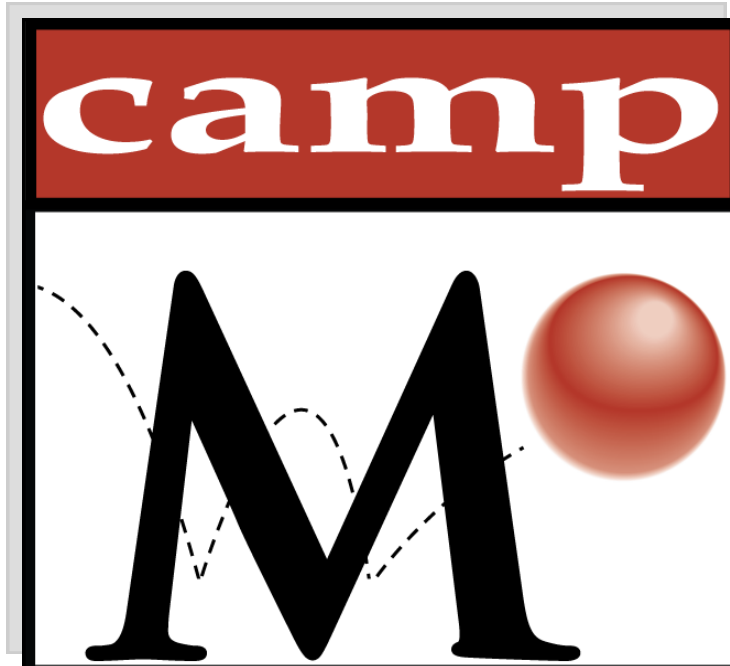


THE PREMIER DAY CAMP OF THE NORTHSORE!



MILESTONES
PROGRAMS FOR CHILDREN

The logo graphic features a red ball on the right, with a dashed line curving upwards and then downwards to the left, ending at a horizontal line.

(414) 964-5545 ~ info@milestonesprograms.org

WHY CHOOSE CAMP M?

INCOMPARABLE CAMP M CURRICULUM

Our group-based, intentional programming fosters the individual potential of each child. Campers can look forward to a fun and exciting variety of themes and specialty units, as well as child directed activity opportunities. Don't forget, Camp M programs are famous for being on the go and out and about, making use of all that our community has to offer.

QUALITY STAFF

Camp M staff are adults with training and experience. Some Camp M Staff have been with us over ten years! Camp M Staff are committed to Milestones, the Camp M program, and most of all, the children and families we serve.

EXCELLENT STAFF/CHILD RATIOS

Last summer our average staff to child ratio was 1 to 8, and on field trips and swimming days it averaged 1 to 5! These ratios translate to more activity choices and more individualized attention for your child.

THERE IS NO COMPARISON

Camp M offers two field trips a week and endless activity offerings in a close knit group environment - The perfect balance for building lifelong memories for your child.

SUMMER 2014 SCHEDULING OPTIONS AND RATES

DATES: June 16-August 22

HOURS OF OPERATION: Monday-Friday 7:00AM-6:00PM

Register for the weeks you choose

10% discount on each additional child in same family

SCHOLARSHIPS AVAILABLE

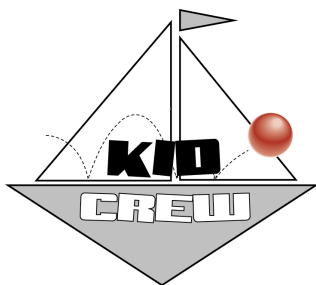
Option 1	Full Week Day Camp	\$205 week
Option 2	Pick any Four Full days	\$189 week
Option 3	Pick any Three Full days	\$149 week
Option 4	Pick Two full days from Mon, Wed, or Fri	\$109 week

Options 5 and 6 Available only in Action Pack and M2

Option 5	10:00AM-3:00PM Option Mon, Wed and Fri	\$81 week
Option 6	Option 5 plus both Field Trip days	\$160 week

Check out our website for detailed information and registration materials:

www.milestonesprograms.org/summer.html



Current K4's and K5's

LOCATIONS:

