



Intake Form

Doc # 1

1) Child's Identification Information

Name		Nickname:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate:	Name of school, if attending:

2) Family Information: Parent(s) or Guardian(s)

Name	Address	Place of employment	Work Phone

Marital Status:

- Single Married Divorced Separated Foster Parent

Names and ages of other children in the home:

3) Play and Sociability

- How does your child get along with other children?

- His/Her usual playmates are: girls boys older younger

- What is the usual size of your child's neighborhood playgroup?

- Previous group experience other than school: Preschool Playgroup Sunday School

- Other (*please specify*):

4) Personality and Emotional Development

- Is your child affectionate? To whom?

• Does he/she accept new people easily? Yes No

• What are your child's fears?

• Is your child usually happy? Yes No

• What nervous habits does your child have?

5) Discipline

- When you find it necessary to discipline your child, which parent usually does this and how?

6) Infants and Toddlers

• Has your baby had any feeding problems? Yes No

• If yes, please explain:

• Have you noticed any allergies or sensitivities to particular foods?

• Is your baby: Breast Fed? Bottle Fed?

• What food type is your baby eating now?

Fruits

Juices

Vegetables

Meats

Cereals

Milk (formula)

• Sleep habits during the day:

• Does your child have a "fussy" time? When?

• How do you handle this "fussy" time?

• Do you have special ways of helping your baby go to sleep? If yes, how?



Intake Form

Doc # 1

-
- Does your child use a pacifier or suck thumb/fingers?

-
- Is your child potty trained? Yes No
-

-
- How does your child relate to strangers?

-
- Is your child frightened by anything?
-

7) Other Information: Please list some of your child's favorite:

- Snacks & Drinks:
-

- Games:
-

- Other Activities:

- Give any other information you believe will be helpful to us in understanding your child.

8) Tuition and Invoices

- Would you prefer to receive invoices via email in a PDF format? Yes No
-



Allergy/Food Exemption Information

Doc # 2

Child's Name: _____

Parent's Name: _____

Nature of Allergy/Food Exemption: _____

Does your child have an Allergy Action Plan? _____

Does your child require any rescue medication such as an EpiPen? _____

FOODS CHILD SHOULD AVOID	REACTION

ALLERGIES OTHER THAN FOOD	REACTION

_____	_____
Signature(s) of Parent(s) or Guardian	Date
_____	_____
Parent(s) or Guardian Yearly Update	Date
_____	_____
_____	_____
_____	_____

It is the policy of Harvest Christian Daycare and Learning Center is that if a child has an allergy that an Allergy Action Plan be on file with us. If you do not have an Allergy Action Plan from our physician or medical authority, please complete the one on the back of this form.



Child Care Physical Examination Report

Doc # 3

Child's Full Name: _____ Date of Exam: _____

Age _____ Height _____ Weight _____ BP _____ P _____

Vision: Eye Correction required Yes No Glasses Contact Lens

Hearing: Normal Abnormal Not Tested

EENT _____ Heart _____ Genitalia _____

Teeth _____ Abd _____ Rectum, Anus _____

Neck _____ Hernia _____ Neuromuscular _____

Chest _____ Extremities/Skin _____ Urinalysis _____

Lungs _____ Posture/Spine _____

If needed:

Hemoglobin or Hematocrit _____	Tuberculin Screening _____
Sickle Cell screening _____	Development testing _____
Lead screening _____	Other _____

The child is under the care of a physician for the following medical condition(s):

Known allergies: _____

Additional health information: _____

This child is _____ is not _____ physically and/or emotionally able to participate in your program.

Signature of Physician or Designee Date

Parent: Please complete the following:

Diseases the child has had: _____

Any special health needs: _____



Medication Permission Form

Doc #4

I, _____
(Name of Parent)

give permission to _____
(Name of caregiver)

to give my child _____
(Name of child)

the following medicine _____
(Name of medicine)

for _____
(Problem or illness)

on _____
(Date or dates)

at _____
(Time or times)

in the amount of _____
(Amount or amounts)

by _____
(Body location and method of use)

Side effects of the medicine to watch for _____

(Possible side effects)

This medicine has been prescribed by _____
(Name of Doctor)

The telephone number of the doctor is _____

By _____ (Signature of parent or legal guardian) _____ (Date)

Only medication prescribed or ordered by a physician/dentist will be administered by Harvest Christian Daycare when this form is filled out by the parent or legal guardian. All medication shall be supplied in the original container, properly labeled, and will be administered only by authorized personnel. The authorization form must be updated when the prescription expires. Over-the-counter medication may only be given upon a written physician order with instructions for administration including dosage and durations. Medication will be kept in an inaccessible area or refrigerated as required. **A copy of the written prescription from the doctor must be provided to HCD.**



Medication Permission Form

Doc #4

Parent(s) or Guardian Yearly Update	Date
_____	_____
_____	_____
_____	_____
_____	_____



Parental Emergency Medical Consent Form

Doc #5

This form must be presented upon admission for treatment.

