



# Austin International School

12001 Oak Knoll Drive • Austin, TX 78759 • (512) 331 7806

## Summer Language Immersion Camp 14 June to 23 July 2010

### Registration Form – Due by May 14, 2010

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Main Phone number \_\_\_\_\_ Main E-mail address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Work phone number \_\_\_\_\_ Mother's Work phone number \_\_\_\_\_

Father's Cell phone number \_\_\_\_\_ Mother's Cell phone number \_\_\_\_\_

Father's Home phone number \_\_\_\_\_ Mother's Home phone number \_\_\_\_\_

Father's E-mail address: \_\_\_\_\_ Mother's E-mail address: \_\_\_\_\_

#### I would like to enroll my child

##### A. on the following weeks (select at least 3 weeks)

**Week 1**  
6/14-6/18

**Week 2**  
6/21-6/25

**Week 3**  
6/28-7/02

**Week 4**  
7/05-7/09\*

**Week 5**  
7/12-7/16

**Week 6**  
7/19-7/23

##### B. in the following level and program, and additional care

**3 – 4 years old**

**5 – 6 years old**

**7 – 8 years old**

**9 -12 years old**

French AM

Spanish AM

French AM

Spanish AM

Spanish PM

French PM

Spanish PM

French PM

**Morning classes: 9:00 -11:45 AM; Afternoon classes: 12:45-3:30 PM.**

Before school care

7:30-9:00 AM  
(No charge)

After school care

3:30-6:00 PM  
(\$65.00 per week)

## Terms of Enrollment – Please read and sign below.

**Tuition per week:**  
**Full days-\$220.00 ♦ Half days-\$155.00**  
**(\$100.00 deposit non-refundable)**

1. Registration for the Summer Language Immersion Camp is open to all children from ages 3 to 12. Registration is considered complete when the Registration Form is completely filled out and the corresponding deposits paid.
2. Registration is available on a first-come first-served basis. The deadline for registration is May 14, 2010. If a class reaches capacity, a waiting list will be developed and every effort will be made to create additional spaces. The AIS has the right to cancel any class due to insufficient registration. If that should happen, a full refund will be provided.
3. All forms must be submitted at time of deposit. The balance of fees must be paid by June 14, 2010. If fees are not paid on time, AIS reserves the right to cancel the student's registration without further notice.
4. Requests for refunds must be in writing. Refunds will include all money paid, minus the deposit. Notification of cancellation must be made to AIS no later than one week prior to the child's first day at Summer Camp to avoid forfeiture of all fees paid. No refunds will be made for absences or withdrawals during the camp. In the case of extended illness or accidents, a doctor's note is required in order to receive a pro-rated refund. Paid camp tuitions are non-transferable. All changes must be in writing and sent to the Executive Director.
5. It is understood that the parent or guardian signing the application certifies that their child will follow all rules and regulations, and will abide by all decisions by the camp administration. In the event that the rules are broken, proper action will be taken by the camp administration. If there is no change in behavior, the child will be dismissed without a refund. In the event the child causes damage to another person or property, the parent or guardian will be liable for all damages incurred.
6. Medication and special needs of students must be indicated on the student's medical forms. These forms are given out with the Registration forms. Students will not be allowed to attend a single day of camp unless all paperwork is complete.
7. In case of a medical emergency, all efforts will be made to contact the parent or emergency contacts and the child's doctor. In the event that this is not possible, the parent hereby gives permission to the physician selected by the Executive Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or other procedures to stabilize the camper's condition.

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Name & Signature of Parent/Guardian

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Date

Return all forms to: Austin International School  
12001 Oak Knoll Drive  
Austin, TX 78759

# Child Release Form For Authorized Pick-ups

Name of Child \_\_\_\_\_

**Persons Authorized to Pick up Child:**

I authorize the following individuals to pick up my child from school ANYTIME (include parents' names, cross out any spaces not used):

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

I authorize the following individuals to pick up my child from school ONLY WHEN THEY HAVE WRITTEN CONSENT or I HAVE CALLED THE SCHOOL:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**In Case of Emergencies, please indicate the following:**

The following individuals can be called in case of an emergency if I/we cannot be reached (e.g. in the event that my child becomes sick or requires non-emergency medical care), and I authorize these individuals to come and get my child if I cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code



## Statement of Special Needs

Name of Child: \_\_\_\_\_

Does your child have any allergies? yes no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any existing illnesses? yes no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any disabilities? yes no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child had any previous serious illnesses, injuries, or hospitalizations during the last six months? yes no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child has any other special needs, please describe them for us:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Printed name)



## Photographic Release Form

During our Summer Language Immersion Camp and our academic school year, we may have activities at the Austin International School which may include photographing, filming, sound recording, and/or videotaping your child. These activities may include but may not be limited to the following:

1. Photographs for newsletters, the school website\* and other publications by the school, its students, or its parents' organization;
2. Marketing materials, public relations publications, such as brochures, advertisements or videotapes, by the school;
3. News media publications or broadcasts by professional or student journalists;
4. Teaching materials;
5. Photographs or videotaping made by a state agency, such as the Texas Department of Family and Protective Services (TDFPS) for their purposes.

\* These photographs would not include any close-ups of a child's face, nor would they identify any child by name. They will include group photographs such as those we take in class or in the playground.

Please fill out and sign one of the forms below:

### Permission

I hereby give permission for my child, \_\_\_\_\_, to be photographed, filmed, recorded, and/or videotaped as described above for the Summer Language Immersion Camp and/or the academic year for the duration of his/her enrollment at the Austin International School.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### Refusal

I **do not** give permission for my child, \_\_\_\_\_, to be photographed, filmed, recorded, and/or videotaped as described above for the Summer Language Immersion Camp and/or the academic year for the duration of his/her enrollment at the Austin International School.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



## Emergency Medical and Liability Release Form

I, the undersigned, am the parent/legal guardian of \_\_\_\_\_, who is enrolled at the Austin International School.

By signing this document, I confirm that:

1. I wish to have my child registered in the program of the Austin International School and to have him/her participate in any activities during the program;
2. I release the Austin International School, it's directors, teachers, employees and volunteers (AIS staff) assisting during the academic year from any liability in connection with my child's participation in any events and activities of the Austin International School, which includes, without limitation, any liability related to an accident, an injury or illness suffered by my child;
3. I authorize the Austin International School and persons associated therewith to consent to medical treatment for my child, to select the medical personnel, hospitals and/or clinics to treat my child in case of any accident, injury or illness that may occur;
4. In the event of an emergency, I authorize the Austin International School to contact my child's doctor, to administer first aid, to take my child to a clinic or hospital (emergency room) or to take any other action deemed necessary by the school or its employees.

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

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

Physician's Phone Number \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**



## **AIS and TDFPS Nutrition Policy**

I, the undersigned, understand that parents and/or guardians provide their own children's meals and snacks while they are in care at the Austin International School (AIS). I agree that the AIS is not responsible for the nutritional value of my child's food or for meeting his/her daily food needs.

Parent's Name \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

## Discipline and Guidance Policy

- ❖ 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.

\_\_\_\_\_

Signature Date

Check one please:

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



### Description of Minor Infractions

#### **Procedure**

When a minor infraction is committed, a Disciplinary Note is sent to the parents of the child who committed the infraction.

#### **List of Minor Infractions**

**Damage or lose school materials:** Draw on a book, tear pages of a book, lose or break science equipment, deliberately throw a ball on the roof, break playground toys and equipment.

**Gum:** All students who are caught chewing gum.

**Leave the playground:** When a student leaves the playground (ex. Goes back into the school building) without the permission of an AIS staff member.

**Disrupt the line:** When a student does not fall in line or disrupts the line.

**Play after the bell has rung:** When a student continues to play after the bell has rung, instead of lining up.

**Unauthorized items from the house:** When a child brings an item from the house that is not authorized to be brought to school (which will not be used at playtime or for Show and Tell, as authorized by the teacher).

**Inappropriate or violent play:** For example: simulate fights (ex. Karate); trip each other for fun even though it can be dangerous.

**Carry or bring violence-related items:** Items such as: knife, gun, etc. It is important to intercede even if it seems inoffensive or even if the item is a toy.

**Loiter, scream or run in hallways:** Any student caught wandering in the hallways without the restroom badge or authorization, or any student with or without the restroom badge or authorization who is caught loitering, talking, running or screaming in the hallways.

**Throw an object up in the air or strike it with no intention to hurt:** If the item is thrown in the air or struck without a direct objective or without any intention of causing harm (ex: aimlessly kicked a ball).

**False accusations:** Make false accusations in order to get out of trouble, to get someone in trouble, out of spite, etc.

**Repetitive oral warning while in classroom:** Disrupt the class continuously until sent to the Executive Director's Office.

**Others:**

- Remove the clothing of another student (ex: take someone's cap off, pull down someone's pants or lift someone's skirt).

**Description of Major Infractions**

**Procedure**

When a major infraction is noted, a Disciplinary Note will be sent to the parents of the child who committed the infraction.

The child will be asked to verbally apologize to the student who the infraction was committed against.

If the child repeatedly commits major infractions, parents will be called to meet with the Director. If there is no improvement on the child's behavior, the child will no longer be allowed to come to the summer camp. Fees paid will not be refunded.

**List of Major Infractions**

**Verbal:**

**Verbal threats:** Words such as: I will kill you; I will beat you after school or at recess, etc.

**Impoliteness:** Any student who mocks the intervention of an adult, who defies his/her decisions, who uses uncouth language and adopts an arrogant attitude, who answers back to an adult, who tells lies.

**Intimidation:** Any student who looks to physically or psychologically bully another student.

**Uncouth language:** Use of violent words.

**Provocation:** Make an inappropriate act with the objective of making another student react negatively.

**Racism, discrimination:** Make a negative remark about the color, the culture, the country of origin, the clothes or the physical aspect of a person.