Atwater School 2100 E Capitol Dr
 St. Roberts 2214 E. Capitol Dr.
 St. Monica 5625 N. Santa Monica

KID CREW FIELD TRIP 2014			
Tuesday Field Trip:		Thursday Field Trip:	
Cool Waters & Greenfield Park	Tue 6/17	Kettle Moraine Nature Presentation	Thu 6/19
Regner Park Beach	Tue 6/24	Gymnastics / Minooka Beach	Thu 6/26
<i>Only Thursday Field Trip with Shortened Week</i>		Helium Trampoline Park	Thu 7/3
Regner Park Beach	Tue 7/8	Green Meadows Farm	Thu 7/10
Wirth Park & Aquatic Center	Tue 7/15	Pump It Up/Foxbrook Beach	Thu 7/17
Cool Waters & Greenfield Park	Tue 7/22	Washington County Fair	Thu 7/24
Wirth Park & Aquatic Center	Tue 7/29	Milwaukee County Zoo	Thu 7/31
State Fair	Tue 8/5	Cool Waters & Greenfield Park	Thu 8/7
Regner Park Beach	Tue 8/12	Cedarburg Park and Pool	Thu 8/14
Cool Waters & Greenfield Park	Tue 8/19	Bay Beach Amusement Park *	Thu 8/21



Current 1st and 2nd Graders

LOCATIONS:

Atwater School
 2100 E Capitol Dr
 St. Monica School
 5625 N. Santa Monica Blvd

JET SET FIELD TRIP 2014			
Tuesday Field Trip:		Thursday Field Trip:	
Cool Waters & Greenfield Park	Tue 6/17	Kettle Moraine Nature Presentation	Thu 6/19
Regner Park Beach	Tue 6/24	Bowling / Minooka Beach	Thu 6/26
<i>Only Thursday Field Trip with Shortened Week</i>		Helium Trampoline Park	Thu 7/3
Regner Park Beach	Tue 7/8	Brewers Game and Tailgate Party*	Thu 7/10
Wirth Park & Aquatic Center	Tue 7/15	Pump It Up/Foxbrook Beach	Thu 7/17
Cool Waters & Greenfield Park	Tue 7/22	Washington County Fair	Thu 7/24
Wirth Park & Aquatic Center	Tue 7/29	Milwaukee County Zoo	Thu 7/31
State Fair	Tue 8/5	Cool Waters & Greenfield Park	Thu 8/7
Regner Park Beach	Tue 8/12	Cedarburg Park and Pool	Thu 8/14
Cool Waters & Greenfield Park	Tue 8/19	Bay Beach Amusement Park *	Thu 8/21



Current 3rd and 4th Graders

LOCATION:

Atwater School
 2100 E. Capitol Dr.
 St. Monica School -
 5625 N. Santa Monica Blvd

ACTION PACK FIELD TRIP 2014			
Tuesday Field Trip:		Thursday Field Trip:	
Cool Waters & Greenfield Park	Tue 6/17	Kettle Moraine Nature Presentation	Thu 6/19
Regner Park Beach	Tue 6/24	Mt Olympus-Wisconsin Dells*	Thu 6/26
<i>Only Thursday Field Trip with Shortened Week</i>		Helium Trampoline Park	Thu 7/3
Regner Park Beach	Tue 7/8	Brewers Game and Tailgate Party*	Thu 7/10
Wirth Park & Aquatic Center	Tue 7/15	Adventure Rock/Foxbrook Beach	Thu 7/17
Cool Waters & Greenfield Park	Tue 7/22	Quarry Lake Water Park Sheboygan	Thu 7/24
Wirth Park & Aquatic Center	Tue 7/29	Noah's Ark- Wisconsin Dells*	Thu 7/31
State Fair	Tue 8/5	Cool Waters & Greenfield Park	Thu 8/7
Regner Park Beach	Tue 8/12	Overnight Campout*	8/14-15
Cool Waters & Greenfield Park	Tue 8/19	Bay Beach Amusement Park *	Thu 8/21



Current 5th, 6th and 7th

LOCATION:

Atwater School
 2100 E. Capitol Dr.

