

# Admission Application

The Red Apple Preschool  
23532 El Toro Rd. #1  
Lake Forest, CA 92630

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

## Student Information

<b>First Name: (Please Print)</b>	<b>Middle Name:</b>	<b>Last Name:</b>	
<b>Date of Birth:</b>	<b>Boy / Girl</b>	<b>Home Phone:</b>	
<b>Home Address:</b>	<b>City:</b>	<b>State/Zip:</b>	

## Mother/Guardian

## Father/Guardian

<b>Full Name:</b>	<b>Full Name:</b>	
<b>Address:</b>	<b>Address:</b>	
<b>Cell Phone:</b>	<b>Cell Phone:</b>	
<b>Home Phone:</b>	<b>Home Phone:</b>	
<b>Business Name &amp; Phone:</b>	<b>Business Name &amp; Phone:</b>	
<b>Email:</b>	<b>Email:</b>	

Program Desired:

**Which age group is your child:**

Toddler (2 years old) ----- \_\_\_\_\_

Preschool (3 years old) ----- \_\_\_\_\_

Pre-K (4-6 years old) ----- \_\_\_\_\_

**How many days a week will your child attend:**

	<u>5 Days:</u>	<u>4 Days:</u>	<u>3 Days:</u>	<u>(Please circle)</u>
7:30 - 6:00 Program	_____	_____	_____	M T W TH F
8:30 - 3:00 Program	_____	_____	_____	M T W TH F
7:30 - 12:30 Program	_____	_____	_____	M T W TH F
2:30 - 5:30 Program	_____	_____	_____	M T W TH F

**Other Program:**

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**Registration Fee: (Non-refundable) \$125.00**

**1st Month's Payment \$ \_\_\_\_\_**

**Total Due at Registration (Reg Fee + 1st month) \$ \_\_\_\_\_**

**Monthly Payment \$ \_\_\_\_\_**

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN:

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

**SCREENING OF TB RISK FACTORS** (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
 \_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

( )

\_\_\_\_\_  
WORK PHONE

( )

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*



# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

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I, as the parent/legal guardian of \_\_\_\_\_, currently attending or newly enrolled at \_\_\_\_\_ child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

- Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: \_\_\_\_\_

- Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: \_\_\_\_\_

- Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: \_\_\_\_\_

- As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE:

\_\_\_\_\_  
DATE DOCUMENTS RECEIVED:

# The Red Apple Preschool

## PHOTO RELEASE FORM

I give my permission for The Red Apple Preschool to use images of my child taken at school or school-related events, (child's name) \_\_\_\_\_, in any of The Red Apple publications and promotional materials. These may include use in print materials, presentations, and on The Red Apple Preschool website. I understand that these photos will be used for the sole purpose of promoting or reporting on The Red Apple Preschool.

-----  
Name of Parent or Guardian

-----  
Signature of Parent or Guardian

-----  
Date

**The Red Apple Preschool – Admission Agreement  
ACKNOWLEDGEMENT / AGREEMENT**

As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following: I acknowledge that I have received a copy of The Red Apple Preschool Parent Handbook and will comply with the policies set forth. I further acknowledge that I have received copies of the following documents required by the State of California, Community Care Licensing: “Parent’s Rights”, “Personal Rights”, “Parent Handbook”, “Fees Page” and “Acknowledgement of Receipt of Licensing Reports”

Authorization for the Preschool to take photographs, videos, motion pictures and /or sound recordings of the Child Care participant or members of the participant’s family. I further grant the Preschool permission to use the photographs, video, motion pictures and/or sound recordings in its general publicity materials. See attached waiver.

That Preschool staff and volunteers are not allowed to baby-sit or transport children at any time outside of the program. That I am not to leave my child at The Red Apple Preschool unless a staff or volunteer is there to receive and supervise my child. That should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.) That The Red Apple Preschool is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

That per Department of Social Services, Community Care Licensing, Title 22 Regulations, my child’s file is available for review by the Department of Social Services and representatives from these agencies may interview my child without prior parental/guardian permission. In addition Law Enforcement personnel may request the information listed in your file and may interview your child if necessary.

That the Preschool may terminate my child’s enrollment for any of the following reasons: v Emergency names and phone numbers are incorrect

- v Parent is late one time picking up child after Program Center closes
- v Non/late/NSF payment of fees
- v Failure to adhere to the sign-in/sign-out policies
- v Child leaving the Program Center without authorized written permission
- v Behavior that is continually disruptive or dangerous to others and/or self
- v Behavior that is destructive to property and/or refusal to replace said property
- v Any single incident that is deemed by the Director to be dangerous, harmful or disruptive
- v Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
- v Any factor that tends to demonstrate, in the Director’s sole and absolute discretion, that the child’s continued enrollment is not in the Preschool’s best interest.

That Program participation requires a good standing and that non-payment of membership fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I further understand there is an administrative processing fee for any payment returned by my bank or credit account.

The Red Apple Preschool and the staff will not become involved in any custodial disputes between parent/guardian. If The Red Apple Preschool documents are requested, the court must request them. The staff’s responsibility is to provide a safe environment for children.

Any and all claims arising out of or relating to Child or The Red Apple Preschool or this Enrollment Agreement exclusive of any claims regarding the payment of tuition hereunder, shall be resolved by binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association. The arbitration shall be held in Los Angeles, California before a single arbitrator who shall be a member of the State Bar of California, chosen under the administration of the American Arbitration Association. The arbitrator shall apply California law in reaching its decisions as if sitting as a judge in a court of law and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

I understand that I am required to give 30 days' written notice when terminating from The Red Apple Preschool. If 30 days written notice is not given, I will be charged one months tuition. Registration fees are Non-Refundable.

Printed Name\_\_\_\_\_

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

The Red Apple School Director/Date\_\_\_\_\_

# CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.



Student Name \_\_\_\_\_ Sex:  M  F  Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_  
 Race/Ethnicity:  White, not Hispanic  Hispanic  Black  Other: \_\_\_\_\_

VACCINE	DATE EACH DOSE WAS GIVEN					Booster
	1st.	2nd	3rd	4th	5th	
POLIO (OPV or IPV)	/ /	/ /	/ /	/ /	/ /	/ /
DTP/DaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	/ /	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /	/ /	/ /	/ /	/ /
HIB (Required only for child care and preschool)	/ /	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /	/ /
VARICELLA (Chickenpox)	/ /	/ /	/ /	/ /	/ /	/ /
HEPATITIS A (Not required)	/ /	/ /	/ /	/ /	/ /	/ /

TB SKIN TESTS	Type* <input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	Date given / /	Date read / /	mm indur	Impression <input type="checkbox"/> Pos <input type="checkbox"/> Neg	CHEST X-RAY (Necessary if skin test positive) Film date: / / Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg	

\*If required for school entry, must be Mantoux unless exception granted by local health department.

### I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:  
 Date: / /  
 Staff Signature: \_\_\_\_\_

Record Presented was:  
 Yellow California Immunization Record  
 Out-of-state school record  
 Other immunization record

### II. STATUS OF REQUIREMENTS

A. All Requirements are met.  
 Date: / /

B. Currently up-to-date, but more doses are due later. Needs follow-up.  
 Exemption was granted for:  
 C. Medical Reasons—Permanent  
 D. Medical Reasons—Temporary  
 E. Personal Beliefs

### III. 7th GRADE ENTRY

A. All Requirements are met.  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_

B. Currently up-to-date, but more doses are due later. Needs follow-up.  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_