



Imagination Studios  
*Academy*

**2017 - 2018**

# **Registration Packet**

Hello!

Whether you are asking for more information about our Preschool or have already decided to enroll your child in our program, this packet should answer most of your questions about us!

We realize there are many different programs out there to choose from, however, we are committed to providing the highest quality Christian preschool in the Tri-Cities. We are committed to the safety, health, and education of your child. Your concerns, involvement, and ideas are essential to a great preschool experience.

On the following pages you will read about our policies and procedures and learn a little more about who Imagination Studios Academy is and what we offer. If you need further clarification after reading through this packet, please contact me and I would be happy to answer your questions.

If you ever have a question, concern, comment, or would like further information, feel free to contact me at 509-547-5773 or [joleneh@faithtricity.org](mailto:joleneh@faithtricity.org).

Sincerely,

*Jolene Hatke*

Jolene Hatke  
Director

1800 N Road 72  
Pasco, WA 99301  
509.547.5773  
[joleneh@faithtricity.org](mailto:joleneh@faithtricity.org)



# FAQ's

## Calendar 2017-2018

Meet & Greet: August 29 & 30  
First Day of Pre-school: September 5  
Last Day of Pre-school: May 31

### 2017 Preschool Closures

Teacher In-Service Day: November 9  
Veterans Day: November 10  
Thanksgiving Holiday: November 23-24  
Christmas Break: December 21–January 3

**All dates are tentative and subject to change.**

### 2018 Preschool Closures

Martin Luther King, Jr. Day: January 15  
President's Day: February 19  
Teacher In-Service Day: March 9  
Spring Break: April 2-6  
Teacher In-Service Day: May 4  
Memorial Day: May 28

The 2017-18 school calendar indicates planned pre-school closings. Cancellations due to weather will be announced on the TV stations including KNDU, KPER, KVEW. If the Pasco school District announces a 2 hr. delay or is closed, Preschool will be cancelled.

### Tuition and Fees

- Registration form and registration fees are due before securing a spot for your child. The registration fee is non refundable, not transferable toward monthly tuition and cannot be combined with other offers.
- **Tuition payments are due the 1st of each month.** A late fee of \$25 will be charged after the 10th day of each month. An additional fee of \$25 will be charged after the 20th day of the month if tuition has still not been paid. If the outstanding balance has still not been received by the 25th, your child will be suspended from our program until the balance is paid and their spot in our program could be given away. The account may also be turned into collections.
- A 5% discount is available if the full year's tuition is paid by the end of the first week of school (September 8th).
- Children enrolled in the morning programs can be dropped off no earlier than 9:00 am. Class is over at 12:00 and children must be picked no later than 12:10 There will be a late fee of \$15 for each additional 10 minutes thereafter.
- A \$25 fee is charged for all returned checks.
- The \$100 registration fee (\$80 for returning students) is due each year, to be applied to classroom supplies, Imagination Studios T-shirt and most Field Trips for each student.

### Payment

- **Make checks payable to Imagination Studios or ISA.** Cash and check are preferred but we accept Visa/ MasterCard.

### Visitors

- All visitors wanting to spend time at our preschool must make an appointment with the Preschool Director.
- Parents of students are welcome and encouraged to visit but need to set up a time with their child's teacher.
- Notifying the teacher ahead of time will help us find ways for you to help out during your visit.
- Visitors are never left alone with students.

### Enrichments

The enrichment part of our program is a very important part of our curriculum! Some of the activities are incorporated into the daily schedule. We may plan some extra activities which you can choose to sign up for. You may even have something you would like to either present or have presented for the group. Please let us know of possible options. There may be an extra cost for these activities.

# FAQ's

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## Enrollment Policy

- Enrollment shall be open to any child, provided the academy can meet the needs of that child.
- Enrollment shall be granted without discrimination in regard to sex, race, color, creed or political belief. As stated in WAC 388-295-6010
- The child must be at least three years of age by August 31st, 2017 and able to use the restroom facilities independently and not in diapers or pull-ups.
- The child must not be older than kindergarten age to participate in our preschool program.
- The child must be current and up to date on all immunizations and doctor visits.

## Vacation / Illness and Absence Procedure

In order to meet our budgetary needs, tuition is based on monthly or annual payments. Therefore, parents are required to pay tuition fees in each increment, regardless of the child's attendance. Parents are requested to notify their child's teacher or the Director when children are absent from school and two weeks in advance of any planned vacations.

