



Crosby Methodist Weekday School

1334 Runneburg Road, P.O. Box 1385
Crosby, TX 77532

Telephone 281-328-5460

Fax 281-462-0328

Weekday.school@crosbyumc.org

www.crosbyumc.org

HEALTH REQUIREMENTS

1. Each child is required to have a “Well Child Statement”, signed by their physician, on file before the first day of school. You may use the form provided by Weekday School (on the back of this page) or a similar form provided by the doctor. If your child has been seen by his/her doctor in the last 12 months, they may be willing to complete this form without another doctor’s visit. We will accept a faxed copy of this form.
2. In order to comply with State of Texas minimum immunization requirements, it is a parent’s or guardian’s responsibility to provide current immunization records to the child care facility or a legal exemption. Therefore, you must provide a current immunization record or exemption when **registering** your child for Weekday School. Following are the immunization requirements prior to entering our program. Please check the list carefully to ensure your child has had the required immunizations.

2 & 3 year olds:

- 3 doses polio (IPV/OPV)
- 4 doses diphtheria, tetanus and pertussis (DTP/DTaP)
- 1-3 doses haemophilus influenzae (Hib) – depending on age when doses administered
- 3 doses Hepatitis B
- 3-4 doses pneumococcal (PCV) – depending on age when doses administered
- 1 dose Hepatitis A
- 1 dose measles, mumps, and rubella (MMR)
- 1 dose varicella (chicken pox)

4 year olds & older:

- All requirements as stated above, **plus**
- 1 additional dose Hepatitis A
- *1 additional dose polio
- *1 additional dose DTP/DTaP
- *1 additional dose MMR
- *1 additional dose of Varicella

*These vaccines should be given on or after the child’s 4th birthday.

Current students enrolling for next year: If your child is already 4 years old or older **and** you have provided an updated immunization record after their 4 year immunizations, you do not need to provide another immunization record.

However, if your child turns 4 during the summer you must provide an updated immunization record showing they have received all required immunizations.

Please remember, a current immunization record is now required at registration, if it is not already on file. Only the Physician’s Well Child Statement may be turned in at a later date.

3. The Texas Health Department requires all children who are 4 years old and older to have a vision and hearing screening if they are enrolled in any licensed school or day care. These screenings will be completed at Weekday School in September or October for a small charge (usually less than \$20). However, if your doctor performed a vision and hearing screening on your child (many do this at the 4 year old check up), you may have your child’s doctor complete the form on the back of this page or provide us with a copy instead of having them retested at school.

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PHYSICIAN'S WELL CHILD STATEMENT

Crosby Methodist Weekday School will accept a faxed copy of a "Well Child Statement" from your child's doctor. They may use this form or one of their own.

Child's Name

Child's Birthdate

I have examined the above named child within the past year and found that he/she is physically able to take part in Crosby Methodist Weekday School program and activities.

Physician Signature

Date

Physician Name (Please print)

A current immunization record must also be provided to Weekday School.

Hearing & Vision

All students who are 4 years old by September 1 must have vision and hearing screenings. We will provide these at school for a fee. If your child had these screenings with their doctor, you may have them complete the section below or provide us with a signed copy from the doctor.

VISION	R 20/_____	L 20/_____	_____ Pass	_____ Fail
HEARING	1000 Hz	2000 Hz	4000 Hz	
R				_____ Pass _____ Fail
L				_____ Pass _____ Fail

Physician's Signature

Date