



# Rocking Horse Academy Preschool Financial Agreement

Date enrolled: \_\_\_\_\_

Classroom: \_\_\_\_\_

Date withdrew: \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Class \_\_\_\_\_ Tuition Rate \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Class \_\_\_\_\_ Tuition Rate \_\_\_\_\_

Requested Start Date \_\_\_\_\_ EMAIL \_\_\_\_\_

### PERSON RESPONSIBLE FOR INVOICE/PAYMENT

PARENT/GUARDIAN	PARENT/GUARDIAN
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP	CITY STATE ZIP
EMAIL	EMAIL
CELL	CELL

**Registration Fee** (\$100 single, \$150 family, Corral Kid \$30)

*Registration fee must be paid at time of enrollment and is non-refundable.*

\$ \_\_\_\_\_

Supply Fee Rate \_\_\_\_\_ X \_\_\_\_\_ (# students enrolling) =

*Due first week of enrollment (non-refundable)*

\$ \_\_\_\_\_

Child 1 Security Deposit\* \$300

\$ \_\_\_\_\_

Child 2 Security Deposit\* \$300

\$ \_\_\_\_\_

\_\_\_\_\_ Paid in full \_\_\_\_\_ 6 Equal Payments \_\_\_\_\_ Other

**Security Deposit** may be paid in full or divided into 6 equal payments (or 1/2 or 1/3).

**Wait-listed infants (Foals 1 & 2)** must have their \$300 security deposit paid **before 30 days prior to enrollment**. Failure to do so may result in loss of reservation. Deposit is subject to forfeiture if the student does not enroll within 14 days of the reservation date

*\*Families who have paid the deposit in full AND given us 30-days (4 tuition weeks) written notice of intent to withdraw may apply the deposit to their final 2 weeks of tuition owed. If 30-days (4 tuition weeks) written notice is NOT given, the deposit is forfeited.*

I have read and agree to the terms of this Financial Agreement. I understand that failure to pay by these terms will result in loss of enrollment for my child(ren). Tuition is charged every 2 weeks regardless of absences or illness. Failure to pay the account as owed can result in court judgments, negative credit reporting, and collections. (Rates are subject to change)

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

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

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

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_



# Rocking Horse Academy

## Financial EFT Enrollment

Rocking Horse Academy accepts EZ-EFT banking service that makes it easy for you to pay your child care fees automatically – at absolutely no additional cost to you. The simple authorization form allows us to bill your financial institution on the designated tuition due date. There is no need for you to write checks, remember to drop off (or mail) them, or worry about late fees. Your record of payment will be listed each month on your banking statement.

Only **one** account will be made for each child/family; we can't split the account. Both parents/guardians are legally liable for the full payment of tuition. We cannot become involved in financial disputes between parents or guardians.

Getting started is easy. Simply complete the attached authorization form or pick one up at the front desk. Attach a voided check to the form or a letter from your bank you're your account information and return it to us. All authorization forms should be returned to the front desk ONLY; please do not give them to your child's teacher to be passed on to us.

EZ-EFT is safe, secure and easy. Sign up is required for processing tuition payments!  
Feel free to stop by, call or email if you have any questions!!

Thank you,  
Cody Bench  
Accounts Manager  
[accounts@rockinghorseacademy.com](mailto:accounts@rockinghorseacademy.com)

EZ-EFT Authorization Form

I hereby authorize my financial institution to make periodic payments on my behalf from the checking or savings account listed below and transfer it to **ROCKING HORSE ACADEMY**.

CHOOSE ONE:

- Checking Account Transfer
- Savings Account Transfer

*I understand that I am in full control of my payments and I will notify RHA at least one week in advance if at any time I decide to make any changes, discontinue this service, or change or close my bank account.*

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

**\*Voided check MUST be attached\***



# Rocking Horse Academy Preschool Enrollment

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

PARENT/GUARDIAN			PARENT/GUARDIAN		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY		STATE ZIP	CITY		STATE ZIP
EMAIL			EMAIL		
CELL		HM PHONE	CELL		HM PHONE
EMPLOYER		WK PHONE	EMPLOYER		WK PHONE

AUTHORIZED TO PICK UP OTHER THAN PARENT/GUARDIAN.			
NAME		RELATION	
CELL		ALT NUMBER	
NAME		RELATION	
CELL		ALT NUMBER	
NAME		RELATION	
CELL		ALT NUMBER	

If you choose to not include an authorized pickup person, please initial the statement below:

I, \_\_\_\_\_ (parent/guardian), choose to not list an authorized pickup for

\_\_\_\_\_ (child).

