BEYOND THE LINES

Summer Arts Camp for Grades 6-8

The camp provides breakfast & lunch, art supplies, camp tee shirt and weekly field trips.

July 8th - August 16th, 2019
Weekdays 9am - 3pm

contact: Jiawen@AsianArtsInitiative.org
Asian Arts Initiative

Asian Arts Initiative is a multi-disciplinary and community-based arts center in Philadelphia that engages and advances racial equity and understanding, activating artists, youth, and their communities through creative practice and dialogue grounded in the diverse Asian American experience.

Youth Arts Workshop

Youth Arts Workshop (YAW) provides art-making opportunities and a safe space for Asian Americans teens and fellow students from all backgrounds to share their experiences and connect with a sense of community. We are committed to equity and access to power, which means we are dedicated to serving and empowering all young artists regardless of their backgrounds.

This Summer

Youth Arts Workshop welcomes middle schoolers (grades 6-8) across Philadelphia to join our 6-week summer arts camp. We will work on various art projects with our Lead Teaching Artist, Jino Lee, and an exciting roster of guest artists. In addition, we will collaborate with community partners to examine social issues such as incarceration and immigration through multidisciplinary art practices. The tuition covers supplies, camp tee shirt, meals/snacks, and weekly field trips.

Program Information

1219 Vine Street, Philadelphia, PA 19107 | 215 557 0455 | www.AsianArtsInitiative.org

Program Manager: Jiawen Xiong, Jiawen@AsianArtsInitiative.org
Lead Teaching Artist: Jino Lee, Jino@AsianArtsInitiative.org
Teaching Artist: Basmah Sorathia, Basmah@AsianArtsInitiative.org

Program Schedule

The program is run every weekday from 9 am to 3 pm from July 8th to August 16th. Friday is typically reserved for all-day field trips.

9:00am - 9:30am  Arrival and Breakfast (provided)
9:30am - 9:50am  Morning Warm Up
10:00am - 12:00pm  Program
12:00pm - 1:00pm  Lunch (provided)
1:00pm - 1:20pm  Warm up
1:30pm - 2:40pm  Open Studio or Guest Artist Workshop
2:40pm - 3:00pm  Clean up and Closing Circle, Depart
ASIAN ARTS INITIATIVE
1219 VINE STREET • PHILADELPHIA, PA 19107 • (215) 557-0455

ASIAN ARTS INITIATIVE’S
YOUTH ARTS WORKSHOP
SUMMER REGISTRATION FORM

Please read each section carefully and fill in all fields. Failure to complete registration form fully will delay student’s enrollment status.

STUDENT & PRIMARY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>First Name</th>
<th>Age</th>
</tr>
</thead>
</table>

School

Date of Birth

__/_/____

Student ID # (For Public and Charter Only)

Grade

T-Shirt Size (check one): Youth: ☐ XS ☐ SM ☐ MED ☐ LG or Adult: ☐ SM ☐ MED ☐ LG ☐ XL ☐ XXL

Name of Parent/Guardian/Primary Contact

Home Address

Zip Code

Home Phone #

_______-_______-_______

Cell Phone #

_______-_______-_______

Parent/Guardian/Primary Contact’s E-mail address

DEMOGRAPHIC INFORMATION*

Student’s Race-Ethnicity (Check all that apply)

☐ Black or African American ☐ Asian ☐ White ☐ Native Hawaiian or Other Pacific Islander

☐ Latino or Hispanic ☐ American Indian or Alaska Native

☐ Mixed/Other (Please Specify): ________________________________

Student’s Gender

☐ Female ☐ Male ☐ Other (Please Specify): ________________________________

*Knowing the demographic makeup of our students/community can assist in grant writing, grant reporting, and more - please contact program manager, Jiawen Xiong, directly if you feel uncomfortable providing this information at jiawen@AsianArtsInitiative.org or 215-557-0455
DISMISSAL INFORMATION
For parent/guardian pick-ups, you must provide the information requested in full.

☐ Student will walk to/from program
☐ Student will take bus to/from program
☐ Student will take subway to/from program
☐ Student will take regional rail/train to/from program
☐ Student will be dropped off and/or picked up by an adult to/from program

If student is being dropped off and/or picked up, student will be picked up daily by ________________________.

Phone number: ____-____-______

Relation to student:

Liability Agreement:
☐ By checking this box, you acknowledge that once a student has been dismissed and signed out of program, Asian Arts Initiative is no longer liable for the student.