M2 FIELD TRIP 2014			
Tuesday Field Trip:		Thursday Field Trip:	
Cool Waters & Greenfield Park	Tue 6/17	Overnight Campout*	6/19-20
Regner Park Beach	Tue 6/24	Mt Olympus-Wisconsin Dells*	Thu 6/26
<i>Only Thursday Field Trip with Shortened Week</i>		Helium Trampoline Park	Thu 7/3
Regner Park Beach	Tue 7/8	Brewers Game and Tailgate Party*	Thu 7/10
Wirth Park & Aquatic Center	Tue 7/15	Adventure Rock/Foxbrook Beach	Thu 7/17
Cool Waters & Greenfield Park	Tue 7/22	Quarry Lake Water Park Sheboygan	Thu 7/24
Wirth Park & Aquatic Center	Tue 7/29	Noah's Ark- Wisconsin Dells*	Thu 7/31
State Fair	Tue 8/5	Cool Waters & Greenfield Park	Thu 8/7
Regner Park Beach	Tue 8/12	Overnight Campout*	8/14-15
Cool Waters & Greenfield Park	Tue 8/19	Bay Beach Amusement Park *	Thu 8/21

*THESE FIELD TRIPS HAVE AN EXTRA FEE



GENERAL CHILD INFORMATION CAMP M 2014

Please complete this form as thoroughly as possible. This background information is important to the teachers in their daily interactions with the children in their care. Return this form to the Head Teacher as soon as possible. As with all of your child's records, information supplied on this form is kept confidential. Thanks for your time and cooperation!

1. Child's Name: _____ Nickname: _____
2. Number of children in your family: _____ Names/Ages: _____
3. What do you most hope for your child to gain from the Milestones program this Summer? _____

4. What does your child look forward to doing most at our program this Summer? _____

5. What are some of your child's favorite activities? _____

6. Do you have any special concerns about your child's adjustment to our program this Summer? _____

7. Please comment on any major changes in the family such as the birth of a sibling, a death, divorce, move to a new house, etc. which may be affecting your child: _____

8. What would be helpful for us to know when interacting with your child? _____

9. Does your child have any special needs? _____

10. Please note if your child has any particular fears such as loud noises, certain animals, public bathrooms, pools, etc.? _____
11. Does your child know how to swim? _____
12. Do you have any additional concerns you'd like to share? _____

(parent signature)

(date)

(Please type/print using black/blue ink)

MILESTONES SCHOOL AGE REGISTRATION FORM – CHILD INFORMATION

Child's Name: _____ Age: _____ Sex: _____ Date of Birth: _____
Street Address: _____ Child Resides With: _____
City/Zip: _____ Requested Starting Date: _____ Application Date: _____

Child's School: _____ Summer location requested: _____ Fall location requested: _____ Grade in 2013/2014 School Year: (circle) BB K4 K5 1 2 3 4 5 6 7 8

Parent/Guardian: _____
Address: _____
City/Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____

Employer or Address during hours of Program operation
Name: _____
Address: _____
City/Zip: _____
Day Time Phone: _____ Occupation: _____

Family Status (check one)
[] Married
[] Separated
[] Divorced
[] Single
[] Widowed
[] _____

Parent/Guardian: _____
Address: _____
City/Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____

Employer or Address during hours of Program operation
Name: _____
Address: _____
City/Zip: _____
Day Time Phone: _____ Occupation: _____

Physician or medical facility:
Name: _____
Address: _____
City/Zip: _____ Phone: _____

In addition to parents, persons authorized to pick up child: (Please indicate if 'NONE')
Name: _____
Address: _____
City/Zip: _____

Departure Procedures for my child:
[] go to school from the program site
[] walk home from the program at _____ pm (departure time)
[] wait for authorized pick up

Emergency contact: (A person who can be notified during program hours when you are unavailable and who lives/works within 20 miles of the program.)
Name: _____
Address: _____
City/Zip: _____
Phones: Home _____ Work _____ Cell _____
Relationship to child: _____