\_\_\_\_\_  
Parent/Guardian initials

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



Rocking Horse Academy  
**Preschool Medical Form**

Child's Name \_\_\_\_\_

**Medical Information**

Dr. \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Group # \_\_\_\_\_ Date of Exp. \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_  
Insect Allergies: \_\_\_\_\_ Chronic Conditions: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Prescribed Medications: \_\_\_\_\_  
Serious Medical Conditions/Surgeries w/in the last 12 months: \_\_\_\_\_  
If you answer yes to any of the above allergies or conditions, further medical documentation will be required.

**Standing order for the application of parent-provided non-prescription, topical medications, creams, lotions**

**Teething** \_\_\_\_\_ **Ointment** \_\_\_\_\_  
(Anbesol, Orajel, other) (Bacitracin, Neosporin, Zinc Oxide, other)

**Diaper Rash** \_\_\_\_\_  
(Dr. Smith's, A&D, Desitin, other)

**Sunscreen (non-aerosol or pump-lotion only)** \_\_\_\_\_  
(Coppertone, Johnson's, other)

**Medical Emergency Authorization**

In the event that my child should become ill or sustain an injury while in the care of Rocking Horse Academy, I/we give permission to the person(s) in charge to take whatever steps are necessary to obtain the required medical treatment for my child.

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



Rocking Horse Academy  
**Emergency Plan & Transportation Parent Letter**

To Parent(s)/Guardian:

This letter is to communicate with all our enrolled families our commitment and plan for the safety and welfare of your child(ren) while attending Rocking Horse Academy.

Our Emergency Plan provides for a response to all types of emergencies. In the event of an emergency situation that requires an evacuation of our school's facility, our staff will make every attempt to contact you in such an event. Please be sure to supply us with up-to-date emergency contact information including your email and an out-of-area contact, if possible.

Depending on the circumstance of the emergency, we will use one of the following protective actions:

- **On-Site Evacuation:** Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- **Sheltering In-Place or Lock-down:** Sudden occurrences in weather or other hazardous situations may dictate taking cover inside the building.
- **Off-Site Evacuation:** Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility by Rocking Horse Academy's program vehicles, staff vehicles, parent vehicles, volunteers or neighbors and/or walking. Staff will remain with and care for your child(ren) at all times during an event. Attendance will be checked regularly whenever our children are moved. Staff will bring any necessary medications, supplies, and emergency records. In the event that we receive different instructions from emergency personnel, every attempt will be made to contact you with the alternate plan or post messages on Facebook and Twitter if possible.

**Emergency Relocation Facility A**

(Primary option near school) Plum  
Creek Golf Course Pavilion 750  
Kohler's Crossing  
Kyle, TX 78640  
512-262-5555 - Site Contact: Marc Farris - Club Manager

**Emergency Relocation Facility B**

(Secondary option near school)  
Saint Anthony Catholic Church 801 N. Burleson Road Kyle,  
TX 78640  
512-268-6966 - Site Contact: Father Juan Carlos Lopez

*Students will remain at the relocation facility accompanied by our teachers and staff while family/guardian/emergency contacts are notified of the situation. If you're not sure how to get to any of these locations, please ask for directions BEFORE there's an emergency.*

Modified Operation: Cancellation/postponement or rescheduling of normal business operations may be required. These actions are normally taken in case of a winter storm or building/transportation problems (such as utility disruptions or mechanical difficulties) that may make it unsafe for children in a variety of situations.

Please listen to local radio/television stations for announcements relating to any of the emergency actions listed above. If it ever becomes necessary to relocate, a sign will be posted on the main entrance stating which facility we've gone to (A or B). We will attempt to leave a message on the school's main number 512-405-3700. If possible, we will also post announcements on Facebook and/or Twitter. We do ask that you limit your calls during an emergency. This will keep the main telephone line free to make emergency calls and relay information.

Just in case these options are not available, you may try to contact us at  
512-578-9673 (cell)

**This is for EMERGENCY USE ONLY.**

Our Emergency Plan relies directly on your contributions of extra clothing, medication, diapering supplies, water supply donations, and your preparation for an emergency situation. Please take the time to implement your own Family Plan. Please keep this information with you so that you will know how to contact and find us in the event of an emergency or evacuation.

