



**BOYS & GIRLS CLUBS
OF THE COASTAL BEND**

Location

____ Greenwood Unit
____ London ISD Unit
____ Flour Bluff ISD Unit
____ Ingleside ISD Unit

School:

Semester: ____ Fall School Year
____ Spring School Year
____ Summer Camp

MEMBERSHIP APPLICATION FORM

First Name	Middle Name	Last Name	Current Membership #	Student ID #
DOB _____ Age _____	Grade	Gender ____ Male ____ Female	Previous Members ____ Yes ____ No Club Member Since _____	
Physical Address (NO P.O. BOX)	City/Zip	School	Current Teacher	School District
Email Address	County:	City Council District	Graduation Year	Current GPA
Home Phone No.	Cell Phone No.	Member's SSN	Primary language spoken at home	
Primary Parent/Guardian	Marital Status	Home Phone _____ Cell Phone _____	Employer & Work Number	Occupation
Secondary Parent/Guardian	Marital Status	Home Phone _____ Cell Phone _____	Employer & Work Number	Occupation
In Case of Emergency Contact		Relationship	Day Phone #	Night Phone #
In Case of Emergency Contact		Relationship	Day Phone #	Night Phone #
Doctor's Name	Doctor's Phone #	Do you have a serious health problem, allergies, or disability? If yes, explain here:		
Insurance Company	Policy #	Hospital Preference		
Medicine Needs:	Insurance Type	Persons not authorized to pick up my child(ren) Legal documentation is required.		

The following information is necessary for our records and the funding of our organization receives. The answers you provide are completely confidential. Your cooperation in providing information is both appreciated and necessary.

Please check one: ____ \$0-\$10,000 ____ \$10,001-\$20,000 ____ \$20,001-\$30,000 ____ \$30,001-\$40,000
____ \$40,001-\$50,000 ____ \$50,001-\$62,999 ____ \$63,000 and up

Boys & Girls Clubs of the Coastal Bend does not discriminate based on political affiliation, race, color, national origin, sex religious, creed, age or disability.

Please fill each block below

Which of the following do you currently receive?

____ Food Stamps
____ Foster Family Care
____ SSI, SSDI
____ Free or Reduced Lunch
____ TANF
____ Medicaid
____ Head Start/Early Head Start
____ Earned Income Tax Credit
____ Non of the above

Number persons in Household ____

Head of Household

____ Mom ____ Dad ____ Both

Single Parent Household

____ Yes ____ No

Number in Household that are

Under 18 ____
Handicapped ____
Over 65+ ____

Does Child Live with:

____ Mother ____ Non-Family
____ Father ____ Guardian
____ Both Parents ____ Foster Family
____ Other _____

Family Housing:

____ Renting ____ Own
____ Temp ____ Public Housing

Ethnicity

____ Hispanic, Latino
____ White, Caucasian
____ Black, African American
____ Asian
____ Native Hawaiian/Pacific Islander
____ American Indian/ Alaska Native
____ Bi-racial,
____ Other, Unknown

Military Parent/Guardian:

Name _____
Name _____
Rank ____ Duty Station _____
Lives on Military Base? ____ Y ____ N

Branch of Military Service:

____ Navy ____ Coast Guard
____ Army ____ Air Force
____ Marines ____ Air National Guard
____ Reserve ____ DOD Civilian
____ Retired ____ Active Duty

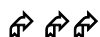
PARENTAL AUTHORIZATION

I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administration, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of the Coastal Bend, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I understand and agree that the Club is not responsible or legally liable for any personal property losses, stolen or for any bodily injuries incurred and suffered by my child on any Club property or in connection with any activities at any of its facilities, or while engaged in any Club activities away from the Club. I understand and agree that the Club does not provide medical insurance for my child.

I, also grant permission to managing personnel or other representatives of the Club to authorize and obtain medical care from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in activities away from home, or at any times when neither available to grant authorization for medical treatment. I will furnish a certified birth certificate of the above named upon request by sponsors or supervisors. I further understand and agree that the Club cannot and will not administer prescription or over the counter medications of any kind to my child (or ward).

In the event of an emergency I authorize BGCBC to secure medical treatment for my child (or ward) and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment.



FLIP PAGE - APPLICATION CONTINUES ON BACK SIDE



For Office Use Only: Staff Accepting Form _____ Receipt # _____ Check or Cash \$ _____ Scholarship _____
Revised 1/12/2022 Posted to VISIONS _____ Posting Date _____ Proof of Birth Checked _____ Van Route _____

PARENTAL AUTHORIZATION

Please read the following, check yes/no, initial each statement and sign below indicating agreement and permission:

OPEN DOOR POLICY

[] YES [] NO Int. _____

I hereby give permission for my child (or ward) to become a member of the Boys & Girls Clubs of the Coastal Bend and to participate in all programs and activities. I understand that the Club is a drop-off facility, **NOT** regulated as a licensed daycare by the State of Texas and that an open campus policy is in effect at all times. I further understand that the Club is **NOT** responsible for the time or manner in which my child may arrive at or leave the facility. I give permission for my child to leave the Club without an adult. I will not hold the Boys & Girls Clubs of the Coastal Bend, nor the officers, or volunteers responsible for any injury or danger that occurs once my child has left the Club. I also agree and understand that once my child chooses to leave, she/he may not be permitted to return that same day, unless granted permission by a manager of their Unit.

PERMISSION TO SIGN OUT

[] YES [] NO Int. _____

I give permission for my child to leave the Club without an adult. I will not hold the Boys & Girls Clubs of the Coastal Bend, nor the officers, or volunteers responsible for any injury or danger that occurs once my child has left the Club.

() Walk to/from school/home () Ride a bus ** () Be released to the care of his/her sibling under 18 years old

****Must provide the following:**

Sibling(s) name: _____

Photo of sibling(s): email color photo copy to: Cysassi@bgccb.org

() None of the above, my child does not have permission to sign out

COMPUTER USE AGREEMENT

[] YES [] NO Int. _____

I understand and agree that as a member my child will have access to the internet. While precautions are being taken, it is possible that he/she may access inappropriate sites. The Boys and Girl Clubs will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access. I give permission for my child to use the Boys & Girls Clubs of the Coastal Bend, Technology Program; including but not limited to computers, printers, software, the Internet, database access, and audio-visual equipment/game systems. By signing below, I will discuss with my child the importance of following the rules and will accept responsibility for the repair/replacement costs due to my child's negligence or destructive behavior.

LATE PICKUP FEES

[] YES [] NO Int. _____

I understand and agree that my child (or ward) must be picked up by closing time or a fee of \$30 will be charged at six minutes after the regular scheduled time of closure and a \$1.00 for each minute afterwards. If my child is not picked up 30 minutes after closing, local authorities may be notified. All fees are expected to be paid prior to my children returning to the Club and to maintain eligibility for afterschool transportation service.

NATIONAL PROGRAMS RELEASE

[] YES [] NO Int. _____

I give permission for my child (or ward) to participate in all BGCCB Health and Life Skills Programming, such as, S.M.A.R.T. Moves (Skills Mastery and Resistance Training) a national prevention program that helps young people avoid alcohol, tobacco, other drugs, and teen pregnancy, Street S.M.A.R.T. a national program on gang and violence prevention and conflict resolution, valuing differences and positive peer helpers, S.M.A.R.T. Girls a national program that offers age-specific activities designed to build character and instill the values of integrity, self-discipline and mutual respect and Passport to Manhood a national program that instills in young boys the values and moral compass that will assist them in their journey from adolescence to manhood. I understand that topics of discussion may include physical, emotional and social changes in our bodies, dating and sexual issues such as HIV and other diseases, nutritional habits including eating disorders, healthy exercise, communication skills, taking care of your body, ethics, wellness, respect to authority and employment exploration and careers.

GENERAL MEDIA AND PHOTOGRAPHIC RELEASE

[] YES [] NO Int. _____

The Boys & Girls Clubs of the Coastal Bend as well as Boys & Girls Clubs of America frequently use photographs information from surveys, and quotes from the members to publicize programs. Your permission is needed to use photos, testimonies, and videos, including information from surveys and/or quotes of your child(ren) on our web site (www.bgccb.org) in informational brochures, social media and in news articles. I give my consent for any photographs or reproductions thereof (while he/she is engaged in Club-related activities) and in which my child(ren) appear or quotes my child(ren) give to be used in anyway the Club may choose including grant/publicity/fundraising purposes

TRANSPORTATION LIABILITY RELEASE

[] YES [] NO Int. _____

I understand that members are responsible for their own transportation to and from the Club. I give permission for my child to ride the Boys & Girls Clubs of the Coastal Bend's bus/van transportation to and from school, home, and any other necessary travel for Club activities. I understand that all precautions will be taken for the safety of my child and I will not hold the Boys & Girls Clubs of the Coastal Bend, its officers, or volunteers responsible for any accident occurring during travel. I authorize the staff in charge to approve medical treatment for my child in the event of an emergency. I acknowledge by signing this form that my child will be eligible to ride the Boys & Girls Clubs vehicles but by not signing, they will not be able to be transported.

- **After School Travel from School.** I authorize transportation service from my child's school to the Club for the current school year. I understand BGCCB reserves the right to remove my child from pick up service. I understand that to remain on the pick-up service, my child must attend 3 or more times a week.
- **Field Trips/Special Events/Summer Travel.** I authorize travel and the BGCCB to any field trip or outing that I sign my child up for during the SCHOOL YEAR AND/OR SUMMER PROGRAM. I understand that BGCCB reserves the right to remove my child from the van and/or field trip service.

DATA COLLECTION WAIVER

[] YES [] NO Int. _____

I give permission for the Club to administer occasional anonymous surveys to my child (or ward) via online or written survey, questionnaires, interviews and focus groups, for purposes of better understanding the needs of my child (or ward) and the impact of the Club on my child (or ward). Information will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual response. The aggregated results of the analyses may be shared with club staff, BGCA, funders and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

DATA SHARING WAIVER

[] YES [] NO Int. _____

I understand that the Boys & Girls Clubs of the Coastal Bend *share* information about my child with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed may include the information provided on this membership application form, information provided by the my child's school or school district, and other information collected by Boys & Girls Clubs of the Coastal Bend including data collected via surveys or questionnaires. All information provided to and from BGCCB will be kept confidential.

SCHOOL INFORMATION

[] YES [] NO Int. _____

I give permission for the Club exchange information regarding my child, to make and retain copies of my child's (or ward's) report cards and/or progress reports or to be given access to school records pertaining to my child (or ward) in order to better understand the academic needs of my child (or ward) and to better assist him/her in his/her educational pursuits. I understand that copies made of report cards and/or progress reports will remain confidential and will only be viewed by Boys & Girls Club staff. I give permission for the Club to obtain age verification of my child (or ward) from their current school.

SWIMMING POOL RELEASE

[] YES [] NO Int. _____

I give consent for my child to use the Club pool. I understand and agree that the Club is not responsible for any bodily injuries incurred and suffered by my child on while in the pool or in the pool area or in connection with any activities at any of its facilities, or while engaged in any Club activities away from the Club.

☐ My child can swim ☐ My child cannot swim ☐ My child may take swimming lessons

MOVIE USE AGREEMENT

[] YES [] NO Int. _____

I hereby give consent for my child/children to view family movies that are rated "G" OR "PG" that is provided by the Boys & Girls Clubs of the Coastal Bend for specific programming. Any Movie PG-13 or above will require an additional permission slip for the Guardian to sign.

NO REFUND POLICY

[] YES [] NO Int. _____

I understand and agree that the Club does not refund memberships and that my child (or ward) must obey all standards of conduct. I further understand that behavioral problems that cannot be resolved may result in my child (or ward) being suspended from the Club without monetary refund.

GENERAL ACKNOWLEDGMENTS

[] YES [] NO Int. _____

I affirm that I have received and will read the Club's Parent/Member Orientation Handbook.

- I affirm that I have received and will read the Club's Acceptable-Use Policy/Parent Permission Form.
- I have read the completed membership application, all forms in this membership packet and understand the rules of the Boys & Girls Clubs.
- I have made available to the Boy & Girls Clubs proof of birthdate of my child listed above.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for him or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Texas.

Parent or Guardian Signature_____
Print Name_____
Relationship_____
Date**FLIP PAGE - APPLICATION CONTINUES ON BACK SIDE**

Parent/Guardian Program Participation Consent Form

The Boys & Girls Clubs of the Coastal Bend offers programs which enhance learning in character & leadership, education and career opportunities, sports, fitness and social development as well as health and life skills. During Program Hours, youth will be asked to participate in program activities. Some activities consist of:

- Games & High Yield Learning activities
- Field Trips (There are NO refunds on field trips unless the trip is canceled or re-scheduled by the Boys & Girls Club. If you have signed up your child for a field trip and you are NOT able to attend the field trip, or your child has been suspended from a field trip privileges, there will be NO refund.
- Discussion about health issues including sex edu/abstinence & drug resistance, bullying, and peer pressure
- Participation in groups and group processes
- Sharing information with schools about academics, health, behavior and attendance.
- Program participation may include transporting your child to another Boys & Girls Clubs of the Coastal bend facility for a program during our hours of operation. Anything outside our hours of operations will require another consent form to be signed for that particular activity. Member may participate in all Club activities in or adjacent to the Club building

Our Programs include prevention education. These programs strive to educate our members about healthy attitudes & lifestyles. Our programs are designed by separate age groups, 6 & 7, 8 & 9 (May be 8-12 in some cases) & 13-18 years of age. Depending on the age of your child, the program may address some of the following issues: (1) Physical & emotional growth; (2) media influence & body image; (3) eating disorders; (4) personal values & social interaction; (5) the importance of regular health exams; (6) exercise & physical activity; (7) culture & food; (8) healthy habits; (9) food programs; & (10) healthcare connections.

In addition, as part of our programs, we may be administering surveys and pre & post-test to assess our member's knowledge & understanding of some of the topics they learn from in the Boys & Girls Clubs Program Curriculum.

I am giving The Boys & Girls Clubs of the Coastal Bend representatives the ability to make copies of my child's regular school evaluations/report cards, as well as review my child's progress through their online ISO account. (Ex e-chalk or grade-speed) This also grants Boys & Girls Clubs representatives the option to view, record, and copy any of my child's records necessary to assist my child by developing an academic assistance program specific to them, including contacting the school and working with school personnel. The Report Card and Records of my child will be used in connection with our academic mentoring programs targeting the development of my child. (Ex's — Power Hour/Project Learn, Eva Longoria Foundation, SMART Girls, Passport to Manhood and other Boys & Girls Club Programs)

School Information

Child 1: Name _____ Club ID # _____ School ID# _____
School: _____ Current School Year: _____ Current Grade: _____
Next School: _____ Next School Years Grade: _____

Food Program Fee Level-Please check one of the following: _____ Free _____ Reduced _____ None

ISO Name (ex: Corpus Christi ISD...): _____ STI Parent Portal Account Number: _____

I, as legal guardian of the child(ren) listed on this form, give my permission for them to participate in the program activities mentioned above. All information shared in groups or through questionnaires and surveys will not be linked to my child, as responses will be automatically grouped together with the responses of other Boys & Girls Club members. I understand that if any public presentation of the finding should be made, my child's individual responses will not be linked to him/her or my family. I as the consenting parent/guardian agree to encourage my child and actively participate in the programs. I understand that I can relinquish my permission at any time in writing. I, as the guardian/parent, understand and consent for my child to participate in Boys & Girls Clubs projects, program groups, and activities.

Parent or Guardian Signature Print Name Relationship Date



**BOYS & GIRLS CLUBS
OF THE COASTAL BEND**

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of The Coastal Bend, Inc. (Club) has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Club could increase** your risk and your child(ren)'s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Name of Club Participant(s)



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 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="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
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 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		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information

Check All That Apply:			
1. Transportation			
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
2. Field Trips			
<input type="radio"/> I give consent for my child to participate in field trips.			
<input type="radio"/> 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:

☐ water table play ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

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 (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:

☐ 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		

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

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:

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.

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.
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

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 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

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)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	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

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