ECISD Children's Center
Check List

_________________________ Admission Form
_________________________ Immunization Records
_________________________ Feeding Schedule
_________________________ Policy and Procedures Acknowledgement
_________________________ Discipline and Guidance Policy
_________________________ Internet Use and Videotape/Photo Release
_________________________ Hold Harmless and Indemnity Agreement
_________________________ Supply List

All paperwork must have original signatures. Faxed copies will not be accepted.
The ECISD Children’s Center

Policies and Procedures for Parents
Mission
The ECISD Children's Center staff are dedicated in providing quality care in a safe and loving learning environment. We will provide opportunities for each child to learn by the use of their fine and gross motor skills, and senses. We will focus on the process of learning through age appropriate curriculum and materials. We will provide learning opportunities for math, science, and reading as we strive to develop each child mentally, physically, socially, and emotionally.

Children’s Center Staff

Paula Danheim, ECISD Administrator
Erin Reddell, ECISD Administrator

Sylvia Duran, Center Director
Melissa Grizzell, Center Asst. Director
The Children's Program

The Children's Center staff are trained to provide planned activities to meet the children's social, emotional, intellectual, and physical needs for development. Our staff utilizes the "Circle" curriculum with emphasis from "Conscience Discipline", which helps to build the child's self-esteem, and gives them ownership of their learning. Areas included in the curriculum are developing large and small motor skills, pre-reading skills, vocabulary building, creative art and drama, and listening and speaking activities. Cooking activities are included periodically for the older children.

Staff

Our staff members are selected because of their abilities as well as their sincere love and concern for the welfare of young children. They are required to have annual training in brain development, shaken baby syndrome, sudden infant death syndrome, preventing and responding to child abuse and neglect, as well as twenty-four additional hours of staff development.

Care Givers must also remain current in CPR and First Aid, and meet all of the requirements set forth by the Texas Child Care Licensing Minimum Standards.

A Parent's Guide to Child Care

- Child Care Licensing was established to regulate child-care facilities to help protect the health, safety, and well-being of children in care.
- Child Care Licensing staff inspect the center to ensure minimum standards are met. They also investigate complaints concerning possible violations of minimum standards and the childcare licensing law.
- A copy of the minimum standards is available for you to review at your centers.
- Read all of the material the providers give you. It is important that you understand all requirements before you enroll your child. It is equally important, once your child is in care, to read the notices, special requests, notes, and other materials the child-care providers send home.

By law, it is a mother's right to breastfeed or provide breast milk for her child. For mothers who would like to breastfeed, a comfortable place will be provided in the child's classroom for this purpose.

*Our teacher's main responsibility is working with the children. The teacher will not have a lot of extra time to talk during the drop off or pick up period; however, your input is very important to us. Please fill free to set up a conference time with your child's teacher and/or director, so that we can discuss your child's development and/or needs. The staff has been asked not to contact parents with their cell phones. All communication needs to be done through the school e-mail or the Center's phone. We
want to make sure our professionalism and dedication to each child and their family is held to the highest standard. It is important to let the caregivers know about changes at home or things that may affect your child's mood or behavior at school.

**Required Enrollment Paperwork for Children**

Enrollment paperwork must be completed before the child is officially enrolled. The following will need to be returned to the Children's Center before the child's first day:

- Admission Form
- Updated Immunization Record
- Feeding Schedule (Children under the age of 6)
- Policy and Procedures Acknowledgement
- Discipline and Guidance Policy
- Internet/Videotape & Photo Release
- Supply List Items

**Immunization Requirements**

Texas Minimum Standards for Child-Care Centers requires each child enrolled or admitted to child-care centers must meet and continue to meet applicable immunization requirements specified by the Texas Health and Human Services Child Care Licensing. All immunizations required for the child's age must be completed unless an affidavit for exemption is completed. Enrollment and/or attendance is not permitted to children who are not adequately immunized. Exclusion notices will be sent to parents of children that are delinquent with immunizations.

If a parent chooses to decline immunizations for reason of conscience, including religious belief, a signed and dated affidavit must be submitted no later than the 90th day after the affidavit is notarized. Please be aware that children who have an affidavit of declination of immunizations due to religious or philosophical reasons will be excluded from attendance if there is an outbreak of a disease for which the child is not immunized. A signed and dated affidavit must also be completed if the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination.

**Hours of Operation**

The center is open Monday through Friday, 6:30 AM- 7:30 PM.

**Tuition**

The ECISD Children's Center is providing free services to children of parents working in the medical field.
Transportation

The Children’s Center does not take off-campus fieldtrips and does not provide transportation. All children are required to be in a child safety seat and it is the parent’s responsibility to make sure their child is strapped in correctly. Please make sure the seat is the appropriate seat for the child’s age.

Pick Up and Drop Off Area

The pick-up and drop off area is located in back parking lot of Zavala Elementary. The alley to the parking lot is one way going south, so please follow the signs. Only designated individuals will be allowed to pick up children.

Attendance/ Signing In and Out

Temperatures of all children in attendance and anyone entering the facility will be taken before entering the building. Parents must sign their child in and out daily on the form provided at drop off. Please include the child’s name, time of arrival, and your initials. When picking up your child, write the time of pick up and your initials.

The following procedures have been placed by Health and Human Services Child Care Licensing:

Based on state law, federal guidance, and Governor Abbott’s disaster declaration, the Texas Health and Human Services Commission (HHSC) is updating requirements for day care operations to assist them in protecting children in their care from COVID-19. HHSC Child Care Licensing (CCL) urges all current providers to immediately implement the following guidance, which is consistent with the new requirements:

- Prohibit any person except the following from accessing an operation: operation staff; persons with legal authority to enter, including law enforcement officers, HHSC Child Care Licensing staff, and Department of Family and Protective Services staff; professionals providing services to children; children enrolled at the operation; and parents who have children enrolled and present at the operation.

- Before allowing entry into the operation, screen all of the individuals listed above, including taking the temperature of each person upon arrival at the operation each day, and deny entry to any person who meets any of the following criteria:
  
  1. A temperature of 100.4°F or above;
  2. Signs or symptoms of a respiratory infection, such as a cough, shortness of breath, sore throat, and low-grade fever;
  3. In the previous 14 days has had contact with someone with a confirmed diagnosis of COVID-19; is under investigation for COVID-19; or is ill with a respiratory illness; or
  4. Require pick up and drop off of children outside of the operation, unless you determine that there is a legitimate need for the parent to enter an operation.

Release of Children

Only authorized individuals are allowed to pick your child up and must be designated and listed on the pick-up paperwork. A picture I.D. is required by designated person before we will release the child.

Illness

Your child will not be permitted to remain in care at the center if one or more of the following exist:

1. The illness prevents the child from participating comfortably in center’s activities including outdoor play;
2. The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care;
3. The child has one of the following, unless medical evaluation by a health-care professional indicates that you can include the child in the center’s activities.
   (A) Oral temperature of 100.4 degrees or greater, accompanied by behavior changes or other signs or symptoms of illness;
   (B) Armpit temperature of 99.4 degrees or greater, accompanied behavior changes or other signs or symptoms of illness; or
   (C) Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled 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 or
4. A health-care professional has diagnosed the child with a communicable disease, and the child does have medical documentation to indicate that the child is no longer contagious.
5. In the event your child is sent home for illness, the child will be excluded from the classroom, and will need to be picked up immediately.

When Your Child May Return to School

- When your child has not had a fever and has not taken fever reducer medicine for a 24 hour period,
- When your child has gone a 24-hour period without vomiting,
- When your child has had a communicable disease and the incubation period has expired.
  (A doctor’s note may be required)

A doctor’s note will be required if a child misses more than three days because of illness.
Medication
All medications must be turned in to the CNA office. All medication must be in its original container, clearly labeled with the child’s name and have instructions for dispensing. Over the counter medications for children younger than recommended on the instructions, must be prescribed by a doctor and have the prescription tag attached to the bottle. (Ask the pharmacy to put a tag on the bottle)
A completed medication form that has been signed by the parent must be provided before any medication is administered. If the medication does not need to be given with food, we ask that you give the medication at home and do not bring to school when possible. ALL MEDICATIONS ARE TO BE TAKEN TO THE CHILDREN'S CENTER OFFICE. DO NOT LEAVE MEDICATION WITH YOUR CHILD'S TEACHER.

Accidents
In case of a serious injury, the school nurse and parent will be contacted immediately. In the event that a parent cannot be contacted, the director, nurse, CNA, principal or administrator on duty will make all decisions concerning the care of the child. (Please notify us of any new contact information immediately).

Discipline and Guidance Policy
The Children's Center staff believes in positive reinforcement and guidance to encourage self-esteem, self-control and self-direction. Individualized and consistent guidance is used to re-direct undesirable behavior.

Behavioral and Biting Issues
Behavioral and biting issues will be handled on an individual basis. The parent of the aggressive child will be contacted either by phone, e-mail or written notice. The ECISD Children's Center administration and staff will work with the parents to solve the situation. Unfortunately, if the child continues and puts any other child in danger, we will have no alternative but to withdraw the aggressive child.

Safety
We want to ensure the safety of all the children at all times. We have fire drills, disaster drills and intruder drills throughout the year. In the event that the children have to be evacuated from the center, they will be taken to Ector College Prep Academy on South Clements behind the Center. In the event that we have to lock down the school, no one will be allowed in or out of the center until instructions are given by the district or city authorities. (Please feel free to ask any staff member if you have additional questions about our emergency preparedness plan).
Staff will conduct routine health checks while your child is care. Staff will communicate to the parent and make necessary documentation to identify potential concerns about your child's overall health and safety. New State Law prohibits any blankets or covering on any child 12 months or younger while in the crib. All infants must lie on their back to sleep on the provided crib mattress. Swaddles are not permitted, however, infant sleepers are allowed for infant use.

**What to Bring to School**

Two bottles with lids for infant children
Child’s formula or breast milk
Make sure the child’s name and date is labeled on formula and breast milk
Baby food and baby snacks for infant children
Diapers (At least 8 with child’s name on each diaper)
Wipes
Extra clothes in a plastic zip lock with your child’s name. (Ex. Socks, pants, shirts, and underwear)
If your child is potty training, please check with your child’s teacher for instructions.

**ALL ITEMS MUST BE Labeled WITH CHILD’S FULL NAME**

**Meals**

Menus for each month will be posted in the “Big Room”. Breakfast, lunch, and afternoon snack will be provided each day.

Breakfast will be served 8:00 - 9:00 am. If your child will not be in attendance for breakfast or does not like the breakfast item(s) on the menu, please be sure to feed your child breakfast before he/she arrives to the center.

All baby food and baby cereal must be brought into the center unopeneded and labeled with your child’s name.

**What to Wear to School**

The weather changes rapidly in West Texas, so be sure to include a jacket in the spring, fall and winter. Think of messy artwork, sand and water tables, and outdoor play when dressing your child. Children must wear shoes that they can run and play in. Tennis shoes are preferred (absolutely NO FLIP FLOPS or SHOES WITH A HEEL). We do not provide water activities utilizing wading pools or any other type of pools. The Children's Center staff is not responsible for soiled or torn clothing. We do not recommend placing jewelry on the children, however; if you choose for your child to wear jewelry, the Children’s Center staff is not
responsible for any injuries to your child concerning the jewelry or any damage or loss of jewelry.

**Ways We Can Help You**
Assistance with special needs in relation to the growth and development of your child is available through the Children's Center Director. A copy of the Texas Minimum Standards and our most recent Licensing inspection report is available in the Children's Center office. For any concerns or questions, please call Sylvia Duran (432) 456-6979.

**Important Information**
If you or someone you know has a concern about a child, please call and report it to the suspected abuse or neglect hotline or ask and we will be glad to get you any information you may need.

**What Are the Signs of Abuse?**
Children who are abused might show physical signs or sudden changes in their behavior or school performance. These signs don't prove that children are being abused, but they could be a signal that the children or their families need help. When children talk about being abused, take them seriously. Take steps to get help.

**General Signs of Abuse**
Abused children might seem:
- Nervous around adults or afraid of certain adults.
- Reluctant to go home (coming to school early or staying late, for example).
- Very passive and withdrawn or aggressive and disruptive.
- Extreme fatigue or they might complain of nightmares or not sleeping well.
- Fearful and anxious.

**Signs of Neglect**
- Missing school a lot.
- Begging for food, stealing food, or stealing money for food.
- Lacking needed medical or dental care.
- Being frequently dirty.
- Using alcohol or other drugs.
- Saying there is no one at home to take care of them.

**Signs of Physical Abuse**
- Unexplained burns, bruises, black eyes, or other injuries.
- Apparent fear of a parent or caretaker.
- Faded bruises or healing injuries after missing school

**Signs of Sexual Abuse**
- Difficulty walking or sitting, or other indications of injury in the genital area.
• Sexual knowledge or behavior beyond what is normal for the child's age.
• Running away from home.

**Signs of Emotional Abuse**

• Acting overly mature or immature for the child's age.
• Extreme changes in behavior.
• Delays in physical or emotional development.
• Attempted suicide.
• Lack of emotional attachment to the parent.

**NOTICE:** Under the Texas Penal Code, any area within 1000 feet of a child-care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalty.

**NOTICE:** Texas State Law requires the Staff of this child-care facility to report any suspected abuse or neglect of a child to the Texas Department of Family and Protective Services or a law enforcement agency. Failure to report suspected abuse or neglect is punishable by up to $2000.00 and/or confinement up to 180 days.

**Local Licensing Office Contact Information**

Child Care Licensing Office  
2525 N. Grandview, Suite 100  
Odessa, TX 79762  
(432) 368-2693  

To report suspected abuse or neglect please call 1-800-252-5400 or on-line at [www.txabusehotline.org](http://www.txabusehotline.org)

Any policy changes or amendments will be given to the parents in writing.
We are excited to have your child join our early childhood program. If you have any questions or concerns about the center’s policies or need to visit with the director for any reason, please feel free call or e-mail to make an appointment.

Sincerely,

*Silvia Duran*

Silvia Duran  
ECISD Children’s Center Director  
(432) 456-6979 / sylvia.duran@ectorcountyisd.org

Ector County ISD does not discriminate on the basis of gender, age, race, nationality, religion, disability, socioeconomic standing or non-proficiency in English language skills in providing educational services for students’ benefit.

El Distrito Escolar Independiente del Condado de Ector no discrimina en base de género, edad, raza, nacionalidad, religión, incapacidad, estado socioeconómico, o falta de habilidad en las destrezas del idioma inglés, al proporcionar servicios educativos para beneficio de los estudiantes.
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

<table>
<thead>
<tr>
<th>Operation's Name</th>
<th>Director's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECISD Children's Center #417304</td>
<td>Sylvia R. Duran</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child's Full Name</th>
<th>Child's Date of Birth</th>
<th>Child Lives With</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>○ Both parents</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child's Home Address</th>
<th>Date of Admission</th>
<th>Date of Withdrawal</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Parent or Guardian Completing Form</th>
<th>Address of Parent or Guardian (if different from the child's)</th>
</tr>
</thead>
</table>

List telephone numbers below where parents/guardian may be reached while child is in care.

<table>
<thead>
<tr>
<th>Parent 1 Telephone No.</th>
<th>Parent 2 Telephone No.</th>
<th>Guardian's Telephone No.</th>
<th>Custody Documents on File</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Yes</td>
</tr>
</tbody>
</table>

Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached

<table>
<thead>
<tr>
<th>Relationship</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Consent Information

Check All That Apply:

1. Transportation
   I give consent for my child to be transported and supervised by the operation's employees:

   [ ] for emergency care
   [ ] on field trips
   [ ] to and from home
   [ ] to and from school

2. Field Trips
   ○ I give consent for my child to participate in field trips.
   [ ] I do not give consent for my child to participate in field trips.

Comments

The ECISD Children's Center does not participate in field trip.
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:

☑ Discipline and guidance  ☑ Procedures for release of children
☑ Suspension and expulsion  ☑ Illness and exclusion criteria
☑ Emergency plans  ☑ Procedures for dispensing medications
☑ Procedures for conducting health checks  ☑ Immunization requirements for children
☑ Safe sleep  ☑ Meals and food service practices
☑ Procedures for parents to discuss concerns with the director  ☑ Procedures to visit the center without securing prior approval
☑ Procedures for parents to participate in operation activities  ☑ 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:

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>A.M.</th>
<th>P.M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>6:30 am</td>
<td>7:30 pm</td>
</tr>
<tr>
<td>Tuesday</td>
<td>6:30 am</td>
<td>7:30 pm</td>
</tr>
<tr>
<td>Wednesday</td>
<td>6:30 am</td>
<td>7:30 pm</td>
</tr>
<tr>
<td>Thursday</td>
<td>6:30 am</td>
<td>7:30 pm</td>
</tr>
<tr>
<td>Friday</td>
<td>6:30 am</td>
<td>7:30 pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Sunday</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name of Physician</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Emergency Care Facility</td>
<td>Address</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

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:

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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).

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<table>
<thead>
<tr>
<th>Signature — Parent or Legal Guardian</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

## School Age Children

<table>
<thead>
<tr>
<th>My child attends the following school</th>
<th>School Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>My child has permission to (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ walk to or from school or home</td>
</tr>
<tr>
<td>□ ride a bus</td>
</tr>
<tr>
<td>□ be released to the care of his/her sibling under 18 years old</td>
</tr>
<tr>
<td>Authorized pick up/drop off locations other than the child’s address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>□ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.</th>
</tr>
</thead>
</table>

## 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

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<table>
<thead>
<tr>
<th>Signature — Health Care Professional</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address of Health Care Professional</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>Signature — Parent or Legal Guardian</th>
<th>Date Signed</th>
</tr>
</thead>
</table>
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

<table>
<thead>
<tr>
<th>Right Eye 20/</th>
<th>Left Eye 20/</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature ___________________________________________ Date Signed __________

Hearing Exam Results

<table>
<thead>
<tr>
<th>Ear</th>
<th>1000 Hz</th>
<th>2000 Hz</th>
<th>4000 Hz</th>
<th>Pass or Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature ___________________________________________ Date Signed __________

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Vaccine Schedule</th>
<th>Dates Child Received Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Birth (first dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1–2 months (second dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6–18 months (third dose)</td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>2 months (first dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 months (second dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 months (third dose)</td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
<td>2 months (first dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 months (second dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 months (third dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15–18 months (fourth dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4–6 years (fifth dose)</td>
<td></td>
</tr>
<tr>
<td>Haemophilus Influenza Type B</td>
<td>2 months (first dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 months (second dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 months (third dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12–15 months (fourth dose)</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>2 months (first dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 months (second dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 months (third dose)</td>
<td></td>
</tr>
<tr>
<td>Vaccine</td>
<td>Vaccine Schedule</td>
<td>Dates Child Received Vaccine</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Inactivated Poliovirus</td>
<td>12–15 months (fourth dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 months (first dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 months (second dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6–18 months (third dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4–6 years (fourth dose)</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>12–15 months (first dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4–6 years (second dose)</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>12–15 months (first dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4–6 years (second dose)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>12–23 months (first dose)</td>
<td>The second dose should be given 6 to 18 months after the first dose.</td>
</tr>
</tbody>
</table>

**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
Feeding Schedule and Medication Form

(Must be updated every 30 Days)

(ONLY for children 5 years old and younger)

Child’s Name: _______________________________ DOB: ____________________

Parent’s Name: ______________________________

Phone: ______________________________

Nursing: YES / NO

Pacifier: Yes / No

Name of Formula: ______________________________ or Whole Milk

Food: Baby Cereal, Baby Food, Solid Food, Hand Food, Juice,

Other Food: ______________________________

Does your child have any allergies?: ______________________________

If yes, what kind: ______________________________

(Food, lotions, medication, ointments)

My child will drink ______ oz. Approximately every _____ hours.

Room Temperature, Warmed, Cool

Circle One

I give my permission for the ECISD Children’s Center Staff to give or apply the following over the counter medications or external ointments in accordance with the directions for use on the container.

______ Infant/ Child Tylenol or Substitute Brand

______ Sunscreen / Insect Repellant

______ Infant Gas Drops

______ Ointment/A&D, Desitin, Vaseline

______ Teething gel and / or Pellets

______ Band-Aid or Substitute Brand

______ Neosporin, Bactine, First aid spray

______ Lotion / Shampoo / Soap

______ Cornstarch

______ Other: ______________________________

______ Other: ______________________________

Special Instructions: ______________________________

______________________________

PLEASE SIGN AND DATE THE BACK OF FORM
<table>
<thead>
<tr>
<th>Month</th>
<th>Parent's Signature</th>
<th>Date</th>
<th>Staff Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
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<tr>
<td>September</td>
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<tr>
<td>June</td>
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</tr>
</tbody>
</table>
The ECISD Children’s Center
Policies and Procedures for Parents

Acknowledgement

I have received a copy of the ECISD Children’s Center Parent Policies and Procedures. I acknowledge and understand the center’s policies stated herein and agree to comply be all policies.

Child’s Name: ______________________________

Parent Signature: ____________________________

Date: ________________________________
Operational Discipline and Guidance Policy

This form provides the required information per Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a) (7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

**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 or open; and
9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

**Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under TAC Chapter 744)**

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

• Ensure that the measures are considered commonly accepted teaching or training techniques;
• Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  (B) What behaviors would warrant the use of these measures; and
  (C) The maximum amount of time the measures would be imposed;
• Inform parents that they have the right to ask for additional information; and
• Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).
Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L:

- Title 26, Chapter 747 Subchapter L

- Title 26, Chapter 744 Subchapter G:
LETTER FOR PARENTS OF SYSTEM USERS

Dear Parents:

Your child has an opportunity to be given access to the District’s electronic communications system and needs your permission to do so. Your child will be able to communicate with other schools, colleges, organizations, and individuals around the world through the Internet and other electronic information systems/networks.

The Internet is a network of networks. Through the District’s electronic communications system, your child will have access to hundreds of databases, libraries, and computer services all over the world.

With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed District policy, administrative regulations, and agreement form and discuss these requirements together. Inappropriate system use may result in suspension or revocation of the privilege to use this educational tool.

Please be aware that the Internet is an association of diverse communication and information networks. While the District is required by federal law to use technology protection measures to limit access to material considered harmful or inappropriate to students, it may not be possible for us to absolutely prevent such access. Despite our best efforts and beyond the limits of filtering technology, your child may run across areas of adult content and some material you might find objectionable.

Please return the attached agreement form indicating your permission or denial of permission for your child to participate in the District’s electronic communications system.

Sincerely,

Principal or Technology Coordinator
Important Notice to All ECISD Parents Regarding Mandatory School Attendance

The Ector County Independent School District is required by law to notify all parents in writing at the beginning of the school year that if a student is absent from school on 10 or more days or parts of days within a six-month period in the same school year:

(1) the student’s parent is subject to prosecution for Parent Contributing to Non-Attendance under Texas Education Code Section 25.093; and

(2) the student is subject to referral to truancy court for truant conduct under Section 65.003 (a), Family Code.

This notice is being sent to all parents of ECISD students. You do not need to respond to this letter unless you are having difficulties getting your child to attend school. For assistance please call the ECISD Community Outreach Center at 456-8569 or your student’s school.

Ector County ISD does not discriminate on the basis of gender, age, race, nationality, religion, disability, socioeconomic standing or non-proficiency in English language skills in providing educational services for students' benefit.

Para todos los padres de estudiantes en ECISD –
Importante aviso acerca de la asistencia escolar obligatoria

La ley requiere que el Distrito Escolar Independiente del Condado de Ector notifique a todos los padres por escrito al principio del año escolar que, si un estudiante falta a la escuela 10 o más días o parte de días dentro de un período de seis meses en el mismo año escolar:

(1) los padres estarán sujetos a prosecución bajo la Sección 25.093 del Código Educativo de Texas –Contribución de los Padres a la Inasistencia Estudiantil; y

(2) el estudiante está sujeto a la remisión al tribunal de absentismo escolar por conducta novillos bajo la sección 65.003 (a) del Código de la Familia.

Este aviso es enviado a todos los padres de estudiantes en ECISD. Usted no tiene que responder a esta carta a menos que este teniendo dificultades para que su hijo/a asista a la escuela. Para asistencia por favor llame de ECISD Community Outreach Center a 456-8569 o la escuela de tu hijo/a.

El Distrito Escolar Independiente del Condado de Ector no discrimina en base de género, edad, raza, nacionalidad, incapacidad, estado socioeconómico o la inhabilidad en las destrezas del idioma inglés para proveer servicios educativos para beneficio del estudiante.
ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT  
Odessa, Texas

Internet Use Agreement

Please read this document carefully before signing.

Ector County Independent School District has a goal to promote educational excellence in schools by facilitating resource sharing, innovation and communication, through the electronics communications systems, the Internet.

The Internet is an electronic highway connecting computers all over the world and millions of users.

STUDENT INTERNET USE AGREEMENT FOR ACCEPTABLE USE OF THE ELECTRONIC SYSTEM

You are being given access to the District’s electronic communications system. Through this system, you will be able to communicate with other schools, colleges, organizations, and people around the world through the Internet and other electronic information systems/networks. You will have access to hundreds of databases, libraries, and computer services all over the world.

With this educational opportunity comes responsibility. It is important that you read the District Policy, administrative regulations, and agreement form and ask questions if you need help in understanding them. Inappropriate system use will result in the loss of the privilege to use this educational tool.

Please note that the Internet is a network of many types of communication and information networks. It is possible that you may run across areas of adult content and some material you (or your parents) might find objectionable. While the District will use filtering technology to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.

RULES FOR APPROPRIATE USE

Students in grades 3-12 will be assigned an individual account. You are responsible for not sharing the password for that account with others. The account is to be used for identified educational purposes.

You will be held responsible at all times for the proper use of your account, and the District may suspend or revoke access if you violate the rules.

Remember that people who receive e-mail from you with a school address might think your message represents the school’s point of view.
INAPPROPRIATE USES

- Using the system for any illegal purpose.
- Disabling, bypassing or attempting to disable any Internet filtering device.
- Encrypting communications to avoid security review.
- Borrowing someone else’s account without permission.
- Pretending to be someone else when transmitting or receiving messages.
- Using inappropriate language such as swear words, vulgarity, ethnic or racial slurs, and any other inflammatory language.
- Posting personal information about yourself or others (such as addresses and phone numbers).
- Responding to requests for personally identifying information or contact from unknown individuals.
- Transmitting pictures without obtaining prior permission from all individuals depicted, or from parents of depicted individuals who are under the age of 18.
- Downloading or using copyrighted information without permission from the copyright holder.
- Intentionally introducing a virus to the computer system.
- Transmitting or accessing materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another’s reputation, or illegal.
- Wasting school resources through the improper use of the computer system which may include, but not limited to, games, music, network broadcast messages, host/file sharing, chain letters and knowingly placing malicious code such as viruses, worms, Trojan horses, and the like into the system.
- Gaining unauthorized access to restricted information or resources.
- Vandalizing or tampering with equipment and/or the use of malicious code.

CONSEQUENCES FOR INAPPROPRIATE USE

- Suspension of access to the system.
- Revocation of the computer system account.
- Other disciplinary or legal action, in accordance with the Student Code of Conduct and applicable State or Federal laws.
The student agreement must be renewed each academic year.

STUDENT

Name

Grade

School

I understand that my computer use is not private and that the District will monitor my activity on the computer system.

I have read the District’s electronic communications system policy CQ(Local) and CQ(Regulation) and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student’s signature__________________________ Date__________________

PARENT

☐ I do not give permission for my child to participate in the District’s electronic communications system.

I have read the District’s electronic communications system policy CQ(Local) and CQ(Regulation). In consideration for the privilege of my child using the District’s electronic communications system, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child’s use of, or inability to use, the system, including, without limitation, the type of damage identified in the District’s policy and administrative regulations.

☐ I give permission for my child to participate in the District’s electronic communications system and certify that the information contained on this form is correct.

Signature of parent

• Date__________________
El acuerdo del estudiante debe ser renovado cada año académico.

ESTUDIANTE
Nombre: ___________________________ Grado: ___________________________
Escuela: ___________________________

Yo entiendo que el uso de mi computadora no es privado y que el distrito monitorizará mi actividad en el sistema de computadora.

Yo he leído la política CQ(Local) y estoy de acuerdo en seguir las directrices provistas. Comprendo que la violación de estas directrices puede resultar en suspensión o cancelación del acceso al sistema.

Firma del Estudiante: ___________________________ Fecha: ___________________________

PADRE
☐ Yo no doy permiso para que mi hijo participe en el sistema de comunicación electrónico del distrito.

*****************************************************************************************************************************************

He leído la política del sistema de comunicación del distrito CQ (Local) and CQ (Regulación). En consideración del privilegio de mi hijo al usar el sistema de comunicación electrónico del distrito y en consideración de tener acceso a las redes públicas, por la presente le doy al distrito, operadores y cualquier institución con las cuales estén afiliados y todos las reclamaciones y daños de cualquier naturaleza que provenga del uso, de mi hijo a, inhabilitación de utilizar el sistema, incluyendo sin limitación el tipo de daño identificado en la política y las regulaciones administrativas.

☐ Doy permiso para que mi hijo participe en el sistema electrónico del distrito y certifico que la información contenida en esta forma es correcta.

Firma del padre: ___________________________ Fecha: ___________________________
Permission to videotape or audiotape students

The Texas Education Code requires that schools obtain permission from parents or guardians before the school may make or authorize the making of a videotape of a child or recording of a child’s voice during school hours; except to maintain safety or discipline, as part of regular classroom instruction, or as part of co-curricular or extra-curricular activities.

At times ECISD would like to allow the use of video cameras or audio recorders in the schools. Such instances may include but are not limited to the following:
- To record the history and events of the school by members of the staff for use at school assemblies, registration, or as part of an informational video about the school,
- To allow parents to videotape their child coming to school on the first day or participating in a class birthday party or similar event for home use,
- Or to allow news media to cover important issues pertaining to the school or school events of interest to the public for use on news broadcasts.

Yes, I give ECISD permission to videotape my child or record the voice of my child and allow the videotaping of my child and the recording of my child’s voice under circumstances such as those listed above.

No, ECISD may not videotape my child or record the voice of my child nor allow the videotaping of my child or recording of the voice of my child except as allowed in the Texas Education Code.

Student work and images release

In addition, ECISD teachers might wish to publish your son's/daughter's work on an Ector County Independent School District or other teacher-produced web site, or in a newspaper or magazine article.

The information to be published does not include information from your child's academic, guidance, permanent, or cumulative record (i.e. grades or attendance records). The information posted also does not include personal information, such as your child's last name, address, phone number, or social security number.

Permission is needed for your child to be the subject of any news media publicity or to be included in district publications. Your selection will be kept on file for future reference and will remain in effect unless revoked in writing by the parent/guardian.

I give permission for my child to be interviewed, photographed, and/or filmed for public news media, professional education information, or any other nonprofit publication for public use (e.g. newsletters). In addition, I give permission for my child's name, work and likeness to appear on the Internet.

Signature of parent or guardian  Date

For more information pertaining to this requirement, parents are encouraged to call the Ector County Independent School District’s Communications Department at 456-9019.
Nombre del Estudiante ____________________________

ID# del estudiante ____________________________  Clase/salón/sección ____________________________

Permiso para video grabación o audio grabación de los estudiantes

El Código de Educación de Texas requiere que la escuela obtenga permiso de los padres o guardianes antes de que la escuela haga o autorice una grabación de video o audio de los estudiantes durante las horas escolares, excepto para mantener la seguridad o disciplina, como parte de instrucción regular de salón, o como parte de actividades co-curriculares, o extra-curriculares.

Existen ocasiones durante las cuales ECISD desearía permitir el uso de cámaras de video o audio grabación en las escuelas. Tales ocasiones incluyen, pero no se limitan, a las siguientes:

- Grabar la historia y eventos de la escuela por miembros del personal para usarse en asambleas escolares, inscripciones, o como parte de un video informativo acerca de la escuela.
- Para permitir a los padres a video grabar a sus hijo/a cuando viene a la escuela el primer día o cuando participa en una fiesta de cumpleaños o evento similar para usarse en casa,
- O para permitir los medios de comunicación electrónicos tales como las estaciones de radio o televisión para cubrir sucesos importantes pertinentes a la escuela o eventos escolares de interés público para uso en noticieros informativos.

Sí, doy permiso a ECISD a que video grabe a mi hijo/a o grabe la voz de mi hijo/a y permito dichas grabaciones de mi hijo/a bajo las circunstancias descritas arriba.

No, ECISD no tiene mi permiso para grabar en vídeo o grabar la voz de mi hijo/a ni permito dichas grabaciones excepto bajo lo que permite el Código de Educación de Texas.

Permiso de publicar trabajo o retrato de estudiante

De tiempo a tiempo, los maestros de ECISD desean publicar el trabajo de su hijo/a en el sitio de El Distrito Escolar Independiente del Condado de Ector o en otro sitio de internet producido por los maestros, en un periódico o revista.

La información que será publicada no incluyera la información académica del estudiante, orientación, archivos permanentes o acumulativos. (Ejemplo: grados o archivos de asistencia). La información publicada también no incluyera información personal, como el apellido del estudiante, domicilio, número de teléfono o número de seguro social.

Se requiere su permiso para que su hijo(a) aparezca en cualquier publicidad en medios noticiosos y para que sea incluido(a) en publicaciones del distrito. Su selección se conservará archivada para referencia futura, y permanecerá en vigor a menos que sea revocada por escrito por el padre, madre o tutor.

<table>
<thead>
<tr>
<th>Otorgo mi permiso para que mi hijo(a) sea entrevistado(a), fotografiado(a) y/o filmado(a) para medios noticiosos públicos, información educativa profesional o cualquier otra publicación sin fines de lucro para uso público (por ejemplo, boletines informativos). Además, otorgo mi permiso para que el nombre de mi hijo(a), sus trabajos y su imagen aparezcan en internet.</th>
</tr>
</thead>
</table>

Firma del Padre o Guardián ____________________________  Fecha ____________________________

Para más información acerca de este requisito, se recomienda que los padres llamen al Departamento de Comunicaciones de ECISD al teléfono 456-9019.
HOLD HARMLESS AND INDEMNITY AGREEMENT

For and in consideration of the privilege of being allowed to enroll my child(ren) in childcare with Ector County Independent School District ("ECISD") during the public healthcare emergency and pursuant to a Memorandum of Understanding between ECISD and Ector County Hospital District d/b/a Medical Center Health System ("MCHS"), I, being over eighteen (18) years of age and parent and/or legal guardian of the following minor: __________________________________________. I hereby consent and agree as follows:

1. Participation by my child or ward in childcare at Zavala Elementary is completely voluntary and at our sole risk.

2. I agree that I will be solely and completely responsible for any medical care, whether emergency or otherwise, required which arises out of an accident or injury incurred by my child while in daycare at Zavala Elementary.

3. I agree that I will not hold ECISD or MCHS responsible should my child contract COVID-19 while in childcare at Zavala Elementary.

4. I have insurance and/or the financial capability of paying for any medical care which might be needed by my child or ward.

5. I hereby indemnify and hold harmless the Ector County Independent School District and its Board of Trustees, employees, agents, and administrators, whether paid or voluntary, and Ector County Hospital District d/b/a Medical Center Health System and its Board of Managers, employees, agents, and administrators, whether paid or voluntary, from any and all claims, actions, suits, proceedings, damages, legal expenses, and liabilities arising out of, connected with, or resulting from:

   (a) my child’s participation in childcare being provided by ECISD at Zavala Elementary during this public healthcare declaration;

   (b) participation in the activities sponsored by the school, including any accident or injury that may occur during or is in any way related to such activities, whether on the school premises or not;

   (c) any other injuries or illnesses resulting from conditions or circumstances at the school.

which are not the result of gross negligence or willful, wanton, malicious acts.

6. Ector County Independent School District and Ector County Hospital District d/b/a Medical Center Health System may file this agreement and rely upon the effectiveness of same until it receives revocation from the undersigned in writing of such agreement.

In the event of an emergency, I may be reached at:

Home Phone: ___________________________ Work Phone: ___________________________

Cell Phone: _____________________________

If I cannot be reached in case of an emergency, please contact the following individual:

________________________________________ at _____________________________ (phone #).

Date: ___________________________ SIGNED: ___________________________

Printed name of Participant: ___________________________

Date: ___________________________ SIGNED: ___________________________

Parent or Legal Guardian of the Named Minor

Printed Name: ___________________________
HOLD HARMLESS AND INDEMNITY AGREEMENT

For and in consideration of the privilege of being allowed to enroll my child(ren) in childcare with Ector County Independent School District ("ECISD") during the public healthcare emergency and pursuant to a Memorandum of Understanding between ECISD and Odessa Regional Medical Center, a facility of Steward Healthcare ("ORMC"), I, being over eighteen (18) years of age and parent and/or legal guardian of the following minor: _____________________________. I hereby consent and agree as follows:

1. Participation by my child or ward in childcare at Zavala Elementary is completely voluntary and at our sole risk.

2. I agree that I will be solely and completely responsible for any medical care, whether emergency or otherwise, required which arises out of an accident or injury incurred by my child while in daycare at Zavala Elementary.

3. I agree that I will not hold ECISD or ORMC responsible should my child contract COVID-19 while in childcare at Zavala Elementary.

4. I have insurance and/or the financial capability of paying for any medical care which might be needed by my child or ward.

5. I hereby indemnify and hold harmless the Ector County Independent School District and its Board of Trustees, employees, agents, and administrators, whether paid or voluntary, and Odessa Regional Medical Center and its Board of Managers, employees, agents, and administrators, whether paid or voluntary, from any and all claims, actions, suits, proceedings, damages, legal expenses, and liabilities arising out of, connected with, or resulting from:

   (a) my child’s participation in childcare being provided by ECISD at Zavala Elementary during this public healthcare declaration;

   (b) participation in the activities sponsored by the school, including any accident or injury that may occur during or is in any way related to such activities, whether on the school premises or not;

   (c) any other injuries or illnesses resulting from conditions or circumstances at the school.

which are not the result of gross negligence or willful, wanton, malicious acts.

6. Ector County Independent School District and Odessa Regional Medical Center may file this agreement and rely upon the effectiveness of same until it receives revocation from the undersigned in writing of such agreement.

In the event of an emergency, I may be reached at:

Home Phone: _______________________ Work Phone: _______________________

Cell Phone: _______________________

If I cannot be reached in case of an emergency, please contact the following individual:

__________________________________________ at _______________________ (phone #).

Date: _______________ SIGNED: _______________________

Printed name of Participant: _______________________

Date: _______________ SIGNED: _______________________

Parent or Legal Guardian of the Named Minor

Printed Name: _______________________


Supply List

**0-11mos.**

*Child’s name labeled on *ALL* items*

- Two bottles with lids (Labeled with name)
- Eight diapers each day or a case of diapers
- Wipes
- One can of formula or breast milk (Labeled and dated with child’s name)
- Baby cereal and baby food (Labeled with name)
- Sleep sack/sleeper
- 2 complete sets of clothes

**New State Law prohibits any blankets or covering on the child while in the bed. You are welcome to bring sleep sacks/sleepers. Please **NO** blankets or swaddles in the crib. **

**12mos. -5 years old (not in Kinder)**

*Child’s name labeled on *ALL* items*

- Eight diapers/pull ups each day (if not potty trained)
- Wipes (if not potty trained)
- 3 boxes of Kleenex
- Small nap blanket (**NO BIG** blankets)
- Vinyl nap mat (something easily cleansed in with bleach)
- 2 complete sets of clothes
- If potty trained - 3 individual packages of wipes to be utilized in the bathroom

**School Age Children** (Kinder - 13 years)

*Child’s name labeled on *ALL* items*

- iPad or electronic device
- Curriculum followed by your child’s campus (packets, online services)