



34605 SE Swenson Drive
 Snoqualmie, WA 98065
 (425) 396-1005
Primary Enrollment form
(3 years - 6 years)

DATE CHILD ENTERED CARE

DATE CHILD LEFT CARE

IMPORTANT: Application accepted only after all required fields are completed. Please write *None* or *N/A* in lieu of leaving boxes blank. Information with an asterisk (*) is required. Immunizations must be completed on the form enclosed with this packet. Please contact our office if you request any additional clarification.

*CHILD'S NAME		FIRST	MIDDLE	LAST	PREFERRED (OR NICKNAME)	
*CHILD'S BIRTHDATE			*GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
*STREET ADDRESS			*CITY	*STATE	*ZIP	
*NAME OF PRIMARY GUARDIAN			RELATIONSHIP			
*HOME ADDRESS (IF DIFFERENT FROM CHILD'S)			*CITY	*STATE	*ZIP	
HOME PHONE		WORK PHONE		CELL PHONE		
*ADDRESS TO REACH AT WHILE CHILD IN CARE				E-MAIL ADDRESS		
NAME OF SECONDARY GUARDIAN			RELATIONSHIP			
HOME ADDRESS (IF DIFFERENT FROM CHILD'S)			CITY	STATE	ZIP	
HOME PHONE		WORK PHONE		CELL PHONE		
ADDRESS TO REACH AT WHILE CHILD IN CARE				E-MAIL ADDRESS		
*EMERGENCY CONTACTS / Pick-up Authorizations (other than guardian(s) noted above)						
*NAME		*ADDRESS			*TELEPHONE NUMBER	
NAME:					HOME :	
RELATIONSHIP:					WORK:	
					CELL:	
NAME:					HOME :	
RELATIONSHIP:					WORK:	
					CELL:	
NAME:					HOME :	
RELATIONSHIP:					WORK:	
					CELL:	
In case of emergency, I grant permission to the above-named individuals to pick up my children on my behalf. I understand that they will be required to show proof of identification. I also understand that under no circumstances will my child be released to anyone other than those listed above without WRITTEN permission.						
PRIMARY GUARDIAN SIGNATURE			DATE	SECONDARY GUARDIAN SIGNATURE		DATE

*OUT OF AREA CONTACT (100+ miles for Crisis/Disaster Preparedness)			
*NAME		*RELATIONSHIP	
*STREET ADDRESS		*CITY	*STATE
*HOME PHONE		WORK PHONE	CELL PHONE
NO PERMISSION GRANTED to the individual(s) noted below for child pick-up. If pertaining to legal matters, custody disputes or restraining orders, copies of supporting court documentation may be requested and kept on file.			
NAME OF PERSON: _____ REASON: _____			
BACKGROUND INFORMATION			
<ul style="list-style-type: none"> • WHAT IS YOUR CHILD'S FIRST LANGUAGE? <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER: _____ • DOES YOUR CHILD USE LANGUAGE TO EXPRESS HIM/HERSELF? <input type="checkbox"/> YES <input type="checkbox"/> NO • IS YOUR CHILD'S SPEECH EASILY UNDERSTOOD BY OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO • DOES YOUR CHILD SPEAK IN SENTENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO • HAS YOUR CHILD BEEN EVALUATED FOR SPECIAL EDUCATION/GIFTED/ LEARNING DISABILITY/SPEECH/HEARING/VISION? ** <input type="checkbox"/> YES <input type="checkbox"/> NO • IS THERE ANY IMPORTANT INFORMATION/CONCERNS WE SHOULD KNOW ABOUT? IF YES, PLEASE EXPLAIN. _____ _____ 			
**IF YOU HAVE SCHOOL RECORDS OR PRIVATE PROFESSIONAL TESTING EVALUATIONS THAT MIGHT PROVIDE INSIGHT INTO YOUR CHILD'S NEEDS, PLEASE SHARE THIS INFORMATION WITH THE DIRECTOR.			
LAST SCHOOL ATTENDED: _____		PHONE: _____	
ADDRESS: _____		DATES ATTENDED: _____	
REASON FOR LEAVING SCHOOL		DESCRIBE YOUR CHILD'S PREVIOUS SCHOOL EXPERIENCE	
COMMUNICATIONS			
DOES CHILD PRIMARILY LIVE WITH BOTH PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF OTHER, PLEASE SPECIFY: _____			
PRIMARY E-MAIL ADDRESS FOR SCHOOL COMMUNICATIONS		SECONDARY E-MAIL ADDRESS FOR SCHOOL COMMUNICATIONS	
PRIMARY EMERGENCY CONTACT : <input type="checkbox"/> MOTHER OR GUARDIAN <input type="checkbox"/> FATHER OR GUARDIAN <input type="checkbox"/> BOTH			
MOTHER/GUARDIAN'S SIGNATURE		FATHER/GUARDIAN'S SIGNATURE	
DATE		DATE	

EMERGENCY CONSENT FORM

*Child's Name, First

Middle

Last

Child's Health History

ALLERGIES (FOOD, DRUG REACTIONS ETC): YES NO IF YES, SPECIFY: _____DIETARY RESTRICTIONS: YES NO IF YES, SPECIFY: _____PREVIOUS HOSPITALIZATIONS: YES NO IF YES, SPECIFY: _____PREVIOUS SURGERIES: YES NO IF YES, SPECIFY: _____SPECIFIC HEALTH ISSUES: YES NO IF YES, SPECIFY: _____MEDICATIONS? YES NO IF YES, SPECIFY: _____

CHILD'S LAST PHYSICAL EXAM DATE: _____

ANY OTHER IMPORTANT INFORMATION/CONCERNS:

MEDICAL INFORMATION

*CHILD'S PRIMARY HEALTH CARE PROVIDER

*PHONE NUMBER

*STREET ADDRESS

*CITY

*STATE

*ZIP

*CHILD'S DENTIST

*PHONE NUMBER

*STREET ADDRESS

*CITY

*STATE

*ZIP

INSURANCE

*INSURANCE COMPANY'S NAME

*MEMBER/ POLICY NUMBER

PREFERRED HOSPITAL

*POLICY HOLDER'S NAME

*EMPLOYER'S NAME

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission for my child, _____
to be administered first aid/emergency treatment by a qualified staff member at MorningStar Montessori School, 34605 SE Swenson Drive, Snoqualmie, WA 98065. If I cannot be contacted, I authorize and further consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician, health care provider, and hospital or aid attendant when deemed immediately necessary or advisable by the physician in order to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported to ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

MOTHER/GUARDIAN'S SIGNATURE

DATE

FATHER/GUARDIAN'S SIGNATURE

DATE



34605 SE Swenson Drive
 Snoqualmie, WA 98065
 Office (425) 396 - 1005
www.MorningStarUS.com
 E-mail : OFFICE@MorningstarUS.com

TUITION CONTRACT

*NAME OF CHILD	FIRST	MIDDLE	LAST
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DAYS AND TIMES MY CHILD WILL RECEIVE CARE:

PLEASE SELECT	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI
ARRIVAL TIME					
DEPARTURE TIME					

MONTHLY FEE SCHEDULE (PRIMARY)

Schedule	5 days a week	4 days a week	3 days a week
7:00 am to 5:00 pm	\$1385	\$1260	\$960
7:30 am to 5:30 pm	\$1385	\$11260	\$960
8:00 am to 6:00 pm	\$1385	\$1260	\$960
7:00 am to 3:00 pm	\$1225	\$1050	\$916
9:00 am to 3:00 pm	\$1065	\$900	\$715

Registration Fee: \$200

FEE: \$ _____ PER MONTH

SOURCE OF PAYMENT: Parent Other (Specify) _____

MONTHLY SNACK: Provide scheduled monthly snack* Pay \$15 each month towards snack

**By signing up for the monthly snack schedule I understand that I am responsible for providing the scheduled snack on the scheduled dates. A charge of \$20 will be made for missing snack.*

PLEASE NOTE: Morning Star Montessori charges an annual tuition for the school year. Primary Program tuition is calculated based on the school year, September through mid-June. All holidays and scheduled school breaks have been taken into account. The annual tuition is evenly divided over the months to make the payments easier. A non-refundable registration fee \$200 and the first month tuition is due at time of enrollment. June 2017 is due by Sep 5th 2016.