REPORT OF PHYSICAL EXAMINATION
In order to participate in Youth Arts Workshop Out-of-School-Time program, the student is required to complete and submit their Report of Physical Examination. By signing the line below, you understand that this form must be completed and submitted to the Youth Programs Coordinator no later than 7 days after enrollment.

________________________________________________________________________
( Parent/Guardian Signature)

ATTENDANCE AGREEMENT
Youth Arts Workshop is designed as a 6-week intensive, where youth will receive the full benefits of being in the program if they attend for the full 6-weeks, Monday-Friday. Please indicate if there are any days that we can anticipate your child being absent.

Dates Absent: _____________________________________________________________
Reason: __________________________________________________________________

By signing on the line below, you agree that your child will attend the entire program, excluding the dates mentioned above, in order to receive the full benefits of the program and fulfill program admission requirements.

Parent/Guardian Signature: ___________________________ Date: _____________
**PERMISSION**

By checking off the boxes in this section, you are consenting and agreeing to each of the statements.

I authorize the following for my child:

- [ ] To participate in Asian Arts Initiative’s Youth Arts Workshop Out-of-School-Time program
- [ ] To participate in field trips to museums, parks, etc.
- [ ] To participate in evaluation activities of the program
- [ ] To have her/his likeness and/or voice to be recorded for any use by television, films, radio, web pages, or printed media to further Asian Arts Initiative’s Program in related campaigns, articles, booklets, posters, and in any other way they see fit

I hereby authorize officials of the School District of Philadelphia or my child’s school to release my child’s educational records (limited to: standardized tests, graduation and promotion information, grades, credits, attendance information, school status and copies of report cards) only to Asian Arts Initiative. This consent will last until I/my child is no longer enrolled in an Asian Arts Initiative-sponsored activity or until I rescind this consent in writing.

I understand that this information will not be provided to any entity other than those indicated above. I understand that a record will be maintained in my child’s educational records, indicating that the information was provided. I understand that I may acquire a copy of this record, as well as of any records provided to Asian Arts Initiative, from the School District of Philadelphia or my child’s school.

I hereby release and fully discharge Asian Arts Initiative from all claims, liabilities, obligations, causes of action, or demands that I or my administrators, executors, heirs, and assignees may have or obtain due to or as a result of personal bodily harm sustained or suffered as a result of any field trips or program activities.

<table>
<thead>
<tr>
<th>Print Parent/Guardian Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
STUDENT RESPONSE

Must be completed by the student. Please answer the following questions to the best of your ability. Feel free to contact us if you have any questions or need assistance in completing this form (215-557-0455)

1. Please tell us about yourself. What are your likes, dislikes, favorite activities and hobbies.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What interests you? Check all that apply.

☐ Painting  ☐ Fashion Design  ☐ Film/Animation  ☐ Video-making/Documentary
☐ Portfolio  ☐ Photography  ☐ Comics  ☐ Printmaking  ☐ Guitar/Music
☐ Board games  ☐ Drawing  ☐ Dance  ☐ Sculpture  ☐ Sewing
☐ Other: __________________________________________

3. How did you hear about Youth Arts Workshop?

☐ Friend  ☐ Presentation at school or community center  ☐ Flyer  ☐ Newspaper
☐ Parent  ☐ Online  ☐ Walking by  ☐ Other: ____________________________

4. When other people look or hear your artwork, what do you want them see? Think? Feel?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Youth Arts Workshop Summer (YAW) 2019 Scholarship Application
(Early bird deadline April 15th, Final deadline June 1st, 2019)

Youth Arts Workshop is based on a sliding scale program fee structure. This means you choose how much you can contribute to the program.

Our goal is to serve and support young artists who are committed to creating art that will make an impact on their lives and communities. We ask for your support in order to make these opportunities possible. In addition, we welcome and support youth regardless of socioeconomic status. In order to receive scholarship assistance, you will need to complete the Youth Arts Workshop Scholarship Application. Camp applicants who submit completed registration packet before April 15th, 2019 will receive a $25/week early bird discount.

As a non-profit, any amount paid is considered a tax-deductible donation and greatly appreciated. All payment will be given a receipt for your records.