## Release Policy

Children will be released only to those persons whose names are listed on the pickup authorization form. Identification will be required of persons picking up the child. Parents are to advise the Program Director in writing in advance if a person not listed on the pickup authorization form is to pick up the child. Every time you pick up and drop off your child he/she must be signed in and out on the sign in and out sheet. Once your child is checked in make sure you escort them to the classroom and let the teacher know that your child is there. If there are any special custody situations please indicate this in your enrollment information.

## Ratios

- We staff a minimum of one adult for every 10 children.
- Volunteers are encouraged, as participation is one sign of a quality program.

## Well-Child Policy

Imagination Studios is not able to provide care for children who are ill. Children with any of the following symptoms will not be permitted to remain in the care of Imagination Studios Academy:

- Fever of 100 F under arm or higher within the past 24 hours.
- Vomiting on 2 or more occasions within the past 24 hours.
- Diarrhea– 3 or more watery stools within the past 24 hours or 1 bloody stool.
- Draining rash or green colored discharge from the nose.
- Eye discharge or pinkeye. Children can be readmitted after:  
    Medical diagnosis to rule out bacterial or viral infection or 24 hours on antibiotic treatment.
- Fatigue that prevents participation in regular activities.
- Open or oozing sores. Child may attend after 24 hours has passed since starting antibiotic treatment and sore must be properly covered.
- Any contagious skin condition that can be spread by contact.
- Lice (child must be examined by a local health department before being admitted back to school) and scabies.

Any child with symptoms will be cared for by our office staff until parent arrives. If your child is not well enough to go outdoors, they should not be at school.

## Food / Snack Program

Snack time is an important activity in the Preschool program and is offered daily. If your child needs a special diet or has food allergies and accommodations need to be made for snack, please see the Program Director.

# FAQ'S

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## Assessments

Imagination Studios wants to keep you informed on the progress of your child. We will do an assessment during the first month of class to provide a starting point for each child. We will send progress reports home 2 times a year (early December and again in May). After receiving your child's progress report, you may schedule a parent/teacher conference with your child's teacher if you would like to discuss the progress report further.

## Open Door Policy

We love for parents to be involved in special events that take place in your child's classroom. We will ask for volunteers to help out on field trips, special class parties, or other special events. Feel free to talk with your child's teacher if you would like to help out with prepping projects or other class activities.

## Discipline Policy

Imagination Studios believes in positive discipline. Discipline is consistent with the age and needs of the child. Redirecting children, direct or indirect praise, and logical consequences are often enough to resolve a situation. Occasionally, we may use a quiet, private talk or a time out, which will last no longer than one minute per year of the child's age. These are always in view of the teacher. If there are any special circumstances at home that may affect your child's behavior, please notify us. We will work with you to address the situation. However, should it be necessary, Imagination Studios reserves the right to ask parents to make temporary or permanent alternative arrangements for their child. Corporal punishment (striking a child) will NEVER be used at Imagination Studios Preschool.

## Field Trips

We attempt to do 4-5 Field Trips per year. If there is an additional charge for parents/siblings you will be notified ahead of time and any payment ) must be made in cash by the date indicated on the field trip notice. We will not except payments the day of the Field trip. An Imagination Studios T-shirt for each child is included in the Registration fee and is to be worn on any Field Trip your child attends.

## Emergencies

For safety, we keep a file of people authorized to pick up each child in case of an emergency. This file is based on the information you provide in your enrollment papers. Please notify us of any changes immediately. In the event of a fire or other emergency it is crucial that the children respond in a safe and orderly fashion. We will conduct regular fire and emergency drills so they will be aware of what to do in case of an actual emergency.

## Religious Activities

Imagination Studios Academy is a Christian based preschool. We respect the religious beliefs of every family. We will celebrate all Christian holidays in our classrooms (ie. Christmas, Easter, etc.). Every week the children will participate in Chapel. This is a time where the kids will learn and sing Christian songs and stories and will have prayer time.

## Reporting

We are mandated by State Law to report any form of suspected child abuse and/or neglect to Child Protective Services. If you child has had an accident at home and it looks suspicious, please inform us of their injury as soon as your child returns to Imagination Studios Preschool.

# FAQ's

## Clothing and Personal Possessions Policy

- Children should wear play clothes that can be worn for messy projects, floor activities, water and sand play, and outdoor recreation.
- Clothing should be appropriate for weather conditions. We will go outside daily except during extremely cold or rainy weather. Fresh air and exercise are important to your child's health, so please see that proper clothing is worn. Children will not be given the choice to stay indoors due to illness. If they are sick, they should not be at school.
- Parents are requested to leave a change of clothing for accidents. If the child needs to use the change of clothes, please replace these items the next day.
- Please send a change of clothes, including underwear, socks and shoes in a gallon Ziploc bag. Remember to change out the clothes during the cold weather and clearly label everything.

## Medication Procedures

If your child needs medication, prescription or non-prescription, we must have written consent from you. All prescription medication must be in the pharmacy labeled container with your child's name, medication, dosage, side effects, and date on it. Any other medication must be in its original container and given to your child's teacher.

## Allergies

**Please let us know immediately if your child has any allergies. If so, we will need to come up with an individual health plan for your child.**

## Curriculum & Skills Taught

### Social Skills:

Sharing, kindness, friendship, responsibility, listening, positive self image, drama and following rules

### Language:

Expanding vocabulary through stories, sounds, finger plays, and distinguishing between letters, words, and sentences.

### Reading & Writing:

Painting, cutting, puzzles, blocks, and other activities to develop fine motor skills. Recognizing letter shapes and learning letter sounds. Reading of sentences and stories with one vowel words. Recognition of name, sound and picture of long and short vowels and consonants, sounding of blends and one vowel words, writing of first and last name, developing hand-eye coordination, visual perception, listening, and thinking skills also encouraged.

### Math:

Our math program teaches classifying, comparing, sequencing, number recognition, counting, sorting, matching, graphing, money, and measuring.

### Science & Social Awareness:

Classifying, community awareness, cooking projects, American history, problem solving, teamwork/cooperation, constructing, experimenting and exploring nature.

### Bible:

#### Music, Memory Verses

Lessons may include: Creation, Noah, Boy Samuel, Daniel, the Boyhood of Jesus, Zacchaeus, the Good Samaritan, the Prodigal Son, Jesus healing the blind man, etc...

Themes may include: God loves me, God cares about me, God knows what is best for me, God is always with me, I am special to Jesus, I can do anything with God's help, etc...

# 2017- 2018 PRESCHOOL REGISTRATION FORM

<b>Office use</b>
Date Rec'd _____
Deposit _____
Age _____
Class _____

Child's last name		First name		Middle name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			City		State		Zip
Home phone ( )		Child's age (as of August 31, 2017)	Birth date	Where did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Drive By <input type="checkbox"/> Newspaper <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Mailer <input type="checkbox"/> Internet <input type="checkbox"/> Mass Mailer <input type="checkbox"/> Kids Directory			
Father's full name		Home Phone (if different) ( )	Business Phone ( )	Cell Phone ( )	e-mail address		
Father's address (if different from child's)		City		State		Zip	Employer
Mother's full name		Home Phone (if different) ( )	Business Phone ( )	Cell Phone ( )	e-mail address		
Mother's address (if different from child's)		City		State		Zip	Employer

**As parent/legal guardian of the student indicated above, I understand and agree to the following policies:**

1. Registration cannot be processed without the full appropriate deposits.
2. All Imagination Studios Academy fees are **non refundable and non transferable**.
3. After Imagination Studios Academy has received your registration and fees we will contact you regarding approval.
4. If a child does not complete the sessions at the preschool's recommendation, a refund will be issued for the unexpired days of that session. If the child is withdrawn from the preschool before the end of the session at the parent's request, no refund will be provided.
5. Every child must have a current medical form prior to the first day of school.
6. Imagination Studios Academy may use any photo, slide, or quote for publicity purposes in various forms of media. All photography will be done under the supervision of preschool staff.
7. I understand that my child is enrolled in a program that nurtures spiritual growth. I understand curriculum may include the use of Bible stories, songs, poems, and prayers.
8. I understand that my child will have the option to take enrichment field trips at an additional cost to the parents.
9. I authorize the preschool to take my child on field trips and walks sponsored by the preschool. I understand that I will be notified if the fieldtrip entails transportation for my child.
10. I understand tuition is due the 1st of each month and late fees will incur if not paid by the 10th.
11. I understand that the cost for late pick-up is \$15 every extra 10 minutes..

**Please check the class that you wish to register for.**

2 Days per Week - 9am - 12pm	Tuesday and Thursday	\$130 a month*
3 Days per Week - 9am - 12pm	Monday, Wednesday, Friday	\$180 a month*
5 Days per Week - 9am - 12pm	Monday through Friday	\$250 a month*

\* 5% discount applies for paying the entire annual tuition fee by Sept. 8, 2017. (based on 9 month annual tuition)

**Signature of parent/legal guardian (required to process application)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registration Fee: \$100.00 non-refundable registration fee ( \$80 for returning students) must be included with each student's registration.**

**Drop off or send registration form with registration fee to:  
Faith Assembly - 1800 N. Road 72 - Pasco, WA - 99301**

# MEDICAL FORM

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## Medical History

Is your child under medical care? YES NO Name of medical insurance company: \_\_\_\_\_

Mailing address of medical insurance company: \_\_\_\_\_

Name of employer that medical insurance is provided: \_\_\_\_\_

Group medical insurance number: \_\_\_\_\_

*In case of medical emergency, please contact:*

1st Choice Name: \_\_\_\_\_ Emergency telephone: \_\_\_\_\_

2nd Choice Name: \_\_\_\_\_ Emergency telephone: \_\_\_\_\_

In case of emergency, is there anything the preschool or the doctor should know? \_\_\_\_\_

If your child suffers from any of the following, please identify:

Heart trouble \_\_\_\_\_ Lung trouble \_\_\_\_\_ Diabetic \_\_\_\_\_ Sinus infection \_\_\_\_\_

Skin trouble \_\_\_\_\_ Ear trouble \_\_\_\_\_ Fainting spells \_\_\_\_\_

Does your child have any dietary restrictions (explain): \_\_\_\_\_

Does your child have any allergies (specify): \_\_\_\_\_

Does your child have any disabilities? (Please be specific): \_\_\_\_\_

Does your child have any other health problems: \_\_\_\_\_

If you answered "yes" to any of the above questions, please explain on a separate sheet of paper, sign, and staple to this application.

Date of last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Is your child allergic to insects bites \_\_\_\_\_

Your Doctor's Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Does your child require medication such as shots, drugs, or any other requiring control? \_\_\_\_\_

Name of medication \_\_\_\_\_

When was your child's last physical exam? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is your child up-to-date with immunizations? YES NO *(Please fill out and sign the enclosed immunization form)*

## Medical Release and Consent

I/We, the undersigned parent(s) of \_\_\_\_\_, age \_\_\_\_\_, do hereby authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health and it is not advisable to take the time to contact me/us in advance. I/We waive my/our right to informed consent for said treatment.

I/We also understand that temporary emergency measures may be necessary to safeguard my child's health and do hereby authorize and request Imagination Studios Academy personnel to administer such treatment and to do any procedure they deem necessary until such time as my child can be safely transported to a doctor or hospital.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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



# AUTHORIZATION FOR PICK-UP FORM

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Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Please list below all individuals who are authorized to pick up your child. The individuals will also be called in the event of an emergency if the parent(s) cannot be reached. Photo I.D. may be required for these individuals to pick up your child.

## Parents/Guardians

Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

## Other people whom you authorize to pick your child up...

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## The following persons may NEVER pick up my child!

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I do hereby authorize Imagination Studios Academy to release my child to the above listed people in the event I am unable to pick him/her up myself. I release Imagination Studios Academy from any and all responsibility for problems that may develop when such persons take my child from the premises.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

# POLICIES AND PROCEDURES

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I have received and read the health care policies and procedures and they meet or exceed the minimum required and are appropriate for my child's personal requirements:

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR**

My child requires a specific health care plan and I need to make these arrangements with the Director and Lead Teacher before my child's first day of attendance.

Child's special needs or restrictions \_\_\_\_\_

Does this require special training for staff? \_\_\_\_\_

If so, can the training be done by the parent or does the training need to be done by a professional? \_\_\_\_\_

How can we meet your child's needs or restrictions? \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Lead teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

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## LIABILITY POLICY

I hereby release, Imagination Studios Academy, and its staff, from any and all claims, or other liabilities for loss or damage of any personal articles or injury.

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## PARENT HANDBOOK & ENROLLMENT PAPERWORK

I have received, read, and agree to comply with the Preschool Parent Handbook. I agree to all the fees and policies included in the signed enrollment paperwork.

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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## **Behavior Policy**

Imagination Studios Preschool makes every effort to provide an atmosphere that is conducive to learning; physically, emotionally, socially and spiritually. Therefore, teachers use methods of discipline such as positive reinforcement and redirection.

However, when redirection and positive reinforcement are not effective and the child's behavior presents a continued risk to self/others (especially when physical harm is inflicted on another child or staff) and repeatedly interferes with other students preschool experience the plan of action is as follows:

### **1st Offense**

Parents notified (verbal) of the specific incident, at the end of the day.

### **2nd Offense**

Parents notified (in writing) of the specific incident at the end of the day.

### **3rd Offense**

Parents called and child must be removed from the facility as soon as possible. The child will have a one day suspension.

### **4th Offense**

Parents called and child must be removed from facility as soon as possible. The child will have a two day suspension. Parents, child, and involved staff will have a meeting before the child returns.

### **5th Offense**

Child is not allowed to return to our facility.

I have received a copy of the unacceptable behavior policy, and am aware of the procedures. If my child is suspended, I am aware that my tuition rates for that month remain the same.

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Birthdate (mm/dd/yyyy):** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Symbols below:**   
 ◆ Required for School and Child Care/Preschool   
 ● Required for Child Care/Preschool Only

**Parent/Guardian Name (please print):** \_\_\_\_\_

<b>Office Use Only:</b>	<b>Reviewed by:</b> _____	<b>Date:</b> _____
	<b>Signed Cert. of Exemption on file?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I certify that the information provided on this form is correct and verifiable.</b>		
<b>Parent/Guardian Signature Required</b>	_____	<b>Date</b>

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Hepatitis B (Hep B)</b>				
	1			
	2			
	3			
<b>or Hep B - 2 dose alternate schedule for teens</b>				
	1			
	2			
<b>Rotavirus (RV1, RV5)</b>				
	1			
	2			
	3			
<b>◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</b>				
	1			
	2			
	3			
	4			
	5			
<b>◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)</b>				
	1			
	2			
<b>● Haemophilus influenzae type b (Hib)</b>				
	1			
	2			
	3			
	4			
<b>● Pneumococcal (PCV, PPSV)</b>				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Polio (IPV, OPV)</b>				
	1			
	2			
	3			
	4			
<b>Influenza (flu, most recent)</b>				
<b>◆ Measles, Mumps, Rubella (MMR)</b>				
	1			
	2			
<b>◆ Varicella (chickenpox) or verify disease 1-4</b> ▶				
	1			
	2			
<b>Hepatitis A (Hep A)</b>				
	1			
	2			
<b>Meningococcal (MCV, MPSV)</b>				
	1			
<b>Human Papillomavirus (HPV)</b>				
	1			
	2			
	3			
<b>Office Use Only:</b> Immunization information updated and verified with parent/guardian permission: _____				
<b>Printed Staff Name</b>	<b>Date</b>	<b>Printed Staff Name</b>	<b>Date</b>	
<b>Printed Staff Name</b>	<b>Date</b>	<b>Printed Staff Name</b>	<b>Date</b>	

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

**1)  Chickenpox disease verified by printout from CHLD Profile Immunization Registry**  
Must be marked by printout (not by hand) to be valid.

**2)  Chickenpox disease verified by Health Care Provider (HCP)**  
If you choose this box, mark 2A OR 2B below.  
2A)  Signed note from HCP attached OR  
2B)  HCP signed here and print name below.

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)  
HCP Printed Name: \_\_\_\_\_

**3)  Chickenpox disease verified by school staff from CHLD Profile Immunization Registry**  
If you choose this box, staff must initial that parent or guardian approves: \_\_\_\_\_ (initial) \_\_\_\_\_ (date)

**4)  Chickenpox disease verified by parent\***  
If you choose this box, fill in the date or child's age when he or she had the disease:  
Age/Date of disease: \_\_\_\_\_

\*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

**Documentation of Disease Immunity**

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. **Signed lab report(s) MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)  
HCP Printed Name: \_\_\_\_\_