***An "Emergency Contact Card" is in each classroom or at the front desk for you to complete. This form will be used to contact families and verify authorized emergency contacts in order to release your child. Please ensure that only those persons you list on the form attempt to pick up your child.***

**In order to guarantee we have all of our student's most up-to-date emergency information, our school will require that all children's "Emergency Contact Card" be resubmitted at the beginning of each school year regardless of your last update.**

We realize that emergency circumstances may require changes to your plans, but I urge you to NOT make different arrangements if at all possible. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact me at 512-405-3700 ext 305.

Sincerely,  
*Rebecca Eichen*  
Director



Rocking Horse Academy  
**Emergency Plan & Transportation Parent Consent**

To the Parent(s)/Guardian of \_\_\_\_\_  
Print Child's Name

By signing this form, I acknowledge that I have read and understand Rocking Horse Academy's Emergency Plan Parent Letter and I give permission for my child to be transported in the event of an emergency.

\_\_\_\_\_  
Parent/Guardian Name (please print)

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

\_\_\_\_\_  
Date

**Please provide us with 1 or more emergency contacts other than parent or guardian. Addresses MUST be included.**

EMERGENCY CONTACT	
NAME	RELATIONSHIP
_____	
ADDRESS	CELL
_____	

EMERGENCY CONTACT	
NAME	RELATIONSHIP
_____	
ADDRESS	CELL
_____	

If you choose NOT to provide an emergency contact, please sign below:

I, \_\_\_\_\_ (parent/guardian), choose to not list an emergency contact for  
\_\_\_\_\_ (child).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (parent/guardian)

**Please return to us as soon as possible or by your first day of enrollment.**

**Families will be asked to review and sign this form annually at Back to School Night.**



## Rocking Horse Academy Child Information Sheet

This is confidential information for the Director, Assistant Director, and Teacher's use only for the sole purpose of understanding and developing your child's physical, emotional and educational needs. This form is voluntary and only used to give us guidance.

1. Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Married/Partners    Divorced    Separated    Single Parent    Mother Custody

Father Custody    Legal Guardian    Adopted

Legal Document (Please specify type) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. My child likes to:

5. My child is happiest when:

6. My child may become frustrated when:

7. My child will express his/her anger by:

8. When dealing with change, my child:(circle long or short)

Isn't bothered by it very long.

Takes a (long----short) time to adjust to new children.

Gets excited when meeting different people.

Takes a (long --- short) time to adjust to new places.

Takes a (long----short) time to adjust to new adults.

Takes a (long --- short) time to adjust to new things.

9. When faced with separation from his/her parents, my child:

10. My child may need help with:

11. I also want you to know:

12. Eating habits:

13. Napping habits:

14. Who usually disciplines your child:    Mother    Father    Both

Usual form of discipline:

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





Rocking Horse Academy  
**Preschool Acknowledgments/Permissions**

Child's Name \_\_\_\_\_

**Initials are required for each statement.**

\_\_\_\_\_ **Parent Handbook (available at [www.rockinghorseacademy.com](http://www.rockinghorseacademy.com)):** I have read, understand, and agree to abide by the written policies set forth in the Parent Handbook. I understand these policies may change; however, every attempt will be made to inform parents of those changes. I am responsible for reading memos, updates, & newsletters that may inform me of those changes.

\_\_\_\_\_ **Immunizations:** As per our policy, Rocking Horse Academy requires a current copy of immunization records. It is the parent's responsibility to provide updated shot records. Failure to do so may result in an interruption of services. **Hearing/Vision Screening:** I understand all children four years of age and older must be screened for vision and hearing difficulties. I agree to provide the center with the results of that test within 30 days of my child's 4th birthday.

\_\_\_\_\_ **Therapists/Observers/Volunteers:** I am aware that Rocking Horse Academy cooperates with Texas State University, Hays CISD, ECI, and other professional institutions by allowing the students and personnel to observe our students and teachers. These individuals will be subject to Tx DFPS standards.

\_\_\_\_\_ **Transportation:** I hereby give my consent for my child to be transported and supervised by facility's staff on field trips or in cases of emergency.

\_\_\_\_\_ **Field Trips:** I hereby give my consent for my child to participate in field trips under the supervision of a staff member or parent volunteer. (Individual permission slips and 48 hours' notice or more will be given.)

\_\_\_\_\_ **Water Activities:** I hereby give my consent for my child to participate in age-appropriate water activities. Individual notice will be posted.

\_\_\_\_\_ **Photographs:** I hereby give my consent for Rocking Horse Academy to use photographs (individual or group-still or video) of my son/daughter for in-school displays, graduation slideshows and art projects. We respectfully request that families taking photographs during school or school functions that include children other than their own please refrain from posting the photos on social media sites unless prior permission has been given by the other child(ren)'s parent/guardian.

\_\_\_\_\_ **Withdrawal** I acknowledge that Rocking Horse Academy requires 30-days written notice (4 tuition weeks) to withdraw from school. If a 30-day written notice is NOT given, I will forfeit the security deposit.

\_\_\_\_\_ All accounts must be set up for EFT Bank Draft. Accounts can not be divided.

\_\_\_\_\_ I have read, understand, and agree to abide by the RHA's "Healthful Food & Beverage Policy" provided in the Enrollment Packet and available on our website [www.rockinghorseacademy.com](http://www.rockinghorseacademy.com)

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



# Rocking Horse Academy

## Preschool Parent Handbook Summary

This is a summary of policies discussed in our handbook. Parents are encouraged to read the entire handbook to understand all our policies, and when you sign the Parent Handbook declaration, you are stating that you have read the handbook and agree with our policies as stated. (A copy is available at [www.rockinghorseacademy.com](http://www.rockinghorseacademy.com))

### **RULES OR POLICIES ARE SUBJECT TO CHANGE**

The rules and regulations contained within are not exclusive. Other rules and regulations may be posted in and about the facility and shall be binding as described within this handbook in full. The academy may from time to time choose to adopt and make amendments to its rules and regulations. All enrolled participants will be obligated to observe these policies. (Tuition rates are subject to change.)

#### **Hours of Operation:** 6:30 a.m. – 6:30 p.m.

- **No drop off between 10:00 a.m. - 2:30 p.m.** The front door access code will be turned off during this time.
- Late drop-off exceptions will be made for a Doctor's appointment with a note from the Dr.'s office
- Late pick-up 6:35 p.m. charged \$15 + \$1/minute
- Excessive late pick-ups (after 2 incidents within 30-day period) will be charged \$15 + \$2/minute

#### **Tuition:**

- As a service, invoices are emailed on Friday prior to tuition Monday (barring technical difficulties. Be sure to notify us of any change in email addresses.
- Charged and due every other Monday (no exceptions)
- Must be paid in full without deductions for absences, holidays, or vacations
- For us to comply with CDC Covid-19 guidelines and federal employment regulations, Rocking Horse Academy will charge ½ tuition rate for days our school is closed or partially closed due to Corona Virus.
- All families must sign up for EFT draft – no exceptions.
- Only ONE account will be made for each child/family. We can not split invoices or accounts. Both parents/guardians are legally liable for the full payment of tuition. We can not become involved in financial disputes between parents or guardians.
- EFT Drafts will be processed on the Tuesday following the Monday that tuition is due.
- NSF fees apply if a draft is declined.
- Tuition and NSF fees must be paid the next business day following bank notification in order to return to school.

#### **Drop-off/Pick-up**

- An adult **MUST** accompany the child to the classroom
- An adult **MUST** pick up the child from the teacher. Siblings may only pick up or drop off if they have a driver's license.
- An adult **MUST** sign the classroom roster at drop-off and pick-up times. (If your child is on the playground, you may **NOT** stand on the back porch and call your child to leave without going to the teacher and signing the child out.)
- If you arrange for someone else to pick up your child, please notify us.
- That person must check-in at the front desk and show a photo ID. Your child's file will be checked.
- No food after 7:15 a.m. All food removed at 7:30 a.m.

#### **Clothing/Items from Home**

- Children get dirty or have accidents. Please don't send them in "nice" clothes
- Please provide one extra set of clothes in case of an accident.
- Children must wear close-toed shoes for their safety. (No sandals, flip-flops, Crocs)
- Please LABEL all articles of clothing (especially sweaters, jackets, sweatshirts)
- Please LABEL all bedding, water cups, baby bottles, etc.
- Toys/personal items may **NOT** be brought to class unless requested by the teacher for Show and Share
- Bedding should be brought in the beginning of the week and taken home at the end of the week for laundry.
- Bedding should be a crib-sized sheet, travel sized small blanket, and small pillow. Larger, bulkier bedding is not allowed.
- Home lunches should be nutritious (no candy, no juice). Refer to the Parent Handbook regarding our food and beverage policy.
- Fresh water in a labeled water bottle must be provided every day. Only water can be in that bottle.

**ROCKING HORSE ACADEMY WILL NOT BE RESPONSIBLE FOR LOST ITEMS**

## Enrollment/Withdrawal

- Parents may NOT change a child's enrollment status without permission from the director. (From full time to part time or vice versa or from MWF to TTH)
- Withdrawal requires 30-days written notice (4 tuition weeks) to have the deposit applied to your balance. Weekly tuition will not be prorated for partial weeks.

## Holidays and Closures

New Year's Day		January 1 <sup>st</sup>
MLK Day	Teacher In-service	3 <sup>rd</sup> Monday in January
Good Friday	Teacher In-service	
Memorial Day		Last Monday in May
Independence Day		July 4 <sup>th</sup>
RHA Day	Teacher In-service	2 <sup>nd</sup> Friday in August
Labor Day		1 <sup>st</sup> Monday in September
Columbus Day	Teacher In-service	2 <sup>nd</sup> Monday in October
Thanksgiving & Friday after		4 <sup>th</sup> Thursday and Friday November
Christmas/Winter Holiday		December 25 <sup>th</sup>

- ❖ The Academy will be closed the previous Friday or the following Monday, if a holiday falls on a Saturday or Sunday
- ❖ We will close an additional 2 days during the winter break. Dates will be posted and specified depending on the day Christmas and New Year's Day fall.

## Illness

We post contagious illnesses on our classroom doors and notify TX DFPS when applicable.

**Parents must pick up or arrange to have their child picked up within 90 minutes of attempted notification. Failure to comply will result in an addition fee of \$1.00 per minute after the 90 minutes.**

1. Fever underarm 100 degrees (without the added degree for underarm thermometers)
2. Rash – unexplained
3. Diarrhea – multiple
4. Vomiting – multiple
5. Eye infection or Pinkeye – constant discharge
6. Lice and/or Nits. (We have a NO NIT policy)
7. Unable to participate in classroom activities

If your child becomes ill at night, please notify the front desk the next day that you will not be attending school. Check our handbook for specific guidelines on our notification process, when you can return school. Generally, the child must be symptom-free, without medication, for 48-hours before returning or submit a doctor's note clearing the child to return to school. Whereas we take every precaution to prevent the spread of contagious diseases, Rocking Horse Academy is not liable if your child(ren) contract any contagious disease while attending our school.

## Medication

- All medication must be in it's original container with the Rx number
- Medication will be administered according to the manufactured label, doctor's note, or prescribed instructions.
- Must be checked in at the front desk and logged into the Medication Logbook
- Must be accompanied by a doctor's note/current prescription
- Will be administered at 11 a.m. and 3 p.m. We do not administer antibiotics twice a day. The first dose should be given before school.

**By signing this document, I am certifying that I have read the FULL parent handbook and agree to comply with all of its policies and procedures. I understand that this is a brief summary of some of the policies and procedures stated in the Parent Handbook and does not cover all policies in effect.**

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_



*Rocking Horse Academy*  
**Discipline and Guidance Policy**

Child's Name \_\_\_\_\_

Discipline must be:

- Individualized and consistent for each child;
- Appropriate to the child's level of understanding; and
- 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:

- Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- Reminding a child of behavior expectations daily by using clear, positive statements;
- Redirecting behavior using positive statements; and
- 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:

- Corporal punishment or threats of corporal punishment;
- Punishment associated with food, naps, or toilet training;
- Pinching, shaking, or biting a child;
- Hitting a child with a hand or instrument;
- Putting anything in or on a child's mouth;
- Humiliating, ridiculing, rejecting, or yelling at a child;
- Subjecting a child to harsh, abusive, or profane language;
- Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- 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.**

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

\_\_\_\_\_  
Date



*Rocking Horse Academy*  
**Well-Check Statement (Physician)**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

I have examined the above-named child within the past year and find that the child is physically able to take part in the child-care program.

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

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

**§746.611**  
**Must I have a health statement for children in my care?**

*Subchapter C, Record Keeping Division 1, Records of Children*  
*09/01/03*

(a) A health statement is:

- (1) A written statement, from a health-care professional who has examined the child within the past year, indicating the child is physically able to take part in the child-care program.

*Health status information is critical to ensuring that the individual needs of children are met, while protecting the health and safety of all children in care*

*Texas Department of Family and Protective Services 15*

**Parents: Please attach a current copy of your child's immunization record.**