Home _____ Work _____ Cell _____
Relationship to Child: _____
Name: _____
Address: _____
City/Zip: _____
Home _____ Work _____ Cell _____
Relationship to Child: _____

I give permission for my child to be photographed for educational/news publicity purposes [] yes [] no
Billing Preference: [] 4 weeks/in advance [] 2 weeks/in advance [] credit card/4 weeks

Signature of Parent/Guardian _____ Date: _____

FOR OFFICE USE ONLY

Processing Fee: _____ Acceptance: _____ Wait List Letter: _____ Cancel Date: _____ First Date of Attendance: _____

CAMP M REGISTRATION FORM

Child's Name:

Grade during the **current** 2013-14 School Year (Please Check)

K4 <input type="checkbox"/>	K5 <input type="checkbox"/>	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	5th <input type="checkbox"/>	6th <input type="checkbox"/>	7th <input type="checkbox"/>		
Program: KID CREW Site Choice (Please Check) Atwater St. Roberts St. Monica School School School			Program: JET SET Site Choice (Please Check) Atwater St. Monica School School*			Program: ACTION PACK Site: Atwater St. Monica School School*		Program: M2 Site: Atwater School		
Rank your site choices(1st,2nd, 3rd). NOTE: If there is not space in your 1st choice, you will be placed in your 2nd choice										



These options only
 available to Action Pack
 and M2 programs

Please check the appropriate boxes for your choices each week - REMEMBER SPACE IS LIMITED...EVEN DURING PRIORITY REGISTRATION!

Wk #	Dates	Option 1	Option 2					Option 3					Option 4			Option 5	Option 6
		5 days/week \$205.00/ week	Any 4 full days \$189.00/week Please check the days requested					Any 3 full days \$149.00/week Please check the days requested					2 full days Mon,Wed, or Fri ONLY \$109.00/week Please check the days requested			Mon, Wed, Fri 9:45AM- 3PM \$81.00/week	Option 5 plus Tue-Swim Day Thu-Field Trip \$160.00/week
1	June 16-20		Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Wed	Fri		
2	June 23-27		Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Wed	Fri		
3	Jun 30-Jul 4		Mon	Tues	Wed	Thur	CLOSED	Mon	Tues	Wed	Thur	CLOSED	Mon	Wed	CLOSED		
4	July 7-11		Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Wed	Fri		
5	July 14-18		Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Wed	Fri		
6	July 21-25		Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Wed	Fri		
7	Jul 28-Aug 1		Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Wed	Fri		
8	Aug 4-8		Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Wed	Fri		
9	Aug 11-15		Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Wed	Fri		
10	Aug 18-22		Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Wed	Fri		

PLEASE NOTE: NO CANCELLATIONS WILL BE ACCEPTED AFTER MONDAY, MAY 19, 2014. You may add sessions at anytime provided space is available.

***For Those Registering for Jet Set and Action Pack at St. Monica: The week of July 14-18, the programs will be relocated to either Holy Family or Lake Bluff School**

CAMP M SUMMER PROGRAM 2014
REGISTRATION AGREEMENT
Milestones, Programs for Children