**Refusal to cooperate:** Any student who refuses to adopt a peaceful behavior, who grumbles or who refuses to follow a reasonable and clear request made by an adult.

**Physical:**

**Blows:** Any intentional blows given to another person (example: pinch, trip, punch, kick, slap, etc.).

**Shoving:** Deliberately push someone hard (with the shoulders, hands, etc.)

**Fights:** Exchange of blows between 2 or more people, with the intention to hurt. In this case, after hearing the accounts of all students involved, the Executive Director decides whether one or more students should not be punished if it is proven that the student(s) tried to defend himself (or themselves), and/or tried to escape from being attacked.

**Touching:** Premeditated touching of intimate parts of another person's body.

**Throw an object with the intention to hurt:** Deliberately throw any object with the intention of hurting one or more people.

**Physical threats:** Any action done to frighten another person (ex: hold back a student against his/her will so that he/she cannot move, seeming to give a blow).

**Vandalism:** Write on the walls, tear the posters, destroy property, etc.

**Attempt to run away:** Any student who tries to leave the school or the playground without permission.

**Weapons:** Any object used to threaten or harm another student: belt, thumbtack, pencil, scissors, paper clip that has been unbent, knife, etc.).

**Theft:** Take an item without the consent of the other. **Always make sure that the evidence is clear and flagrant.**

**Others:** Take something that belongs to another, by force or through threat.

### **The Disciplinary Note**

#### **Descriptions of the Disciplinary Note**

The disciplinary note provides the following information:

- complete name of the student, class and date,
- type of infraction,
- person who interceded
- written remarks (telling what happened without mentioning the names of other students involved, if any).
- 

Each time that a disciplinary note (major or minor infraction) is properly filled out,

- the white copy goes to the parents of the student;
- the yellow copy is given to the Executive Director for filing in the student's file.

## Examples of Complete and Incomplete Disciplinary Note are As Follows:

### Example of a duly completed note

Name: John Smith

Class: 124

Date: May 25, 2007 *(Everything is completed)*

#### Major Infractions

##### Verbal

- Verbal threats
- Impoliteness
- Intimidation
- Uncouth language
- Provocation
- Racism, discrimination
- Refusal to cooperate

##### Physical

- Blows *(the type of infraction is marked)*
- Fighting
- Touching
- Throwing an object to hurt someone
- Physical threats
- Shoving

##### Others

- Vandalism
- Attempt to run away
- Weapons
- Theft
- Others

#### Minor Infractions

- Inappropriate or violent games
- Loiter, run or yell in the corridors
- Bring an item from the house without authorization
- Chew gum
- Damage or lose school materials
- Leave the school playground without permission
- Play after the bell has rung
- Disrupt the line
- Carry or bring items that are violence related
- Throw or hit an object without trying to hurt anyone
- False accusations
- Repetitive oral warning
- Others: \_\_\_\_\_

Intervener: Sophie T. *(the name of the intervener is indicated)*

#### Remarks:

John kicked the stomach of another student at recess time.  
*(In this section the problem is indicated and the other people involved are not identified.)*

### Example of an incomplete note

Name: John

Class: *(incomplete name & class)*

Date: May 25, 2007

#### Major Infractions

##### Verbal

- Verbal threats
- Impoliteness
- Uncouth language
- Provocation
- Racism, discrimination
- Refusal to cooperate

##### Physical

- Blows
- Fighting
- Throwing an object to hurt someone
- Physical threats
- Shoving

##### Others

- Vandalism
- Attempt to run away
- Weapons
- Theft
- Others
- Others

#### Minor Infractions

- Inappropriate or violent games
- Loiter, run or yell in the corridors
- Bring an item from the house without authorization
- Chew gum
- Break or lose school materials
- Leave the school playground without permission
- Play after the bell rings
- Disrupt the line
- Carry or bring items that are violence related
- Throw or hit an object without trying to hurt anyone
- False accusations
- Repetitive oral warning
- Others: \_\_\_\_\_

Intervener: Sophie T.

#### Remarks:

*(There is no information about what happened: how, where?)*

# ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> <b>TRANSPORTATION:</b>			
<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. <input type="checkbox"/> <b>FIELD TRIPS:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:			
3. <input type="checkbox"/> <b>WATER ACTIVITIES:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

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Child daycare 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

**SCHOOL AGE CHILDREN:**

My child attends the following school:

\_\_\_\_\_ Name of School and Address \_\_\_\_\_ School Ph.#

**CHECK ALL THAT APPLY:**

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

Name of sibling(s): \_\_\_\_\_

My child has permission to:  walk to and from school,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_ Health Care Professional's Signature \_\_\_\_\_ Date

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 will submit it to the child-care operation.

Name and address of health care professional:

\_\_\_\_\_ Signature - Parent or Legal Guardian \_\_\_\_\_ Date

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
R			
L			
SIGNATURE _____			DATE _____

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

# ADMISSION INFORMATION

## HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
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Signature or stamp of a physician or public health personnel verifying immunization information above.

Signature Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

Parent's signature Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at  
[www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

Signature – Parent or Legal Guardian Date