Texas Requirements

Students must complete a registration form and provide specific health documents before they can start attending our preschool each year. The registration forms ensure we capture information to provide students a safe learning environment as well as comply with all licensing requirements. If offered a seat, please be prepared to provide the following:

Health and Medical Information

• Required	
☐ Documentation supporting your child has had a <u>screening or professi</u> <u>for possible vision and hearing challenges</u> , or a signed affidavit by you the hearing screening conflicts with tenets or practices of a church or religious which you are an adherent or member (required if your child is 4 years of the admissions year)	at the vision or us denomination of
☐ Either a written health statement from a healthcare professional who your child within the last year, or a signed affidavit from you stating that and treatment conflict with the tenets and practices of a recognized relig of which you are an adherent or a member, or a signed statement from y and address of a health-care professional who has examined your child we stating that your child is able to participate in the program	medical diagnosis gious organization you giving the name
☐ Either an <u>official immunization record</u> from a state or local health aut provider or pharmacy, or <u>notarized affidavit or exemption statement for</u> *Here are the state specific immunization guidelines for Texas - <u>2023-202</u> Requirements for Child Care Texas	exemptions
Required if applicable to your child	
Emergency Care Plan (ECP) signed by a health care provider (ECP's ar child has an allergy, food intolerance, or other medical condition that cou while attending Bezos Academy)	•
 Individualized Education Plan (IEP) or Individual Family Service Plan (I Medication Authorization Form (required if your child has any prescri including for continuous, long-term use, that will need to be administere day) 	ibed medications,
 AAP Allergy and Anaphylaxis Emergency Plan (required if your child h threatening allergy) 	as a life-
Date of Birth Verification	
Provide one of the following:	
 □ Birth certificate □ Health records with date of birth displayed □ Photo of passport with date of birth displayed □ Photo of identification card with date of birth displayed 	

Income Verification

•	Either provide proof of participation in one of the following programs:
	 Food Assistance Program (FAP) Women, Infants and Children (WIC) Program Temporary Assistance for Needy Families (TANF) Program Supplemental Security Income (SSI) benefit
•	Or provide one of the following as proof of your family income for all working members of the family:
	 □ Pay stubs (two most recent, consecutive) □ Tax return (most recent) □ W2-Wages and tax statement (most recent) □ Employer letter stating the total gross income from the last 12 months