Suggested tuition
a. Below 100% FPL, full scholarship, up to $50/week donation encouraged
b. Below 250% FPL, suggested tuition $50-$100/week
c. Below 400% FPL, suggested tuition $100-$200/week
d. Above 400% FPL suggested tuition $250-$350/week

2019 Federal Poverty Levels (FPL)

<table>
<thead>
<tr>
<th>Family Size</th>
<th>100%</th>
<th>250%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,140</td>
<td>$30,350</td>
<td>$48,560</td>
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<td>2</td>
<td>$16,460</td>
<td>$41,150</td>
<td>$65,840</td>
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<td>3</td>
<td>$20,780</td>
<td>$51,950</td>
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<td>4</td>
<td>$25,100</td>
<td>$62,750</td>
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<td>$29,420</td>
<td>$73,550</td>
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<td>$33,470</td>
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<td>7</td>
<td>$38,070</td>
<td>$95,175</td>
<td>$152,280</td>
</tr>
<tr>
<td>8</td>
<td>$42,380</td>
<td>$105,950</td>
<td>$169,520</td>
</tr>
</tbody>
</table>

*Please attach proof of financial hardship (recent pay stub, letter from social service agency, participation in free/reduced lunch program, tax return, letter from shelter staff, etc.)
Partial or Full Tuition Payment Agreement

I (parent/guardian name) ____________________________ agree to pay a fee of $_______/week in order for (name of student) ____________________________ to participate in the Youth Arts Workshop program. Full tuition will be invoiced upon registration. If I require an individualized payment plan, I will contact Jiwen Xiong, Youth/Education Programs Manager (Jiawen@AsianArtsInitiative.org) no later than June 1st, 2019.

Parent Signature: ____________________________
Date: ____________________________

Payments can be made via checks and cash:
Please make check payable to Asian Arts Initiative

Please mail or email all necessary documentation to:
Jiwen Xiong
Youth/ Education Programs Manager
1219 Vine Street, Philadelphia, PA 19107
Jiawen@AsianArtsInitiative.org

All applications are due on June 1st, 2019
# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124 (a)(b), 3290.181 & 182

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>BIRTHDATE</th>
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</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>HOME TELEPHONE NUMBER</td>
</tr>
<tr>
<td>MOTHER'S NAME/LEGAL GUARDIAN</td>
<td>ADDRESS</td>
</tr>
<tr>
<td>BUSINESS NAME</td>
<td>BUSINESS TELEPHONE NUMBER</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>HOME TELEPHONE NUMBER</td>
</tr>
<tr>
<td>FATHER'S NAME/LEGAL GUARDIAN</td>
<td>ADDRESS</td>
</tr>
<tr>
<td>BUSINESS NAME</td>
<td>BUSINESS TELEPHONE NUMBER</td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT PERSON(S)</th>
<th>NAME</th>
<th>TELEPHONE NUMBER WHEN CHILD IS IN CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON(S) TO WHOM CHILD MAY BE RELEASED</td>
<td>NAME</td>
<td>ADDRESS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
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</table>

<table>
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<tr>
<th>SPECIAL DISABILITIES (IF ANY)</th>
<th>ALLERGIES (INCLUDING MEDICATION REACTION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</td>
<td>MEDICATION, SPECIAL CONDITIONS</td>
</tr>
<tr>
<td>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</td>
<td></td>
</tr>
<tr>
<td>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</td>
<td>POLICY NUMBER (REQUIRED)</td>
</tr>
</tbody>
</table>

**PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT**

<table>
<thead>
<tr>
<th>OBTKING EMERGENCY MEDICAL CARE</th>
<th>ADMIN. OF MINOR FIRST - AID PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALKS AND TRIPS</td>
<td>SWIMMING</td>
</tr>
<tr>
<td>TRANSPORTATION BY THE FACILITY</td>
<td>WADING</td>
</tr>
</tbody>
</table>

**PERIODIC REVIEW**

<table>
<thead>
<tr>
<th>SIGNATURE OF PARENT or GUARDIAN</th>
<th>DATE</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF PARENT or GUARDIAN</th>
<th>DATE</th>
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</table>
The City of Philadelphia  
Out-of-School Time Project  
CONSENT TO RELEASE EDUCATION RECORDS UNDER FERPA

Student: ____________________________  Student ID #: ____________________________

The Out-of-School Time Project (“OST”) is a Philadelphia effort to improve the well-being of children and youth through effective academic support, enrichment and youth development activities during non-school hours. OST programming provides safe, constructive activities to children when they are not in school, and has been demonstrated to improve in-school performance.

In order to assess and improve the quality of OST programs, The City of Philadelphia Department of Human Services (the “City”) asks for permission to collect personally identifiable information from education records regarding children’s school performance. The City will collect standardized test scores, report cards and school attendance, disciplinary and other relevant school records (“education records”). The City will use these education records to measure the impact of OST programming on children’s school performance and to improve the quality of those programs.

I am the parent or guardian of the student named above (“Student”). As authorized by applicable law, including but not limited to the Family Education Rights and Privacy Act, 20 U.S.C. 1232g, and 34 C.F.R. Part 99 (“FERPA”), I consent and authorize The School District of Philadelphia (the “School District”) to release education records concerning the Student, including confidential records of the School District, to the City’s Department of Human Services, the Public Health Management Corporation, and my Student’s OST program (“Recipients”).

The School District releases these education records in connection with the Student’s participation in an OST program. The School District may disclose these education records only to the Recipients, and the Recipients may share this information only with other named Recipients, and with the Recipients’ officers, staff, administrators and independent contractors under the Recipients’ control. The Recipients may use these education records to research, study or evaluate OST programs.

If I ask, the School District will provide me with a copy of the records disclosed.

FERPA and other applicable laws protect the confidentiality of and your right to privacy concerning the Student’s education records. The Recipients shall keep all information concerning the Student confidential and private to the fullest extent provided by applicable laws, including FERPA. Neither The School District nor the Recipients require me to waive any rights under these laws, and I give my consent voluntarily.

________________________________________  ____________________________
Parent/Guardian Signature (or Student’s signature, if Student is 18 years old or an emancipated minor)  Date

________________________________________  ____________________________
Name of school in which Student is currently enrolled  Student’s Grade

________________________________________  ____________________________
Name of Student’s OST Provider Agency  Student’s Date of Birth

________________________________________
Name of Student’s OST Provider Location
Public Health Management Corporation  
Out-of-School Time Project 

Consent to Collect Information  
July 1, 2018 to June 30, 2019 

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Program Location and Model</th>
</tr>
</thead>
</table>

**Purpose:**  
The City of Philadelphia’s Department of Human Services (DHS) funds over 200 after-school programs through the Out-of-School Time (OST) program. The City has a contract with Public Health Management Corporation (PHMC). PHMC manages the OST program your child attends. When you enroll your child in OST, PHMC will collect information from you to help manage the program. If you agree, we will also ask you and your children questions about OST to make the program better.

**Process:**  
When you sign-up for an OST program, PHMC will ask you some questions about your child, such as his name, age and address. You will complete this information on the program’s registration forms. This information will be entered into a database at PHMC. Staff at PHMC and the City will be able to see this information and use it to improve the OST program. OST staff may also visit the program and talk to your child about being at that program. This is a basic part of OST for every child and every after-school site.

To learn more about your experience with OST, PHMC may ask you and your child to complete short surveys. These surveys will be given at the start and at the end of the school year during regular after-school time. The survey will ask questions about what you and your child think about the program.

**Information Privacy and Sharing:**  
The information that we collect about your child will not be shared with anyone outside of the OST program. All of the information is stored in a database that is protected by a password. Only approved staff at PHMC or the City can see the information.

We will never share any single child’s answers. We will only share results from the survey for the OST program as a whole.

**Voluntary Surveys:**  
You can decide if you want your child to participate in the OST surveys. You can decide not to participate. This will not in any way affect your child’s chance to enroll in the program.

**Questions:**  
If you have any questions about this form, you may contact: ost@phmc.org.

**PLEASE CHECK ONE OF THE BOXES and SIGN BELOW:**

- [ ] Agreement to Participate: I have read and understand this form. I agree to allow my child to answer the surveys.
- [ ] Refusal to Participate: I have read and understand this form. I do NOT give permission for my child to answer the surveys.

---

Child’s Name

Parent/Guardian’s Name

Parent/Guardian’s Signature

Date
MEANS TEST WORKSHEET

I. IDENTIFYING INFORMATION FOR "SERVICES FOR NON-PLACED CHILDREN"

1. CHILD'S NAME (LAST, FIRST, M.I.)
2. GENDER:
   MALE
   FEMALE

3. CHILD'S DATE OF BIRTH
4. CHILD'S MCI NUMBER
5. CHILD'S SSN NUMBER

6. PERSON WITH WHOM THE CHILD IS LIVING
7. RELATIONSHIP TO CHILD
8. SSN OF PERSON WITH WHOM CHILD IS LIVING

II. MEANS TEST FOR "SERVICES FOR NON-PLACED CHILDREN"

1. Is the child/family receiving
   TANF (Cash Assistance)
   SSI
   FOOD STAMPS
   MEDICAID
   NONE
   If yes, provide Case #

   If services are being received, proceed to question 4. If response is "NONE", proceed to question 2.

2. Is the child a U.S. Citizen or qualified alien?
   YES
   NO
   If yes, indicate documentation source:
   Birth Certificate
   INS
   CIS
   or Self-Declaration

3. In order to be eligible for "services for non-placed children", a child/family's gross income may not exceed 400 percent of the Federal Poverty Guidelines (FPG) for the family unit size. Using the table below, provide a "YES" or "NO" in Column 4 in the corresponding row for the family size as to whether the child/family's income is less than the annual or monthly amount for the family size. (Family unit includes biological, adoptive or step-parents, specified relatives, or non-relative court designated legal custodians and full, half, and/or adopted siblings living in the home under the age of 18 plus the TANF child). This is a self-declared means test. No verification except the response of the family is required.

Table: 400 Percent of Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>Family Unit Size</th>
<th>400% of FPG (gross) (Annually)</th>
<th>400% of FPG (gross) (Monthly)</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $48,560</td>
<td>Less than $4,047</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Less than $65,840</td>
<td>Less than $5,487</td>
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</tr>
<tr>
<td>3</td>
<td>Less than $83,120</td>
<td>Less than $6,927</td>
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<tr>
<td>4</td>
<td>Less than $100,400</td>
<td>Less than $8,367</td>
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<td>5</td>
<td>Less than $117,680</td>
<td>Less than $9,807</td>
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<td>6</td>
<td>Less than $134,960</td>
<td>Less than $11,247</td>
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<td>7</td>
<td>Less than $152,240</td>
<td>Less than $12,687</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Less than $169,520</td>
<td>Less than $14,127</td>
<td></td>
</tr>
</tbody>
</table>

Note: For family units of more than 8 members, add $17,280 annually (Column 2) and $1,440 monthly (Column 3) for each additional member and place the correct figures in the blank row at the bottom of the Table.

4. Is the child under 18 years of age?
   YES
   NO

5. Is the child living in the home of a parent, other adult specified relative or a court designated legal custodian?
   YES
   NO

6. Is the child/family receiving one of the benefits in question 1 and 4 & 5 are "YES" or answers to 2, 3, 4 and 5 are ALL "YES"?
   YES
   NO

   If "YES" to 6, the child is eligible for TANF funding for services for non-placed children.

Means Test Administered for:
Month: ____________ Year: ____________

7. Name of staff person administering this means test (Please Print):

8. Date this form was completed: ____________
CHILD HEALTH REPORT
(S5 PA CODE §§3270.131, 3280.131 AND 3290.131)

Do not omit any information
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

Health history and medical information pertinent to routine child care and diagnosis/treatment in emergency (describe, if any):
□ None

Describe all medication and any special diet the child receives and the reason for medication and special diet. All medications a child receives should be documented in the event the child requires emergency medical care. Attach additional sheets if necessary.
□ None

Child's allergies (describe, if any):
□ None

List any health problems or special needs and recommended treatment/services. Attach additional sheets if necessary to describe the plan for care that should be followed for the child, including indication of special training required for staff, equipment and provision for emergencies.
□ None

In your assessment, is the child able to participate in child care and does the child appear to be free from contagious or communicable diseases?
□ Yes □ No. If no, please explain your answer:

Has the child received all age appropriate screenings listed in the routine preventive health care services currently recommended by the American Academy of Pediatrics? (See schedule at www.aaap.org)
□ Yes □ No

Note below if the results of vision, hearing or lead screenings were abnormal. If the screening was abnormal, provide the date the screening was completed and information about referrals, implications or actions recommended for the child care facility.

Vision (subjective until age 3)

Hearing (subjective until age 4)

Lead

Record dates of immunizations below or attach a photocopy of the child's immunization record

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Hep-B</td>
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<td></td>
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<tr>
<td>Rotavirus</td>
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<tr>
<td>DTap/DTP/Td</td>
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<td>Hib</td>
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<td>Influenza</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Hep-A</td>
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<td>Other</td>
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</table>

Medical care provider:

Signature of physician, CRNP or physician's assistant

Address:

Title:

License number:

Date form signed:

Parents may write immunization dates. Health professional should verify and complete all data.

Child's Name: (Last) (First) Parent/Guardian:

Date of birth: Home Phone: Address:

Child care facility name: Facility phone: County: Work phone:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

Parent's signature: