

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

Operation's Name: <p style="text-align: center;">TINY TOTS ACADEMY</p>		Director's Name: <p style="text-align: center;">HEATHER VEALE</p>	
Child's Full Name:		Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian <i>(if different from the child's)</i> :	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
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 phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees (Check all that apply).

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:

3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

- water table play sprinkler play splashing or wading pools swimming pools aquatic playgrounds

<p>Is your child able to swim without assistance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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Do you want your child to wear a life jacket while in or near a swimming pool?

Yes No

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

- 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:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature — Parent or Legal Guardian

Date Signed

8. Child's Special Care Needs (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (<i>include instructions below</i>) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? Yes No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. 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 Signed**

9. School Age Children

My child attends the following school:	School Area Code and Phone No.:
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My child has permission to (*check all that apply*):

- walk to or from school or home ride a bus be released to the care of his or her sibling under 18 years old

Authorized pick up or drop off locations other than the child's address:

Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian **Date Signed**

Vaccine Information

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

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

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

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature

Date Signed

Tiny Tots Academy
Parent / Provider Contract

This contract is between _____, parent(s) of _____, and Tiny Tots Academy and is effective as of _____. Both parties agree to the following terms outlined here as well as the guidelines in the Policy and Procedure Handbook:

Tiny Tots Academy is open Monday through Friday from 7am to 6pm. My child will attend childcare according to the following schedule:

	Drop Off Time		Pick Up Time
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday	Closed		
Sunday	Closed		

Tuition

For the schedule outlined above the tuition will be a total of _____, payable on the first day of care and every due date thereafter.

Tuition will be paid Bi-weekly Weekly Monthly

Enrollment fee of \$200 due at enrollment

Supply fee of \$300 due at Enrollment and every January 1st thereafter.

I understand tuition is due in advance for childcare services. Payments must be received no later than 2pm on your invoice due date. If payment is not received on time a late fee will be due of \$50 per day starting at 2:01pm.

I understand all tuition and fees are not refundable under any circumstances.

Methods of Payment

Parents may pay for tuition by electronic payment only. Brightwheel billing, paypal, zelle and venmo are all acceptable methods of payment. In the event that a payment has been returned, you will be asked to make all future tuition payments in cash.

Absences

If you plan to keep your child home due to illness, or any other reason, you must notify us no later than your regular drop off time. We also expect to be notified if you anticipate being late in dropping off your child in the morning.

Media Release

Parents agree to allow pictures of their children to be taken and published for all things related to the childcare operation to include but not limited to: Marketing, social media updates etc.

Camera Recordings

I am aware of and give consent for my child to be recorded by cameras located in the childcare areas for the purpose of documentation. I am also aware that DFPS/ CCL may periodically view these cameras for reasons noted in the policy and procedures handbook and my child may be seen on the footage. Please note, this footage is not for parents to view, this is for DFPS and CCL in the event of an investigation.

Termination

Either the parent or provider has the right to terminate services for any reason, providing a 2 week written notice is given as outlined in the Policy and Procedures handbook. Payment is required regardless of attendance. Any balance left on the child's account after 30 days will be turned over to a collection agency. **All deposits and tuition are non-refundable.**

Emergency/Substitute Care

Though we will make every effort to keep a classroom open, it is ultimately the parent's responsibility to arrange for substitute and/or emergency care for their child in the event of a school closure.

Vacations

Tiny Tots will close for days documented on the school calendar.

Medical Records

Complete Immunization records and Health Statement must be on file **prior** to your child's first day of care.

Illness

If your child has any of the following illnesses or conditions, you must keep your child home:

- * A temperature above 100 degrees Fahrenheit
- * Vomiting (any amount of times in 24 hours)
- * Diarrhea (2 or more watery stools in 24 hours)
- * A rash or nits *Eye infections
- * ANY respiratory symptoms- Cough, runny nose, colored drainage etc.
- * Sore throat
- * Any **Communicable-Disease**
- * If it's clear your child is just not feeling well

Depending upon the illness, you may be required to obtain a doctor's note before your child returns to care.

Medications

Any medication must be in the original bottle or container and prescription medications must include the original prescription label and instructions.

Tiny Tots will not administer any medications, creams or sunscreen without written consent from a child’s parent. Medication consent forms are available upon request. Please do not leave medication on the counter.

Parents must hand all medications, instructions and consent forms to the director personally.

I understand this contract will be valid and enforceable until a written 2 weeks notice is received ending the services.

4 Digit Security Code for pickup of Child — — — —

I/We have **read and agree** to the terms outlined in the Tiny Tots Academy Provider contract as well as the policy and procedures handbook. **I understand that ALL tuition and fees are non refundable for any reason.**

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Heather Veale, Director

Date

STATEMENT OF NON-DISCRIMINATION

Tiny Tots In Home Childcare welcomes all families, regardless of, race, religion, national origin, sexual orientation, gender, ancestry, marital or parental status, and physical, mental, emotional or learning disability.

INFANT FEEDING AND MEDICATION SCHEDULE

Child's Name: _____ DOB: _____

Child takes: Breastmilk Formula

Child eats Baby Food: Yes No

Any food restrictions? _____

Feeding Schedule:

_____ oz bottle every _____ hours while in care.

Puree's at lunchtime as needed with doctor approval: Yes No

Naps are given as needed in a eat, play, sleep routine.

Medication Schedule:

_____ I give permission for my child to be given 2.5 ML of infants/ childrens Tylenol and/ or Motrin for teething pain every 4-6 hours as needed. When medication is given it will be logged thoroughly on brightwheel.

_____ I give permission for my child to be given oral pain relief medication as needed for teething pain.

_____ I understand that it is my responsibility as a parent to update this form each and every time my childs feeding or medication schedule changes.

_____ I decline for my child to be given ANY medication for any reason with the exception of a life saving EpiPen.

****These medications will be supplied by parents, they must be **brand new, unopened and in box to be accepted.** Please do not label the medication. I have label wraps after I document the lot number information so the label must be free of any markings.**

Please be advised that your signature below indicates the acceptance of this policy, this form and releases Tiny Tots Academy, LLC from any and all liability in association with administering ONLY, the above mentioned parent provided medications.

Parent Signature: _____ Date: _____

PHYSICIANS HEALTH STATEMENT

Name of Student: _____

Students Date of Birth: _____

Date of Last Exam: _____

(check one)

Statement of Health Professional:

I have examined the above named child in the past 12 months and find that they are able to take part in a childcare program.

Health Professionals Signature: _____ Date: _____

Parents Declaration:

My child has been examined by a healthcare professional within the last 12 months and is deemed healthy enough to attend a child care program.

Parents Signature: _____ Date: _____

HEARING/ VISION SCREENING

For children 4 years old and older.

Vision Test: Pass _____ Fail _____

Hearing Test: Pass _____ Fail _____

Health Professionals Signature: _____

Date: _____

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 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) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) 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 26 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 Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date: _____

Signed by: _____

Role: Parent Caregiver or Employee Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)

Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards Sections 746.501(9) and 747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at TINY TOTS ACADEMY and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

Safe Sleep Policy

All staff, substitute staff, and volunteers at TINY TOTS ACADEMY will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2427 and 747.2327].
- Place infants on a firm mattress, with a tight-fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non full-size cribs [Sections 746.2409 and 747.2309].
- For infants who are younger than 12 months old, cribs play yards should be bare except for a tight-fitting sheet and a mattress cover or protector. Items that should not be placed in a crib or play yard include: soft or loose bedding, such as blankets, quilts or comforters; pillows; stuffed toys and animals; soft objects; bumper pads; liners; or sleep positioning devices [Sections 746.2415(b) and 747.2315(b)]. Also, infants must not have their heads, faces or cribs covered at any time by items such as blankets, linens, or clothing [Sections 746.2429 and 747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [Sections 746.2415(b) and 747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [Sections 746.3407(10) and 747.3203(10)].
- If an infant needs extra warmth, use sleep clothing Regular Sleep Sack (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [Sections 746.2415(b) and 747.2315(b)].
- Place only one infant in a crib to sleep [Sections 746.2405 and 747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [Sections 746.2415(b) and 747.2315(b)] or the infant's clothing by a string, cord or other attaching mechanism that might be a suffocation or strangulation risk [Sections 746.2401(6) and 747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2426 and 747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [Sections 746.3703(d) and 747.3503(d)].
- Actively observe sleeping infants by sight and sound [Sections 746.2403 and 747.2303].
- If an infant can roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [Sections 746.2427 and 747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [Sections 746.2427 and 747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2428 and 747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

Signatures

This policy is effective on: _____ Child's name: _____

Signature — Director or Owner

Date Signed

Signature — Staff member

Date Signed

Signature — Parent

Date Signed

What does my child need for school?

Toddlers:

A backpack (toddler size preferred)

Reusable lunch box (can fit inside or be connected to the backpack if possible)

Complete set of clothes in a ziploc bag inside the back pack

Water bottle - preferably insulated

Nap Mat

Morning snack in the lunch box

Infants:

A toddler size backpack

A reusable lunch bag with snacks, pre made bottles and purees for the day (bottles will be refrigerated)

Sippy Cup (regardless of age)

REGULAR sleep sack- No weighted sacks or restrictive arm movement sacks.

2 bibs- one for drool, one for eating

two complete sets of clothing in a ziploc bag inside the backpack.

Please make sure that EVERY SINGLE ITEM is permanently labeled with your childs last name and first initial. All items will be sent home daily and are to return each day. I will share an example menu with you, the caterer provides allergy friendly, vegetarian and regular meal options depending on your childs needs. You may alternatively send a lunch for your child.

Tiny Tots Academy 2024

January

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March

S	M	T	W	T	F	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

***Red indicates school is closed**

Important Dates:

Jan 1,2: Winter Break

Feb 19: Professional Development Day

March 11-15: Spring Break

March 29: Good Friday

May 27: Memorial Day

June 24-28: TENTATIVE summer vacation

Jul 4-5: Independence Day

Sep 02: Labor Day

Nov 27-29: Fall Break

Dec 23-Jan 2: Winter Break

May

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June

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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September

S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October

S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				