Child's Full Name	Date of Birth
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This form allows parents and guardians to authorize the provision of emergency treatment for above named child who becomes ill or injured while under program authority when parents or guardians cannot be reached. **It is required by DHS that we have a Doctor and a Dentist on file.**

In the event reasonable attempt to contact me at _____(phone number) or _____(phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor _____(physician) at _____(phone number) or Doctor _____(dentist) at _____ or in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to _____(preferred hospital).

1) Parent(s)/Guardian(s)/Custodian(s) with whom the child resides:

Name:	Relationship to child
Address	Home phone
	Cell phone
Employer	Email address
Work phone	Work hours
Name	Relationship to child
Address	Home phone
	Cell phone
Employer	Email Address
Work Phone	Work hours



Parental Emergency Medical Consent Form

Doc #5

2) Medical Contact Information:

- NOTE: We are required by DHS to have the full contact information for the physician AND the doctor for EVERY child enrolled. This includes infants.**

Physician Name _____	Dentist Name _____
Street Address _____	Street Address _____
City, State _____	City, State _____
Phone Number _____	Phone Number _____

Date of last Tetanus	Known Allergies
Present Medication	
Insurance Company	Policy Holder's I.D.

This consent will be in effect for one year beginning (date) :

Signature Parent/Guardian _____ date _____ Signature Parent/Guardian _____ date _____

Parent(s) or Guardian Yearly Update	Date
_____	_____
_____	_____
_____	_____
_____	_____



Child Enrollment Form

Doc #6

Child Information

Child's Name (last, first, middle)	Social Security #	Age	Birth date
Address	City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If languages other than English are spoken in the home, please list below:		
Child's Name (last, first, middle)	Social Security #	Age	Birth date
Address	City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If languages other than English are spoken in the home, please list below:		
Child's Name (last, first, middle)	Social Security #	Age	Birth date
Address	City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If languages other than English are spoken in the home, please list below:		

Parent Information (Father)

Father's Name (last, first, middle)		Social Security #	E-mail Address	
Address (if different from child's)		City	State	Zip
Phone ()	Work Phone ()	Ext.	Cell Phone ()	
Employer			Job Title	
Address		City	State	Zip
Marital Status of father:	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried			



Child Enrollment Form

Doc #6

Parent Information (Mother)

Mother's Name (last, first, middle)		Social Security #	E-mail Address	
Address (if different from child's)		City	State	Zip
Phone ()	Work Phone ()	Ext.	Cell Phone ()	
Employer			Job Title	
Address		City	State	Zip
Marital Status of mother:	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	
	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Remarried	

Emergency Contact

Emergency contact information will be used when the parents cannot be reached.

Name	Relationship	Home Telephone ()		
Home Address	City	State	Zip	
Work Address	City	State	Zip	
Work Phone ()	Cell Phone ()	Pager Number ()		
Name	Relationship	Home Telephone ()		
Home Address	City	State	Zip	
Work Address	City	State	Zip	
Work Phone ()	Cell Phone ()	Pager Number ()		



Child Enrollment Form

Doc #6

Name	Relationship	Home Telephone ()	
Home Address	City	State	Zip
Work Address	City	State	Zip
Work Phone ()	Cell Phone ()	Pager Number ()	

Please list the last three daycares you have used (in-home or center based).

Name of Daycare	Telephone ()
Address	Length of Enrollment
Reason for leaving	
Name of Daycare	Telephone ()
Address	Length of Enrollment
Reason for leaving	
Name of Daycare	Telephone ()
Address	Length of Enrollment
Reason for leaving	



Child Enrollment Form

Doc #6

Note: This enrollment form does not ensure final enrollment, but provides information upon which a decision will be based. The non-refundable registration fee of \$50 is required to guarantee a child's enrollment and must be included with the application. If classes are full, we will refund the registration fee, unless you desire to remain on a waiting list.

Harvest Christian Daycare enrolls children of any race, color, ethnicity, nationality, religion or gender. All children are offered all rights, privileges, and program generally afforded or made available to children at the daycare. It does not discriminate on the basis of race, color, ethnicity, nationality, religion or gender in the administration of its educational policies, admissions policies and other daycare programs.

Declaration:

I have read and understand this application. I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information could be reason for rejection of this application or dismissal of my child from Harvest Christian Daycare. I also understand I may be asked to provide additional information, if necessary.

Father or guardian's signature _____ Date _____
Mother or guardian's signature _____ Date _____

Parent(s) or Guardian Yearly Update	Date
_____	_____
_____	_____
_____	_____
_____	_____



Release Authorizations Form

Doc # 7

Facility Name/Address: _____

TRAVEL RELEASE

I/We do _____, do not _____, give consent for (name of child) _____
to participate in field trips with the above named program. I/We do reserve the right to be notified
before each field trip that involves travel out of town. I release the program of any liability unless
negligence is proven.

Restrictions:

Date

Signature of Parent(s) or Legal Guardian

PHOTOGRAPHY/VIDEOTAPING RELEASE

I/We do _____, do not _____, give consent that the above named program may take
photographs/videotapings of our child (name of child) _____,
and I/we consent that the program may use the photographs/videotapes of our child in promoting the
purpose of the Center. We understand that no financial benefits from the use of the
photographs/videotapes are obligated to be paid to us.

Restrictions:

Date

Signature of Parent(s) or Legal Guardian

SCHOOL-AGE TRAVEL TO AND FROM SCHOOL NOTIFICATION

I/We understand that my child will be transported with only one adult in a center-owned vehicle for the
sole purpose of transporting children to and from school. My child will be transported to and from
(name of school) _____.

This includes days in which there is early release/late starts at the school. I affirm that my child's
participation in the transportation program is entirely my choice, with the understanding of risk or
accidental injuries that may be involved in any transportation program in the Center.

Date

Signature of Parent(s) or Legal Guardian



Release Authorizations Form

Doc # 7

Parent(s) or Guardian Yearly Update	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Parent Contract Agreement

Doc #8

This contract is an agreement between: _____

Parent Names

and Harvest Christian Daycare & Learning Center to provide care for: _____

Child(s) Name(s)

on _____

Date

- 1) Policies and procedures are outlined in the handbook; please do not sign this agreement until you have read all the policies. This contract is simple as all policies are outlined in the parent handbook and agreed upon and followed as a part of this contract. I have received a copy and agree: _____ (initials)
- 2) I agree that Harvest Christian Daycare and Learning Center is not responsible for clothes that become soiled or torn during recess or activities.
- 3) Harvest Christian Daycare & Learning Center will make every attempt to prevent your child from being exposed to sickness or an infectious disease, however I understand that Harvest Christian Daycare is not responsible for any illness that may child may contract while at the center. In addition, Harvest Christian Daycare & Learning Center is not liable for accidents or financial obligations pertaining to health care.
- 4) It is agreed that any changes to program schedules will be communicated at least one week prior to the change, and it's noted that a month's notice or more is preferred. It is also agreed that if your actual hours go outside the perimeter of the hours given in the Program Schedule, those hours will be added to your total for the following month.
- 5) I agree to pay a **Registration fee**, as stated below, at the time of enrollment.
- 6) I agree to pay an **Activity fee (if applicable)**, as stated below, at the time of enrollment and again upon each anniversary of enrollment.
- 7) I agree to pay a tuition fee using the credit card I have placed on file, as stated below, each month in advance on the 3rd Thursday of the month for the following month with no deductions for absence or holidays. If payment cannot be charged/received on the 3rd Thursday, as required, a \$5.00 late payment fee will be assessed to your account. A \$5.00 fee per payment per day will be assessed each day payment is not received.
- 8) I agree to pay the full tuition fee even if my child is absent for one or more days during the calendar week (defined as Monday through Friday); however, in the case that my child happens to miss more than one week due to sickness, death in the family, or another emergency situation and I have notified the daycare immediately, the Weekly Tuition fee will be discounted 50% for up to two weeks, provided a doctor's note is turned into the office in the case of illness.
- 9) None of the fees identified are refundable.
- 10) The daycare is open Monday through Friday, except holidays.



Parent Contract Agreement

Doc #8

- 11) I agree to pay a per family **Late Pickup** fee of \$10.00 for every 15 minutes any child is left at the center after the center's closing or past the child's scheduled pick-up time as indicated on their Program Schedule. Payment will be paid at time of pick up the day the Late Pickup occurs.
- 12) I agree to pay a **NSF/Declined Credit Card fee** of \$20.00 if I have a declined payment. Harvest Christian Daycare will then have the option to refuse service until payment is made in its entirety.
- 13) Tuition rates are subject to change by Harvest Christian Daycare with at least a thirty (30) day prior written notice to parent.
- 14) Photographs taken of children involved in Harvest Christian Daycare's program may be used for promotional purposes unless denial has been made in writing by a parent or guardian.
- 15) Legal authorities may be contacted for children left at the daycare more than one hour after closing time of the daycare.
- 16) This Agreement may be terminated by Harvest Christian Daycare at any time and for any reason. A child may be disenrolled by the daycare without prior notice if, in the sole opinion of the daycare, it is in the best interest of the child or the daycare to disenroll the child.
- 17) Both parents/legal guardians of the child must sign below as an agreement to meet the terms stated above and must provide a copy of their Driver's License or State ID card.
- 18) Failure to comply with the terms set form in this Agreement and the Parent Handbook may, at Harvest Christian Daycare's discretion, result in immediate termination of child's enrollment.
- 19) A two week written notice is required for any party to terminate this Agreement.
- 20) For families on child care assistance, DHS will pay for up to 4 absences a month. Any absences beyond those 4 days will be billed to the parent/guardian regardless of holidays, sickness, or weather-related closing. Holidays that HCD is closed count as an absence.**
- 21) For families on child care assistance, if you exceed your 4 absences for the month, you are required to pay. If you fail to do so, your child will not be allowed to return to the center until the additional absence(s) has been paid for. If you do not pay for over absences, it will result in immediate termination of child's enrollment.**

1) Registration	\$ _____	Our hours are from	6:30	AM to	6:00	PM
2) Activity Fee	\$ _____	Late Pick-Up fee is \$10 every 15 minutes over.				
3) Tuition	\$ _____	NSF fee – maximum allowed by state law.				
4) Additional	\$ _____					
5) Discount	_____ %	or	\$ _____	per month.		



Parent Contract Agreement

Doc #8

Electronic Funds Transfer Authorization for Credit Card Authorization

I (we) hereby authorize Harvest Christian Daycare to initiate recurring credit card charges to the referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 14 days written notice.

Cardholder Name: _____ Phone #: _____

Cardholder Address _____

Account #: _____ Expiration Date: _____

Cardholder Signature: _____ Date: _____

Father or guardian's signature _____ Date _____

Mother or guardian's signature _____ Date _____

Harvest Christian Daycare _____ Date _____



Pick-up Authorization Form

Doc #9

Child's Full Name: _____

Child's Age: _____

I hereby give permission for my child to leave the center with the following persons identified below. It is my responsibility to notify the center in writing of any changes to this authorization.

Name	Relationship	Telephone ()	
Address	City	State	Zip
Name	Relationship	Telephone ()	
Address	City	State	Zip
Name	Relationship	Telephone ()	
Address	City	State	Zip

Is there a court order prohibiting contact with my child by any person? YES NO

If yes, please provide a photocopy of the order.

Name of prohibited person	Relationship
---------------------------	--------------

Is there any child custody order of which we need to be aware? YES NO

If so, please advise: _____

Name(s) of person(s) who may not pick up my child:

Signature(s) of Parent(s) or Guardian

Date



Pick-up Authorization Form

Doc #9

Parent(s) or Guardian Yearly Update	Date
_____	_____
_____	_____
_____	_____
_____	_____



Program Schedule

Doc #10

My child, _____ is enrolling in Harvest Christian
Daycare and will begin on _____
(date)

Schedule: Full-Time (M-F) Part-Time: MWF TTH
Other:
M T W TH F (circle days)
Full Day Half Day (circle option)

Care will be provided from _____ AM / PM to _____ AM / PM
_____ AM / PM to _____ AM / PM

Will your child be enrolled over the summer? Yes No

Will we be transporting your child to or from school? Yes No

If so, which school? _____

When does your child need care? _____
(Please circle one) Before School Only
After School Only
Before and After School

Upon enrollment, all families will be required to provide a program schedule of attendance. This form may be updated as often as every week/month (according to staff availability) or at the minimum, yearly. If your actual hours go outside the perimeter of the hours given to us in the program schedule, those hours will be added to your total hours for the day.

Schedule changes must be received in writing at least one week prior (a month notice would be preferred) to the change and given directly to the Director (or her designee in her absence), or you will be charged and scheduled according to your program schedule. In order to change your hours (arriving earlier or picking up later), you are required to speak to the Director or acting Director in advance. They will determine if we can accommodate this change. This is to ensure the appropriate number of staff. We will do our best to accommodate these requests as much as possible.

Parent(s) or Guardian Yearly Update	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Topical Agent Permission Form

Doc #12

I hereby give you, Harvest Christian Daycare & Learning Center permission to use the following on my child, _____ when appropriate. Check all that are approved.
(Name of Child)

- _____ **Sunscreen**
- _____ **Insect Repellent**
- _____ **Desitin**
- _____ **First Aid Cream / Spray**
- _____ **Lotion – Jergens Ultra Healing Lotion**
- _____ **Sunburn relief spray/lotion/gel**
- _____ **Vaseline**
- _____ **Teething reliever**
- _____ **Absorbine Jr.**
- _____ **Other:** _____
- _____ **Other:** _____

Parent(s) or Guardian(s) Signature _____
Date

Parent(s) or Guardian Yearly Update	Date
_____	_____
_____	_____
_____	_____
_____	_____



Child Care Assistance Absence and Co-Pay Policy

Doc #13

THIS FORM ONLY APPLIES TO FAMILIES ON CHILD CARE ASSISTANCE

We gladly accept block grant / child care assistance provided by the state and want to make you aware of a few guidelines that DHS has set:

- DHS will NOT cover the Activity fee that is charged. You are responsible to pay that fee.
- You are only allowed to have 4 absences per month per child. If your child is absent more than 4 days/month, ***you will be billed for those days regardless of holidays, sickness, or weather-related closing.***
- **During holidays or sickness, tuition is still charged for every child. Therefore, Harvest Christian Daycare will bill DHS for an absence on these occasions. This will count as one of the four allowed absences.**
- If the state determines that you pay a co-pay for your child care, then you will receive a statement every month with the amount of your co-pay. The co-pay is due upon receipt of your statement.
- If your CCA is cancelled or expires, effective immediately, your children will be disenrolled from HCD. Your child(ren's) spot will not be held. If your CCA is reinstated and you notify HCD that it has been reinstated, we will notify you when space becomes available for your child(ren).

If you have any questions, please see the Director.

Parent / Guardians's Signature: _____ Date: _____

NOTE: child care services for families on child care assistance cannot be started until this form is signed and returned.



Permission to Apply Sunscreen To Child

Doc #14

Parent's/Guardian's Permission to Apply Sunscreen to Child

Name of Child: _____

As the parent or guardian of the above child, I recognize that too much sunlight may cause damage. Therefore, I give my permission for personnel at:

Child Care Business: _____ Harvest Christian Daycare and Learning Center _____

to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:

- My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian full name (print): _____

Parent/Guardian signature: _____



Permission to Apply Sunscreen To Child

Doc #14

Parent(s) or Guardian Yearly Update	Date
_____	_____
_____	_____
_____	_____
_____	_____



Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

Parent/Guardian: _____ Address: _____ Phone: (____) _____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Signature: _____ Date: _____

Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/Td/Tdap		
Polio IPV/OPV		
Measles, Mumps, Rubella MMR		
Haemophilus influenzae type b Hib		
Hepatitis B		

Vaccine	Date Given	Doctor / Clinic / Source
Varicella Chicken Pox If patient has a history of natural disease write "Immune to Varicella"		
Pneumococcal PCV/PPV		
Meningococcal MCV4/MPSV4		
Hepatitis A		
Rotavirus		
Human Papilloma Virus HPV		
Other		

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		<i>haemophilus influenzae</i> type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
	24 months and older	Diphtheria/Tetanus/Pertussis	4 doses
Polio		3 doses	
<i>haemophilus influenzae</i> type B		3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.	
Pneumococcal		4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age. Pneumococcal vaccine is not indicated for persons 60 months of age or older.	
Measles/Rubella ¹		1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
Varicella		1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.	
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis ^{3, 4}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003. ² DTaP is not indicated for persons 7 years of age and older, therefore, a tetanus-and diphtheria-containing vaccine should be used.
		Polio ⁶	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. ⁵
		Measles/Rubella ¹	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁷

¹ Mumps vaccine may be included in measles/rubella-containing vaccine.

² The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

³ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

⁵ If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

⁶ If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

⁷ Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4-weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.