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS: Initial _____

SIGN-IN/SIGN-OUT: I agree to sign-in and sign-out my child each day and understand that it is a requirement by the Department of Early Learning. It is my responsibility to contact the office in case I forget. A \$1 fee will be charged for each missing sign-in/sign-out. _____

MONTHLY TUITION: Due by the 5th of each month and is made online. The late payment fee is \$10 per day. A \$25 handling fee will be charged for returned checks. _____

OVERTIME:

- Rate is \$10 per hour between 7:00 am to 6:00 pm
- A late pick-up fee of \$5 for first five minutes and \$5 for every five minutes after that will be applied for pick-up after 6:00 pm.
- A \$1 per minute will be charged for drop off before 7:00 am.

The payments are made on the same day at drop-off/pick-up by cash or check. _____

MID-WINTER and SPRING BREAK enrollment is optional by pre-registration. There is no extra fee for both the breaks. It is already included in the monthly tuition. _____

SCHEDULE CHANGES: In case of a scheduling change, a Schedule Change form needs to be completed and submitted to the office.

Increased Schedule: For increased schedule, no fees will be applied. The difference in the last ½ month (June) tuition deposit will have to be paid at the time of schedule change.

Reduced Schedule: A \$100 scheduling change fee will be applied if the schedule is reduced. June deposit will not be adjusted to reflect the change. One month's notice will be required for the reduced schedule to be in effect.

Late Enrollment: Enrollment may be possible after the start of the school year if a placement becomes available. The same change, notice, and refund policies apply. _____

WITHDRAWAL: A Withdrawal Form needs to be submitted with 30 days advance-notice to the school. Tuition payment for the 30 days following the date of notice is required. Early withdrawal results in forfeiture of the last month's tuition deposit. Either Parent or Provider may terminate the childcare agreement upon 30-day written notice to the other party. Provider reserves the right to terminate this agreement immediately, without 30 day notice to parent in the following cases:

- If the child's continued participation in the program creates a threat to the child, other children, the provider or the provider's staff
 - Parent engages in inappropriate parent conduct as defined in our handbooks
 - Multiple late payments
 - Multiple late pick-ups.
 - Disrespect (child or parent) of program setting, policies and property
- _____

CLOSURES: MMS will follow the Snoqualmie Valley School District Calendar for holidays and closures, including flooding. No refunds will be made for these closures. _____

VACATION: MMS does not prorate or give credits for any breaks or vacations during the school year. A written letter of extended-absence is required for any absences of a month or longer. This needs to be submitted to the office, prior to the absence. In order to guarantee space in a child's classroom upon return, all tuition must be paid with pre-dated checks before departure. If I choose not to pay to hold my child's placement, it will mean that I am withdrawing my child from the program and a 30-day written notice will be required. The June deposit is non-refundable.

HANDBOOKS: I have reviewed and agree to the policies and procedures set forth in the Parent Handbook, School Calendar, Disaster Policy Handbook, Health Policy Handbook, Bloodborne Pathogen Handbook, and School Emergency Policy. The handbooks are also available for review at the front office and in each classroom.

It is my responsibility to promptly seek clarification of any policy that is not understood.

MMS reserves the right to make changes to the policy/handbook at anytime. Notification of any changes to the policies will be made through newsletters or other written notice.

It is my responsibility to read the newsletters and other communications to receive updates on policies.

I agree to promptly notify MMS of any changes to the above information and updates on my child's information. I understand that I am fully responsible for the terms of the agreement as stipulated.

I have read the above contract and understand and agree to all provisions.