Child's Name: _____

1. I understand that I am responsible for payment of **contracted and assessed fees**, payable in advance on the first Monday of each tuition period.
2. I understand that a written notice must be received at the Administrative Office to cancel any session. **NO CANCELLATIONS WILL BE ACCEPTED AFTER MONDAY, MAY 19, 2014.** Failure to submit written cancellation prior to May 20, 2013, will result in the liability of all fees owed.
3. I UNDERSTAND THAT I DO NOT RECEIVE ADJUSTMENTS IN FEES FOR DAYS MISSED. In the event of illness, unscheduled vacation, or other absences, the Milestones staff will be notified and I am responsible for my child and tuition payment.
4. I understand that my child must be accompanied into his/her program room by an adult and signed in.
5. I am aware of the program hours of operation (7:00 AM to 6:00 PM) and agree to pick up my child promptly. I understand that for **each minute** that my child stays past the program closing time of 6:00 PM (**OR** the child's contracted scheduled time of departure) I will be assessed a \$2.00 per minute late pick up charge.
6. I understand that there are no pets in the Camp M classrooms.
7. I understand that Milestones' responsibility for my child begins at the time s/he arrives and signs in at the program site and continues until s/he signs out (if written permission to walk home has been received by the program staff) or is signed out by a parent or authorized person.
8. I give my child permission to participate in walks and transported field trips. I understand I will be given advance notice of all transported field trips. I understand alternative care will **not** be provided if I elect not to send my child on the field trip.
9. I understand that the Wisconsin Rules for Licensing Day Care Centers is available for my review.
10. I understand if my child has special needs, I must indicate them on the Health History/Emergency Care Plan. Doing so will aid the staff in providing the most positive and successful environment for my child.
11. I understand that if an illness or medical emergency arises, the Milestones staff will try to contact me. If I cannot be reached and **THE EMERGENCY IS SUCH THAT IMMEDIATE ATTENTION IS NECESSARY, THE STAFF HAS MY PERMISSION TO TAKE MY CHILD TO THE NEAREST HOSPITAL. THE HOSPITAL HAS MY PERMISSION TO GIVE MY CHILD IMMEDIATE MEDICAL CARE.**
12. I agree to call the Milestones office if for any reason my child will not be attending on a regularly scheduled day.
 - **I give my child permission to participate fully in this program.**
 - **I agree to adhere to all Milestones rules and policies including but not limited to the Milestones School Age Policies and Procedures and the Milestones Camp M Parent Handbook.**
 - **I understand that failure to follow Milestones rules and policies is grounds for termination of enrollment.**
 - **Registration packet must be accompanied by the non-refundable \$30.00 per child/\$40.00 per family processing fee.**

Signature of parent or guardian

Date

Signature of parent or guardian

Date

SUMMER T-SHIRT ORDER FORM



CHILD'S FIRST & LAST NAME:

PROGRAM:

KID CREW JET SET ACTION PACK M2

Please indicate size and quantity:

Child Sizes

6/8
 10/12
 14/16

Adult Sizes

Medium
 Large
 X-Large
 XX-Large

- **CAMP M SHIRTS ARE REQUIRED TO BE WORN ON EVERY TUESDAY AND THURSDAY FOR THE FIELD TRIPS!**
- **TWO CAMP M T-SHIRTS ARE INCLUDED IN THE REGISTRATION FEE AT NO EXTRA CHARGE**
- **YOU MAY PURCHASE ADDITIONAL T-SHIRTS @ \$10.00 EACH.**

of ADDITIONAL T-shirts ordered.

You will be billed an extra \$10.00 for each additional shirt ordered

**Milestones, Programs for Children
Family Status/Child Information**

1. Child's Legal Name: _____
2. Child's Parents _____
3. Family Status (check all that apply):

<input type="checkbox"/> Married	<input type="checkbox"/> Single
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried
<input type="checkbox"/> Remarried	<input type="checkbox"/> _____
4. Name of Parent/Guardian with whom the child resides: _____
5. Guardian's relationship to child: _____
6. Are there any issues related to custody or authorized pick up? _____ Yes _____ No
7. Does the non-custodial parent have any court restrictions placed on his/her parental rights? _____ Yes _____ No
8. If yes, what are the restrictions? _____

**Note: These restrictions must be substantiated.
Please provide Milestones with a copy of the most current court order.**

9. If the child lives with surrogate parents (relatives or friends), are the surrogate parents the legal guardians? _____ Yes _____ No

If YES, substantiate by providing Milestones with a copy of the court order.

10. The court order already on file in the Milestones' office is it still current. _____ Yes _____ No
11. _____ (Signature of Parent/Legal Guardian) _____ (Date)

Please see Milestones Policies and Procedures
Section VI for additional information/clarification

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Cerebral palsy / motor disorder		
<input type="checkbox"/> Other condition(s) requiring special care – Specify.		

- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies – Specify food(s).

- Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center.** These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.
 Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).
²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.
³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR**
IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed