Reflections & Dismissal Routine •Story Time |

7:30am-6:30pm Schedule

| Time | Learning/Activity Block | | |
|---------------|---|--|--|
| 7:30-8am | Social Play/Center Discovery Play | | |
| 8-8:30am | Morning Yoga Practice | | |
| 8:30-9am | Scissor Skills Practice | | |
| 9-9:30am | Circle Time •Morning Meeting •Job Announcements •Language & Communication | | |
| 9:30-10am | Center Time & Small Group/Free Play Rotation | | |
| 10:10-10:30am | Circle Time: •Writing •Book & Print Writing | | |
| 10:30am-11am | Outside/Gym Time | | |
| 11:-11:15am | Circle Time: •Alphabet Knowledge •Phonological Awareness | | |
| 11:15-11:30am | Sensory Discovery | | |
| 11:30am-Noon | Lunch | | |
| Noon-2pm | Nap/Rest/Quiet Box | | |
| 2-2:20 | Snack Time | | |
| 2:20-2:40 | Journals | | |
| 2:40-3pm | Outdoor Play/Physical Development/ Open Gym Play | | |
| 3-3:20pm | Circle Time: •Science •Social Studies | | |
| 3:20-3:50pm | Center Time & Small Group/Free Play Rotation | | |
| 3:50-4:10pm | Fine Motor Skill Development | | |
| 4:10-4:30pm | Puzzles/Table Top Learning Activities | | |
| 4:30-5pm | Child Choice Learning Centers | | |
| 5-5:30pm | Action Songs/Puppets/Dolls House | | |
| 5:30-5:45pm | Read Aloud | | |
| 5:45-6pm | Manipulative Play & Free Art Tables | | |
| 6-6:30pm | Circle time •Closing Reflections & Dismissal Routine •Library/Word Wall | | |



Frequently Asked Ed-venture Kids Academy Questions

How many days is best for my child?

When a child attends preschool on a consistent basis, experience has shown that regularity of attendance with the same group of students and teachers encourages the child's sense of security and self-confidence.

The perfect age for a child to get admitted to preschool is between 3 to 5 years of age. Preschool education provides a solid foundation for future learning, helps children develop socio-emotional skills, and has been linked to better mental health outcomes in children. A consistent schedule is important.

Movin' and More curriculum is structured in a progressive building block format. Our 2 day program addresses the minimum requirements for entering Kindergarten when enrolled for two years. If your child has one year left before entering kindergarten the 3 day program is recommended to assure we cover all the necessary material needed. The 5 day program is our most comprehensive curriculum addressing not only the introduction of words, math and science subjects but also preparing and challenging them with some Kindergarten curricula.

Here is a small sample of some of the things the students will be learning in our program.

| Social Skills | Cognitive Development | Motor Skills | Math | | |
|----------------------|-----------------------|-----------------------------------|---------------|--|--|
| Sorting & Sequencing | Colors & Shapes | Communication | Creative Arts | | |
| Language | Physical development | Alphabet, Letter Sounds & Numbers | Science | | |
| Writing & Drawing | Music | Fine motor skills | | | |

What makes the Movin' and More curriculum different from other preschool programs?

The Movin' and More lesson plan emphasizes physical education and the importance of gross motor skill learning through gymnastics, games and other activities. Because EKA is located in a gymnastics facility, there is room for students to explore and learn the importance of early childhood physical education.

Who is the teacher for the program and what are her credentials?

Our Director/teacher is Ally Johnson. She has been educating children for over 25 years. She has a Child Development Associate from the NAEYC. Ally has not only taught in classroom but has managed and trained in child care settings. Before coming to Spirals she was the Assistant Director for Childtime Learning Centers in Arlington, TX for 5 years. She was also a training Specialist for Camp Fire USA in Albuquerque, NM.

What is the student/teacher ratio for EKA?

The state ratio is 15:1 however we have a lower 12:1 ratio

Does my child have to be potty trained to enroll in EKA?

Yes, they need to be able to go to the restroom without assistance from an adult. This includes wiping themselves and independently changing clothes in the event of a potty accident.

Will my child be napping while attending EKA?

Only those students attending school for 5 or more hours per day will need to have a nap/rest period. This is a child care licensing requirement. **Part time children attending daily for less than 5 hours will not need to nap.**

If you have other questions about the program, please refer to the policies and guidelines for EKA. You may also call the office at 817-473-4944.

1003 Magnolia Street Mansfield, Tx 76063 Phone: 817-473-4944 Fax: 817-453-0337

www.spiralsgym.com

https://www.edventurekidsacademy.com

Ally Johnson Ed-venture Kids Academy Director spiralseka@gmail.com

ED-VENTURE KIDS ACADEMY REGISTRATION

Please fill out both sides of the form

| | Custome | r Information | | |
|----------------------------------|-----------------------------------|-------------------------------------|---------------------|---|
| Mother: | Father: | | | |
| Address: | City: | Zip: | | |
| Mom's Cell: () | Dad's Cell: (_ |)) | _ | |
| Mom's Wk: () | Dad's Wk: (|) | | |
| First Number To Call: _ | | Phone: | | |
| | This is the 1st number we wil | l call for any reason regarding yo | our child. | |
| Email Address: _ | | Drivers License: | <u></u> | |
| Where did you hear abou | t us: (ONE individual will receiv | re a discount for recommending Sp | pirals) | |
| Friend: | Yello | w Pages: Web Site: Direct | et Mail: Other: | |
| | | | | |
| | | | | |
| | | | | |
| Student 1: Student Name: | | DOB: Age: _ | As of Todays Date | |
| | | | | |
| Gender: Program Days 2 | | | | |
| Please list any special problem | s or any allergies we need to be | aware of: | | |
| Student 2. Student Name: | | DOB: Age: | As of Todays Data | |
| | | ДОВ: Age: | _ As of Todays Date | |
| Gender: Program Days 2 | 3 or 5 | | | |
| Please list any special problems | s or any allergies we should be | aware of: | | |
| List of people authorized to pic | k up your child/children from | Spirals Gymnastics: | | |
| 1 | Relationship: | Phone # | DL# | _ |
| 2 | Relationship: | Phone # | | |
| 3 | Relationship: | Phone # | DL# | - |
| | | | | |
| | | Registration Fee: | | |
| | | 1 st Supply Fee Per Chil | d: | |
| | | | | |
| OFFICE USE: Check # | Cash CC | Tuition: | _ | |
| CC # | Exp. Date | Total: Ir | nitials: | |
| Auto Pay | | Admission Date: | | |
| Remarks: | | | | |
| | | | = | 1 |

Participant Emergency Information

| PLEASE PRINT | | | | | |
|---|--|--------------------|---------|--|--|
| Student's Name: | DOB: | | Age: | | |
| Address: | City & State: | City & State: Zi | | | |
| Mother's Name: | Cell # | | Work# | | |
| Father's Name: | Cell # | | Work# | | |
| In an emergency when pa | rent/guardian cannot be reached please | contact the follow | ing: | | |
| This will be the 1st person to call in an emergency: | | | | | |
| Emergency Contact: | | Phone: | | | |
| Physician's Name: | | Phono: | | | |
| Physician's Address: | | Filone. | | | |
| Insurance Provider: | | Policy Number | r. | | |
| Hospital: | | Ambulance Se | ervice: | | |
| | Medical Information | | | | |
| *Is your child allergic to any medication? If yes, please list: | | Yes | No | | |
| * Is your child currently taking any long term or continuous medication? If yes, please list medication(s) | | | | | |
| *Has your child been hospitalized in the past 12 months? If yes, please explain: | *Has your child been hospitalized in the past 12 months? Yes No | | | | |
| *Does your child have any allergies to food, animals, etc? If yes, please list: | | Yes | No | | |
| *Does your child have any medical conditions or special needs th If yes, please describe: *State licensing requires that a copy of an IEP plan for any childre copy will be provided to Spirals within 14 days of registration Parent Name: Signature: | | | | | |
| I authorize my child to obtain medical care and/or to transport my | child for amergancy medical treatment | | | | |
| Parent Name: Signature | | Date: | | | |
| My child's immunizations records are current and up to date | • | Dutc | | | |
| Parent's Name: Signature: Date: | | | | | |
| 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) | | | | | |
| Name: | Phone: | DL | * | | |
| | | | | | |
| Name: | Phone: | DL | # | | |
| Name: | Phone: | DL | # | | |
| Name: | Phone: | DL | # | | |

Discipline and Guidance Policy for Name of Operation 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. Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance My signature verifies I have read and received a copy of this discipline and guidance policy.

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

Signature

Date

Check one please:

□ parent □ employee/caregiver □ household member of child-care home



Registration Checklist

| □Create a spirals account at |
|--|
| https://app.iclasspro.com/parentportal/spiralsgym/register |
| □Print and complete the registration packet and turn in to our office. |
| https://www.edventurekidsacademy.com/downloads/EKA-Reg-Packet.pdf or |
| https://www.edventurekidsacademy.com/enroll |
| □Collect current shot records (shots must be up to date to start) or turn in your waiver (the date on the waiver must be good for the whole school year). The showaiver cannot be a copy and the original waiver must be on file here at Spirals |
| ☐Turn everything in as least 2 days prior to your child's start date. |
| (Registration packet, current shot records, auto pay form.) |
| ☐ Join our Class Dojo Group |
| https://www.classdojo.com/ul/p/addKid?target=school&schoolID=60d2780c932 |
| <u>3b7306e75fac</u> |
| What does my child need for class? |
| □A Backpack with a complete change of clothes including spare tennis shoes. |
| Students need to wear gym clothes to school, no crocs, sandals, flip flops, boots |
| please. Acceptable clothes are Sweats, Leggings, shorts and a t-shirt. |
| □A lunch box with a nutritious lunch |
| □A refillable water bottle-Please only send water in the water bottle. |
| □A jacket/sweater. |
| ☐Tennis shoes-All children must wear tennis shoes every day. |
| □Students attending school for 5 or more hours per day will need to provide a na |
| mat. This will need to be taken home on Fridays to be washed and returned on |
| Monday. |
| □***Please label all your child's items with their name.*** |

Spirals Gymnastics, Inc. Auto-pay Information Form

| STUDENT NAME | |
|--|-------------------------------|
| NAME ON CARD | |
| ADDRESS ON CARD | |
| CARD NUMBER | |
| EXPIRATION DATE SECURITY CODE (3 digit code on back) | |
| Please charge my account (circle one): Weekly Monthly Term (gymnastics) Date to begin Auto-pay charges: | |
| BILLING AUTHORIZATION | |
| I represent and warrant that if I am purchasing something from this facility or from Merchants that (i) any cre or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me wi be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me the posted prices, including any applicable taxes, fees, and penalties. I hereby authorize (if online payment i made or autopay information is provided) this facility to charge my bank, or credit card account. I understant that a 30 day written notice is required to terminate billing and I am responsible for payment whether or my student attends classes until I notify this facility in writing to drop my student from classes. Should dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all curre and future services. (AGREEMENT SUBJECT TO CHANGE WITHOUT NOTICE) | ll at s d ot I |
| (MONEELIE A SOBUEL 10 CHARGE WITHOUT WOTTED) | |



Signature:

Date: _____



2024-2025 Ed-venture Kids Academy School Holiday Schedule

| Holiday | Day Closed | School Closings |
|--------------------|----------------|---|
| Labor Day | Monday Sept 2 | EKA Closed: Tuition is not prorated or credited |
| Student Holiday | Friday Sept 20 | EKA Closed: Tuition is not prorated or credited |
| Student Holiday | Monday Oct 14 | EKA Closed: Tuition is not prorated or credited |
| Student Holiday | Nov 4 & 5 | EKA Closed: Tuition is not prorated or credited |
| Thanksgiving Break | Nov 25-29 | EKA Closed: Tuition is not prorated or credited |
| Winter Break | Dec 20-Jan 7 | EKA Closed: Tuition is not prorated or credited |
| M.L.K Holiday | Monday Jan 20 | EKA Closed: Tuition is not prorated or credited |
| Student Holiday | Friday Feb 14 | EKA Closed: Tuition is not prorated or credited |
| Presidents Day | Monday Feb 17 | EKA Closed: Tuition is not prorated or credited |
| Spring Break | March 17-21 | EKA Closed: Tuition is not prorated or credited |
| Student Holiday | Monday April 4 | EKA Closed: Tuition is not prorated or credited |

First Day of School:

3 & 5 Day Students: Wednesday, August 14 2024 2 Day Students: Thursday, August 15 2024

Last day of school:

3 day students: Wednesday, May 14 2025 2 & 5 day: Thursday, May 15, 2025

Graduation Ceremony for Kinder Bound Students is 5/16/25 12-2pm



| Month | *Tuition Due Date | Weeks Included | # of Weeks |
|-----------|----------------------|----------------|------------|
| August | 8/9/24 | 8/14-8/30 | 2.5 |
| September | 8/30/24 | 9/2-9/27 | 4 |
| October | 9/27/24 | 9/30–11/1 | 5 |
| November | 11/1/24 | 11/4-11/29 | 4 |
| December | 11/29/24 | 12/2-12/27 | 4 |
| January | 12/27/24 | 12/30-1/31 | 5 |
| February | 1/31/25 | 2/3-2/28 | 4 |
| March | 2/28/25 | 3/3-3/28 | 4 |
| April | 3/28/25 | 3/31-4/25 | 4 |
| May | 4/25/25 | 4/28-5/15 | 3 |

2 Days Per Week Tuition Schedule

| ***, ** _ ** _ ** * * * * * * * * * | | | | | |
|-------------------------------------|---------|------------------|---------|--------|--|
| Time | Reg Fee | Supply Fee Jan & | Monthly | 5 Week | |
| | | Aug | | | |
| 9:00am-2:00pm | \$150 | \$95 | \$245 | \$306 | |
| 7:30am-2:00pm | \$150 | \$95 | \$311 | \$388 | |
| 9:00am-6:30pm | \$150 | \$95 | \$419 | \$524 | |
| 7:30am-6:30pm | \$150 | \$95 | \$485 | \$606 | |

3 Days Per Week Tuition Schedule

| ~ = **, ~ = *= ** * * * * * * * * * * * * * * * | | | | | |
|---|---------|------------------|---------|--------|--|
| Time | Reg Fee | Supply Fee Jan & | Monthly | 5 Week | |
| | | Aug | | | |
| 9:00am-2:00pm | \$175 | \$110 | \$330 | \$412 | |
| 7:30am-2:00pm | \$175 | \$110 | \$429 | \$535 | |
| 9:00am-6:30pm | \$175 | \$110 | \$591 | \$739 | |
| 7:30am-6:30pm | \$175 | \$110 | \$690 | \$862 | |

5 Days Per Week Tuition Schedule

| | v = v, y = v = v + v v = = = v = v = v = v = v = | | | | | |
|---------------|--|------------------|---------|--------|--|--|
| Time | Reg Fee | Supply Fee Jan & | Monthly | 5 Week | | |
| | | Aug | | | | |
| 9:00am-2:00pm | \$200 | \$140 | \$495 | \$615 | | |
| 7:30am-2:00pm | \$200 | \$140 | \$660 | \$820 | | |
| 9:00am-6:30pm | \$200 | \$140 | \$930 | \$1160 | | |
| 7:30am-6:30pm | \$200 | \$140 | \$1095 | \$1365 | | |

Tuition Late Fee: \$10 if not paid by the tuition due date

Ed-venture Kids Academy Preschool Kindergarten Readiness Program Parent Handbook-Policies & Guidelines Registration & Enrollment

| Name of child:l | Date of birth: |
|-----------------|----------------|
|-----------------|----------------|

Participants

Our Movin' & More Ed-venture Kids Academy Preschool Program is available for children ages 3 –5 years old. All children must be completely potty trained. We offer a 2, 3 or 5 day a week program.

Program Hours

Our 2-day program meets every Tuesday and Thursday from 9:05am – 2:00 pm. Our 3-day program meets on Monday, Wednesday and Friday from 9:05 am – 2:00 pm. We also offer a 5 day program which meets Monday- Friday from 9:05 am- 2:00 pm. We also offer extended care hours for all day options (7:30am-6:00pm) we operate on the Mansfield Independent School District calendar. When the schools are out Ed-venture Kids Academy, will be out also. During the week of Thanksgiving, Christmas, and Spring break we do not have class at all. **You are fully responsible for paying tuition for those weeks. There will be no makeup classes, discount, refund or credit offered for these weeks or single days.**

Program Director/Assistant Director

Our Director, Ally Johnson meet, or exceed, the Texas State Department of Education Office of Child Care requirements. Jima King is the owner of Spirals Gym. Substitutes may be used when regular staff is absent. Substitutes shall meet state requirements in regards to substitutes.

Registration

Registration is on a first come, first serve basis, depending on space availability. 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 as soon as possible. Registration, first supply fee and first month of tuition are due upon enrolling your child in Ed-venture Kids Academy. The registration fee is \$50 per child. **The Registration and supply fees are non-refundable and non-transferable.** Any changes to the policy will be written and given to parents with 30 days' notice.

Updating Contact Information

I understand that I have the ability to update my contact information from the parent portal without the assistance of Spirals staff.

Drop off/Pick up procedures

Adult must walk children to and from the front door of facility and drop off with a staff member

Attendance

If your child or children will be absent please call Spirals at 817-473-4944 and leave a message. If your child does not attend Spirals, there will not be a discount, credit or refund for that day.

Bad Weather

Spirals follows the Mansfield ISD inclement weather guidelines. If MISD is closed due to weather, Spirals will be closed as well. Please watch any of the news channels for Mansfield closures.

There will be no makeup classes, discounts, refunds or credit offered if we must close the center for bad weather.

Screen Time Policy

Our normal afternoon routine does not include electronic media (TV, Video/Streaming). We may occasionally use a TV to viewan educational teaching aid. All electronic media will be screened prior to use and will consist of non-violent and high quality educational material. Cell phones and tablets are prohibited during the day.

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 accommodations to encourage full and 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.

Medical Information

Illness Policy

Please refer to our illness policy if your child presents with any illness that:

- -Prevents them from participating comfortably in our activities including outdoor play
- -Results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care
- -Presents an oral temperature of 101 degrees and is accompanied by behavior changes or other signs or symptoms of illness.
- -Presents a rectal temperature of above 102 degrees and accompanied by behavior changes or other signs of symptoms or illness.
- -Presents an armpit temperature of above 100 degrees and accompanied by behavior changes or other signs of symptoms or illness. -Symptoms and signs of possible sever illness such as lethargy, abnormal breathing, diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill.
- -Has an illness that a health care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious. In the event of an illness, please keep your child home so other children will not be exposed and become ill. If a student becomes ill during program hours, a parent/guardian will be notified to pick up their child within an hour. The child will be isolated in the Directors office along with a staff to minimize risk infection to the other children. In the event your child is sent home due to an illness, he/she cannot return to Spirals for 24 hours for the safety of all children unless they have a Doctor's note clearing them to return to school.

There will be no makeup classes, discounts; refunds or credit offered if you must pick up your child due to an illness.

HEALTH AND IMMUNIZATION RECORDS

State licensing standards require specific medical and immunization information to be on file for each child within one week of enrollment. Your child will be excluded from attendance at Spirals Gym if this information has not been submitted, is not current, or is incomplete.

State regulations also require children who are four and five years-old to have had vision and hearing screenings. Please arrange to have these screenings performed at your child's pediatrician's office and provide us with the results so we can report them to the proper state agency.

Whenever your child receives an immunization, it is very important for you to give us a copy of its documentation from your child's health care provider in order to keep your child's records up-to-date. TB Testing is not currently required in Tarrant County, however should the requirement ever come into effect, you will be notified.

Employee Vaccination Policy

We do not mandate that our Spirals staff have or keep vaccinations records on file as part of their employment.

Medication Policy (procedure for administering medication):

We recognize the administration of medications is an important part of helping to maintain your child's overall state of welfare and health. We will administer all prescription medications that need to be administered more than two times daily. We do not administer medication "as needed" with the exception of allergy and asthma medications. We will also administer "as needed" sunscreen and other ointments and creams with parents approval and written instructions. We do not administer over the counter medication without a doctors request and specific instructions. Medication will be administered according to the following requirements:

- ♦ All medications must be in their original containers.
 - -For prescription medications administered more than twice daily, the pharmacy label with the child's and physician's names, the prescription number, dosage, and frequency must be current and legible.
 - -For non-prescription medications with a physician's order, the child's name needs to be clearly labeled, must be in its original packaging and must specify the dosage, and its frequency. Parent must also indicate the time the last dosage was given.
- ♦ The child must have received the first dosage of the medication prior to coming to the center. This is to ensure that the child does not experience any negative or allergic reaction to the medication.
- ♦ With the exception of prescription allergy and asthma medications, medicine will not be administered on an as-needed basis. A specific time must be indicated on the authorization form.
- ♦ An "Authorization to Administer Medication" form must be completed in full by the parent and given, along with the medication, to an administrator. Forms are available in the lobby or on our website. Do not give medication or forms to your child's teacher. For on-going medication, a new form must be submitted every week.
- ♦ Clearly indicate if the medication needs to be refrigerated.
- ♦ We recommend you have your pharmacist prepare your child's prescription in two containers, one for home and one for school, in case you forget to take the prescription medication home at the end of the day.
- ♦ Medication can be very dangerous in the hands of children and must NEVER be left in a child's backpack where it might be accidentally available to any child.
- ♦ We understand that sometimes children dislike taking medication and parents have become very creative in finding ways to administer medications. However, we ask that parents do not put any medications in their child's food or beverage.
- ♦ Medications left at the center beyond administration dates, expiration date, or the end of the school year will be destroyed. For any specialized medical assistance other than a medication that a child may need, we must have a physician's order to be able to accommodate. (Ex. Apnea monitor, helmet, leg brace, etc.)

Spirals Gym will call every parent prior to administering any medication even with a completed "Authorization to Administer Medication" form.

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POLICY CHANGES

Spirals Gym reserves the right to exclude the new enrollment of or terminate the existing enrollment of a child at any time, including, but not limited to, children whose behavioral and educational needs cannot be met at Spirals Gym without fundamental alterations of or undue burden to our existing programs, procedures, or practices, as deemed by Spirals Gym, and/or children whose fees and/or tuition payments are in arrears.

Spirals Gym reserves the right to make any policy or financial changes at any time when it is in the best interest of the class and will not compromise the quality of the children's care. All changes will be given at least a two-week notice. You will be notified as soon as possible in writing of any changes that may occur. We also reserve the right to make changes in the class environment without advance notice to the parents, as long as any change remains within state regulations.

Notifications

We have a parent notice board located in the classroom by the office lobby area. It has curriculum, schedule information and upcoming event information. The children have daily take home folders that need to be brought to school daily. We use the folders to send reminders and notes also. We send out program news emails weekly and also post the information on Class Dojo. A "My Day" sheet is posted on the white board at the entrance of the class, this will also tell you about your child's day.

Concerns & Questions

The Director is available before and after class to ask questions or discuss any concerns. If you need an alternative time, we can schedule a time to meet that is convenient to both the parent and the Director at a decided date and time. You can also email the Director at spiralseka@gmail.com or call the office at 817-473-4944 to do a phone meeting. The hours of the Director, Ally Johnson, are 8:30-2:30pm.

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.

Emergency Preparedness Plan

We have an emergency preparedness plan on file in our office. Please see the Director for a copy of the plan.

Child Care Licensing

Spirals Gym is fully licensed by the Health and Human Services Commission. We inspected annually. Current licenses, permits and inspection reports are posted in the gym hallway on a bulletin board. A copy of the state's Minimum Standards for Child Care Centers is available in the Director's office or online at www.hhs.texas.gov The local licensing office is located at 1501 Circle Drive Suite 310, Fort Worth, TX 76119. They may be contacted at 817-321-8604. The 24 hour abuse/neglect hotline is 1800-252-5400

Reporting Child Abuse (preventing and responding)

Our staff will complete the child abuse and neglect training annually. In efforts to inform our families of the warning signs of abuse and neglect those signs are posted on the gym notice board located in the hallway. Our staff is aware that they are mandated reporters of child abuse and neglect and it is required by law to report suspected abuse to child protective services and the police. The abuse hotline information can be found on our gym notice board.

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It is important to incorporate indoor and outdoor play to promote physical wellness and establish proper motor skill early in development. Here at Spirals, we incorporate both indoor and outdoor physical activity for 2 hours daily. Spirals incorporates its own unique physical education curriculum specifically designed and tailored to our physical atmosphere. Some of these activities include, yoga, gymnastics, movement through music, and sensory play. Spirals incorporates this play during structured and also unstructured, supervised play both in the gymnasium and outdoor property. In the event that the weather prevents physical activity outside, access to our private gymnasium allows physical activity to be unrestricted at all times. Please dress your child(ren) in clothing that they can move around comfortably throughout the day. Flip-flops, sandals, crocks or any type of slip on or open toe shoes are not allowed. Tennis shoes are required every class day for the safety of your child!

Breastfeeding

Human milk is the best source of milk for infants. Additionally, breastfeeding supports optimal health and development. We can offer you the Directors' office as a private place to nurse. It has a comfortable chair, a pillow to support your baby, a step-stool to prop your feet up and water to keep you refreshed. Just ask us to show you the way!

Dress Code

Please dress your child(ren) in clothing that they can move around comfortably throughout the day. We need all children to have shorts, leggings or sweats and a t-shirt in their back pack for when we do gymnastics (if they are not wearing). If your child cannot change themselves independently, we ask that you please dress them in the gymnastics clothes for the day. Flip-flops, sandals, crocks or any type of slip on or open toe shoes are not allowed. Tennis shoes are required every class day for the safety of your child!

Lunch

Please provide a nutritious lunch with a drink for your child(ren) every day class meets. Please don't provide foods that need to be heated or refrigerated. On days when there is a class party a lunch is not necessary.

Show & Tell

2-day a week program: The last Thursday of each month. **3 & 5 day a week program:** The last Wednesday of each month (unless otherwise noted). On days when we do not have Show & Tell, please do not allow your child(ren) to bring toys to school. **Spirals Gymnastics is not responsible for any personal items that may become lost or stolen.**

Open Door Policy & Class Parties

I like to hold a parent event approximately once a month. You don't have to wait for parent events, though .

We have a very open door policy and we welcome you come by for lunch, to read a story or perhaps facilitate an art project etc. You are always welcome to drop in un-announced.

Procedures for release of children

Our policy for release of children is as follows: We will only release children to a parent or person designated by the parent. The list of designated persons authorized to pick up is located in the

children's individual file that was completed upon registration. Designated individuals will identify themselves by showing a valid photo ID such as a driver's license. A copy of each individual's photo ID is available in each child's permanent file. No child will be released to an individual that does not meet the verification process and match the list of authorized pick up persons.

PARENTS' RESPONSIBILITIES

- Let the staff know if their child will not be attending the program for the day.
- _ Observe the rules of the program as set forth by Spirals Gym
- _ To share their concerns with staff members if the program is not meeting their child's needs.
- _ Listen to concerns that staff members have about their child's behavior, and to work towards an agreeable solution to any problems that might occur.
- _ Know about any change in program policy or procedure.
- _ Know the discipline procedure of the program.
- _ Replace any equipment that their child is responsible for misusing.
- _ To sign their child in and out of the program EACH day.
- _ To notify a staff member when another authorized person is picking up a child.
- _ Inform staff if their child has been exposed to a contagious illness.
- _ Notify staff of planned vacation and other absences in advance.
- _ Notify administration in writing of withdrawal from the program at least two weeks in advance.
- _ Pay fees on time.
- _ To keep the child's records up-to-date with changes in phone numbers and addresses.
- _ Pick up children on time; contact the center if they are to be late.
- _ Be available to be reached by telephone in case of an emergency; be able to pick the child up or have someone pick the child up within 30 minutes-1 hour of the call.
- _ To insure that all information reported on the health inventory is accurate and up-to-date.
- _ Inform staff of any and ALL relevant issues pertaining to their child's physical, mental and emotional health, behavior, and/or special needs, so that staff can plan appropriately.
- _ Be available for parent/staff conferences in a reasonable amount of time.
- _ Inform staff and provide appropriate documentation pertaining to child custody issues. Texas HSS regulations require that daycares and schools have on file copies of any legal documents pertaining to custodial care, joint custody arrangements, etc. that may assist staff working with your child.

BEHAVIOR RULES AND DISCIPLINE

We believe the best way to prepare children to live successfully and productively is to help them develop self-control, resolve conflicts, and become increasingly responsible for their actions and behaviors. Discipline is used to teach a child, not to punish a child. We achieve this through the use of positive guidance techniques that offer developmentally appropriate choices and set clear and consistent rules and consequences.

The children are explained the rules of our school frequently, so they are all familiar with the guidelines: - No biting, hiking, pushing, grabbing, kicking, spiking, or pinching others, including your parents.

- No play weapons or violent play allowed.

- The following methods of discipline will be used:

- -Encourage children to solve problems themselves (intervention and discussion)
- -Re-direction to another play area (loss of privileges)
- Time out

If we have concerns about a child's behavior, we will inform his/her parents as soon as possible and collaborate on a plan of action for positive change. If there is a chronic behavioral issue that needs attention (might include such things as biting, use of bad words, chronic hitting, etc...) together, parents, teachers and administration, we will try to find a solution. You may be called to remove your child if his/her behavior prevents us from being able to properly care for the other children. If the

problem continues, other arrangements for the care of the child will have to be made, for the safety and well-being of all.

No form of Corporal punishment will EVER be used or tolerated at Spirals Gym.

Student Conduct

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

Gang-Free Zone:

As a result of house code Resource Code 2086 that includes section 42.064, effective September 1, 2009. This new statute requires that information about gang-free zones be distributed to parents and guardians of children in care at licensed child care centers. A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The gang-free zone is within 1000 feet of Spirals Gym. This means parents or guardians need to be informed that certain gang-related criminal activity or engaging in organized criminal activity within 1000 feet of Spirals Gym is a violation of this law and is therefore subject to increased penalty under Texas law.

Tuition Rates

| Month | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May |
|---------------|--------|----------|---------|---------|----------|----------|----------|----------|---------|---------|
| Due Date | 8/9/24 | 8/30/24 | 9/27/24 | 11/1/24 | 11/29/24 | 12/27/24 | 1/31/25 | 2/28/25 | 3/28/25 | 4/25/25 |
| Weeks | 8/14- | 9/2-9/27 | 9/30- | 11/4- | 12/2- | 12/30- | 2/3-2/28 | 3/3-3/28 | 3/31- | 4/28- |
| | 8/30 | | 11/1 | 11/29 | 12/27 | 1/31 | | | 4/25 | 5/15 |
| # of weeks | 2.5 | 4 | 5 | 4 | 4 | 5 | 4 | 4 | 4 | 3 |

2 Day Per Week Tuition Schedule

| | | | 5 | | |
|----|-------------|---------|------------------|---------|--------|
| | Time | Reg Fee | Supply Fee Jan & | Monthly | 5 Week |
| | | | Aug | | |
| 9: | 00am-2:00pm | \$150 | \$95 | \$245 | \$306 |
| 7: | 30am-2:00pm | \$150 | \$95 | \$311 | \$388 |
| 9: | 00am-6:30pm | \$150 | \$95 | \$419 | \$524 |
| 7: | 30am-6:30pm | \$150 | \$95 | \$485 | \$606 |

3 Day Per Week Tuition Schedule

| Time | Reg Fee | Supply Fee Jan & | Monthly | 5 Week |
|---------------|---------|------------------|---------|--------|
| | | Aug | | |
| 9:00am-2:00pm | \$175 | \$110 | \$330 | \$412 |
| 7:30am-2:00pm | \$175 | \$110 | \$429 | \$535 |
| 9:00am-6:30pm | \$175 | \$110 | \$591 | \$739 |
| 7:30am-6:30pm | \$175 | \$110 | \$690 | \$862 |

5 Day Per Week Tuition Schedule

| Time | Reg Fee | Supply Fee Jan & | Monthly | 5 Week |
|---------------|---------|------------------|---------|--------|
| | | Aug | | |
| 9:00am-2:00pm | \$200 | \$140 | \$495 | \$615 |
| 7:30am-2:00pm | \$200 | \$140 | \$660 | \$820 |
| 9:00am-6:30pm | \$200 | \$140 | \$930 | \$1160 |
| 7:30am-6:30pm | \$200 | \$140 | \$1095 | \$1365 |

Payments are due on a monthly basis. We do offer a discount to our families that have multiple children. The monthly tuition rate is as follows:

Monthly tuition rate is based on 4 weeks per month. There are months that have 5 weeks in which tuition will be higher. Please see payment schedule. **Tuition is nonrefundable and non-transferable.**

Tuition Due Date

Fall supply fee and the first monthly tuition fee are all due at the time you register. The monthly tuition will usually be due the last Friday of each month. Due dates are listed on the payment schedule. The monthly tuition rate is based on 4 weeks per month. Payments must be received in full. Partial payments will not be accepted. Payments are accepted in the form of cash, check or credit cards. However, we do not accept American Express.

Tuition Late Fee

Your account will be charged a \$10.00 late fee if tuition is not paid by the tuition due date.

Supply Fee

In order for our program to have new games, art supplies, movies and lots of great learning material, we do charge a supply fee twice a year. Fall supply fee is due upon registering your child into the program and Spring supply fee is due January.

The supply fees are non-refundable and non-transferable.

Late Pick Up Fee

You are considered late picking up your child(ren) at 2:01 pm. A fee of \$1.00 per minute will be charged to your account. If your child(ren) are still at Spirals at 2:15 pm, we will contact the parent/guardian first, followed by the authorized pick up person(s).

Refunds

There are no refunds for Ed-venture Kids Academy. There will not be a discount, refund or credit offered for missed days.

Tuition, registration and supply fees are non-transferable and/or non-refundable.

A two-week written notice is required to withdraw from Ed-venture Kids Academy. Your account will be charged accordingly until a written notice is received. A withdrawal form may be obtained from the office.

Photo Release

| I, (print name) to publish photos of my child on Cla Spirals website or on class bulletin b my child to newspaper and other me Spirals Gymnastics activities. Where use my child's | ss Dojo (the class group app), Spiral oards. I give my permission to releas dia for the purpose of reporting or p | s facebook, se photos of romoting |
|--|---|---|
| First Name Only | First and Last Name | First |
| Name with Initial of last Name Parent's Signature | | |
| Date: | | 19 |

Parent Handbook Sign Off

By signing this page I am stating I have received a copy of the parent handbook/policies and guidelines and hereby state that I understand and agree to follow and adhere to these policies and guidelines. Should I have any questions about the content of this handbook, I will ask a staff member before signing this page.





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.

| | G | Seneral Information | | | |
|----------------------------------|---------------------------------|---------------------------------|--|---|--|
| Operation's Name: | | Director's Name: | | | |
| Child's Full Name: | | Child's Date of Birth: | Child Lives | | |
| Child's Home Address: | | Date of Admission: | | Date of Withdrawal: | |
| Name of Parent or Guardian C | Completing Form: | Address of Parent or G | Address of Parent or Guardian (if different from the child's): | | |
| List phone numbers below wh | ere 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? Yes No | |
| In case of an emergency, ca | II: | | | | |
| Name of Emergency Contact: | | Relationship: | | Area Code and Phone No.: | |
| Address: | | | | | |
| | | | | following persons. Please list name nated by the parent or guardian after | |
| Name: | | | Are | a Code and Phone No.: | |
| Name: | | Area Code and Phone No.: | | | |
| Name: | | | Area Code and Phone No.: | | |
| | C | onsent Information | | | |
| 1. Transportation: | | | | | |
| I give consent for my child to b | pe transported and supervised b | by the operation's employees | (Check all the | at apply). | |
| for emergency care | on field trips to and fr | rom home | school | | |
| 2. Field Trips: | | | | | |
| O I give consent for my child | to participate in field trips. | I do not give consent for my cl | hild to partici | pate in field trips. | |
| Comments: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 3. Water Activities: | | | | | |
|-------------------------|--|-------------------------|--|--|--|
| | my child to particina | ate in the following w | vater activities (Check all that apply) | | |
| water table play | 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 | | | | |
| | | | ng pools swimming pools aquatic playgrounds If no, what type of assistance is needed: | | |
| is your child able to | 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 operation | nal policies, including | those for (Check all that apply). | | |
| ☐ Discipline and guid | lance | | Procedures for release of children | | |
| Suspension and ex | kpulsion | | ☐ Illness and exclusion criteria | | |
| ☐ Emergency plans | | | Procedures for dispensing medications | | |
| Procedures for cor | nducting health checks | | ☐ Immunization requirements for children | | |
| Safe sleep | | | ☐ Meals and food service practices | | |
| ☐ Procedures for par | ents to discuss concer | ns with the director | Procedures to visit the center without securing prior approval | | |
| | or and outdoor physical weather conditions | activity including | Procedures for supporting inclusive services | | |
| Procedures for par | rents to participate in op | peration activities | Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website | | |
| 5. Meals: | | | | | |
| I understand that the f | following meals will be | served to my child whi | ile in care (Check all that apply): | | |
| ☐ None ☐ Brea | akfast | snack Lunch L | Afternoon snack Supper Evening snack | | |
| 6. Days and Times in | n 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 | | | 1 | | |
| Saturday | | | 1 | | |
| Sunday | | | | | |

| Child's Special Care Needs (check all | Child's Special Care Needs (check all that apply) | | | | |
|---|---|---|---------------------------------|--|--|
| ☐ Environmental allergies | | Limitations or restrictions or | n child's activities | | |
| ☐ Food intolerances | | Reasonable accommodatio | ns or modifications | | |
| Existing illness | | Adaptive equipment (include instructions below) | | | |
| ☐ Previous serious illness | | Symptoms or indications of | complications | | |
| ☐ Injuries and hospitalizations (past 12 | ? months) | ☐ Medications prescribed for o | continuous long-term use | | |
| Other: | | | | | |
| Explain any needs selected above: | | | | | |
| | | | | | |
| Does your child have diagnosed food all | lergies? OYes ONo Foo | od Allergy Emergency Plan Subn | nitted Date: | | |
| www.ada.gov/resources/child-care-cent may call the ADA Information Line at (80 | 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 Guardia | n | Date Signed | | | |
| School Age Children | | | | | |
| My child attends the following school: | | | School Area Code and Phone No.: | | |
| My child has permission to (check all the | at apply): | | | | |
| walk to or from school or home | ride a bus | the care of his or her sibling und | er 18 years old | | |
| Authorized pick up or drop off locations | other than the child's address: | | | | |
| ☐ Child's required immunizations, visio | n and hearing screening, and Tl | B screening are current and on f | ile at their school. | | |
| | Authorization For Emer | gency Medical Attention | | | |
| In the event I cannot be reached to arra | nge for emergency medical care | e, I authorize the person in charg | ge 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 | | | | | |
| Signature — Farent of Legal Guardia | II . | Date Signed | | | |

| | Red | quirements for Exclusion from (| Compliance | | | |
|---|---|--|-------------------------------|----------------------------------|--|--|
| | | stating that I decline immunizations for | | | | |
| | • | and Safety Code submitted no later th stating that the vision or hearing scre | • | | | |
| | enomination that I am an adherent | | ering commots with the tene | no or practices of a original of | | |
| | | Vision Exam Results | | | | |
| Dialet Eve 20/ | Left Eve 20/ | | | | | |
| Right Eye 20/ | Left Eye 20/ | 55 Fall | | | | |
| | | | | | | |
| Signature | | Date Signed | | | | |
| | | Hearing Exam Results | | | | |
| Ear | 1000 Hz | 2000 Hz | 4000 Hz | Pass or Fail | | |
| Right | | | | O Pass O Fail | | |
| Left | | | | O Pass O Fail | | |
| ' | | | | , | | |
| Signature | | | | | | |
| | | | | | | |
| Admission Re | • | | | | | |
| | | school away from the child care operation one week of admission. (Select c | | nust be presented when your | | |
| | · | examined the above named child wit | • • • | hat he or she is able to take | | |
| ert part in the d | ay care program. | | | | | |
| | | fessional's statement is attached. | | | | |
| Medical diag | gnosis and treatment conflict with I have attached a signed and dat | the tenets and practices of a recognized affidavit stating this. | zed religious organization, v | which I adhere to or am a | | |
| │ My child has | s been examined within the past y | year by a health care professional and | | | | |
| months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation. | | | | | | |
| | | | | | | |
| Name of Health | Name of Health Care Professional, if selected Address of Health Care Professional, if selected | | | | | |
| | | | | | | |
| Signature — H | Signature — Health Care Professional Date Signed | | | | | |
| | | · | | | | |
| Signature — De | arent or Legal Guardian | Date Signed | | | | |
| orginature — I d | aront or Logar Guardian | Date Signed | | | | |

Vaccine Information

| Vaccine | le doses over time. Please provide the date your child received e Vaccine Schedule | Dates Child Received Vaccine |
|--------------------------------|--|------------------------------|
| Hepatitis B | Birth (first dose) | |
| . opullo D | 1–2 months (second dose) | |
| | 6–18 months (third dose) | |
| Rotavirus | 2 months (first dose) | |
| Cotavilus | 4 months (second dose) | |
| | 6 months (third dose) | |
| Diphtheria, Tetanus, Pertussis | 2 months (first dose) | |
| orphinena, retainus, retussis | 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) | |
| nactivated Poliovirus | 2 months (first dose) | |
| | 4 months (second dose) | |
| | 6–18 months (third dose) | |
| | 4–6 years (fourth dose) | |
| nfluenza | 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) | |
| /aricella | 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 (C | hickenpox) |
|--|--|
| Varicella (chickenpox) vaccine is not required if your child has had chicke | enpox disease. If your child has had chickenpox, please complete the |
| statement: My child had varicella disease (chickenpox) on or about [date | e] and does not need varicella vaccine. |
| | _ |
| | |
| Signature | Date Signed |
| | |
| Additional Information Re | egarding Immunizations |
| For additional information regarding immunizations, visit the Texas Depa immunize/public.shtm. | artment of State Health Services website at www.dshs.state.tx.us/ |
| TB Test (If | required) |
| Positive Negative Date: | |
| | |
| Gang Fre | ee Zone |
| Under the Texas Penal Code, any area within 1,000 feet of a child care of | center is a gang-free zone, where criminal offenses related to |
| organized criminal activity are subject to harsher penalties. | |
| Privacy S | tatomont |
| Filvacy 3 | tatement |
| HHSC values your privacy. For more information, read our privacy policy | / online at: https://hhs.texas.gov/policies-practices-privacy#security |
| Signa | tures |
| | |
| | |
| Child's Parent or Legal Guardian | Date Signed |
| | |
| Center Designee | Date Signed |
| | - |
| Physician or Public Healt | th Personnel Verification |
| Signature or stamp of a physician or public health personnel verifying im | munization information above: |
| | |
| Signature | Date Signed |