MOTHER/GUARDIAN'S SIGNATURE

DATE

FATHER/GUARDIAN'S SIGNATURE

DATE

Student Profile

Dear Parents,

This questionnaire is to be completed by parents or guardians. Your input in your child's education is very important to us as educators. Our partnership will create an environment where our children will flourish. The following is a list of questions that will help us better know your child. This will help us meet the unique needs of your child. ALL INFORMATION IS CONFIDENTIAL and will be shared only with the child's teacher.

Thanks for sharing your goals, thoughts, and dreams for your child. It's just one step in us becoming partners with one goal in mind – your child's success. We appreciate your input.

Thank you!

CHILD'S NAME

FIRST

MIDDLE

LAST

- 1) What are your child's strengths? _____
- 2) What activity does your child enjoy? (Music, art, humor etc.) _____
- 3) Is your child involved in any activities outside of school? If yes, please list: _____
- 4) Who beside yourself is entrusted with the care of your child? _____
- 5) Number of hours? _____
- 6) How much time does your child spend watching television? _____
- 7) How much time does your child spend with other children? _____
- 8) How does your child respond to groups? _____
- 9) How does your child handle frustration? _____
- 10) What approach to discipline do you use? _____

What are your expectations for your child? What sort of growth would you like to SEE? What goals do you see as important?



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PARENT- (MMS) SCHOOL CONTRACT

SCHOOL/FAMILY DIRECTORY

In order to better serve our school community, MMS will be creating a School Family Directory .The directory will be compiled from information provided by parents. Please refer to it during the year to send birthday invitations, call friends, arrange carpools, etc. We will update the Family Directory (i.e., changes of address, new students, etc.) in newsletters throughout the year. Please be sure to call or email if your family information changes. We wish to assure you that this contact information will only be shared with the families of other enrolled students at school. While we recognize the benefit of compiling information on such lists, we also respect your right to privacy and your right to disclose or withhold information as you choose.

MMS has permission to include the following in the school directory:

E-mail address

Phone number

Home address

We do not want any of our information to be included in the directory

Mother / Guardian Initials: _____ Father / Guardian Initials: _____

PHOTOGRAPHY PERMISSION

I understand that as a school, MMS will be taking photographs of children during normal school hours, field trips and activities. These photographs may be used in promoting services, either in print or on the internet, including but not limited to MMS's Facebook page, website (morningstarus.com), etc. ***MMS will not use the name of any child associated with their picture at any time. No remuneration will be made to the parent/guardian by the school for the child's participation. I understand that the photographs will not be passed on or sold to a third party and will be exclusively used only by MMS.***

I give permission for my child's photograph to be taken. The pictures may be used for school-related projects, year book, display in school, Bloomz and for e-mailing them to us (child's parent).

*Bloomz is a Communication App used by the school for communication.

I hereby give MMS full permission to take and include photographs of my child in any publication on its website, Face Book, brochures and in other public documents.

I DO NOT want my child's photograph to be taken.

Mother / Guardian Initials: _____ Father / Guardian Initials: _____

LIABILITY RELEASE

I understand that my child, _____, will be participating in MMS activities and participating in programs offered at school. I release and discharge MMS and its employees from all liability, costs and damages of any kind to the child or the undersigned for any loss or injury to the child while participating in school or extended day/enrichment activities. I understand that this release is intended to be as broad as permitted under the State of Washington law, and if any part of application is found enforceable, the remainder will be enforced in-full.

Mother / Guardian Initials: _____ Father / Guardian Initials: _____

FIELD TRIP PERMISSION		Initial
I give permission for my child to participate in walking trips within the school premises.		_____
IMMUNIZATION		
<input type="checkbox"/> My child has regular immunizations. I understand that the Certificate of Immunization is required by Washington Department of Licensing. As a parent, I am responsible for getting in touch with MMS and updating my child's immunization status regularly.		_____
<input type="checkbox"/> I would like my child to be exempted to immunizations. I understand that in case of a signed exemption to immunizations, my child may need to be excluded from school if there is an outbreak of a vaccine-preventable disease that the child has not been immunized for.		
NAP TIME		
<input type="checkbox"/> My child doesn't take naps. <input type="checkbox"/> I would like my child to be offered to take a nap. <input type="checkbox"/> I would like my child to take a nap/rest everyday A one-time payment of \$30 will be made towards a nap blanket for regular naps at school.		_____
LUNCH TIME		
<p>LUNCH: Healthy lunch is provided by parents everyday. In order to help with lunch, parents need to send in their child's lunch:</p> <ul style="list-style-type: none"> • A lunch box that the child can easily open and close by themselves • Icepack, if your child's lunch contains perishable item (milk, peeled fruits, items that get spoiled if left out of refrigerator) • Containers that can be easily opened by the child. This can mean sandwich bags with the larger pull open tabs and containers with lids that have a tab to pull open from. We can reheat food to eat but we cannot cook food (including instant soups/noodles etc). • Silverware. This can be the disposable kind or ones that can be sent home daily. The disposable ones need to be strong enough for the child to scoop food. • 2 Cloth/Paper Napkins • A \$5 material fee will be charged for items provided by school. <p>*As with all other school supplies, all lunch items need to be labeled with the child's name or initials. This prevents the misplacing of silverware and containers that are sent home daily.</p>		_____
<p>SUNSCREEN Sunscreen forms would be sent out in February for permission to apply sunscreen when needed. Parents may choose to provide their own sunscreen or choose to use school provided sunscreen.</p>		_____
<p>MEDICATION I understand that I would need to fill out a medication form for my child to have any medication at school. Parent signature is required for over the counter medication and a physician's signature is also required for prescriptions.</p>		_____

TOILET TRAINING: I understand that children are required to be completely potty trained and independent to enroll in the Primary class.		_____	
ARRIVAL TIME: Children must arrive at 9:00 am or before – unless prearranged with school. Doctor’s appointment and other emergencies are an exception to this policy. If children are not here by 9:00 am, the next drop off time is 11:40 am.		_____	
TARDINESS: I am responsible for informing the school when my child is going to arrive late at school.		_____	
ABSENCES: I am responsible for informing the school when my child is absent due to illness or some other event. (E-mail school at Absent@MorningStarUS.com . Please CC the lead teachers too!)		_____	
LABELING ITEMS: I am responsible for labeling all of our child’s belongings.		_____	
UNIFORM: Children are required to follow the school dress code (uniform) at all times.		_____	
EXTRA CLOTHING: I am responsible for replenishing extra clothes in my child’s backpack every day.		_____	
MOTHER/GUARDIAN’S SIGNATURE	DATE	FATHER/GUARDIAN’S SIGNATURE	DATE



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010



Reviewed by: _____ Date: _____
Signed Cert. of Exemption on file? Yes No

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: _____

Parent/Guardian Name (please print): _____

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

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

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

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

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 CHILD 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 _____
HCP Printed Name: _____

3) Chickenpox disease verified by school staff from CHILD 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.

Diphtheria Mumps Other: _____
 Hepatitis A Polio
 Hepatitis B Rubella
 Hib Tetanus
 Measles Varicella

Licensed health care provider (HCP) Signature _____ Date _____
HCP Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.

#1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHILd Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILd Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILd Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below): **EXAMPLE**

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

- 1) If your child's CIS is printed directly from the CHILd Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
- 2) If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- 3) If school staff access the CHILd Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
- 4) If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfrr/immunize/schools/vaccine.htm>

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

#8 If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

(For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Pol	IPV	Pentavalente	DTaP + Hep B + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrOd)	MMR + Varicella
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrel)	DTaP + IPV
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)

(For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus, acellular Pertussis	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Mumps, Mumps, Rubella / with Varicella
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine
Flu (TIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine
					VAR or VZV
					Rotavirus
					Td
					Tdap
					TIG
					Tetanus immune globulin
					Tetanus, Diphtheria, acellular Pertussis
					Tetanus, Diphtheria, acellular Pertussis
					Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

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Reference Guide