



After School Kindness, Inc. Enrollment Forms

Thank you for enrolling your child in the After School Kindness, Inc. program. Our goal is to make sure your child has a fun yet educational experience while staying at our program.

The enrollment process made simple:

- 1) Please fill out the information requested below and then return the completed paperwork to the After School Kindness director at your child's school. Do not return the paperwork to the school's front office, as they do not handle our records.
- 2) We will need a copy of your child's immunization records, transcribed onto the approved State of Colorado form provided within these documents.
- 3) We will NOT need a doctor's signature on any of the forms unless your child needs to take "Over the Counter" medication.
- 4) On the "Authorization for draft form", simply put "Signature on file" in the space that asks for your credit card number; authorize and date.

Thank you again, we look forward to serving you and your family's needs.

Sincerely,

Bill Black - President
After School Kindness, Inc.
1525 Pelican Lakes Pt. Unit B
Windsor, Co. 80550
(970) 833-5494



After School Kindness, Inc. Enrollment Form

School Name _____ Academic Year _____ / _____

Child's Name _____

Age: ____ Date of Birth: _____ Grade: _____

Address _____

Contact Phone # _____

Description of Child (race, hair color, eye color) _____

Mother/ Guardian Information	Father/ Guardian Information
Name:	Name:
Home phone (if different from above):	Home phone (if different from above):
Address (if different from above):	Address (if different from above):
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
E-mail:	E-mail:
Employer/Company Name & Address:	Employer/Company Name & Address:

Emergency Contact Info if Guardian cannot be reached:

Name _____ Phone _____

Address _____ Date _____

Relationship to child: _____



After School Kindness, Inc. Authorization for Draft

SCHOOL NAME

I authorize After School Kindness, Inc. to auto draft my credit card monthly. I understand, with a two-week notice, I may cancel the draft at any time.

Credit card type, (please circle) MC, Visa, Check Debit, AmExp, or Discover
Account # --Please call in your card number to the Office— (970) 833-5494

Signature for Authorization to charge credit card

Print Name Here

Signature & Date



After School Kindness, Inc. Medical Information

Child's Name _____ School _____

Primary Care Provider/Pediatrician	Dentist
Name:	Name:
Address:	Address:
Phone:	Phone:

In case of a medical or other emergency situation while your child is under our care, you understand that After School Kindness, Inc. staff will attempt to contact you immediately; however, in the event that you cannot be reached or when a delay could further jeopardize your child's health, you hereby authorize After School Kindness Inc. staff to act on your behalf and to take the emergency measures indicated below if deemed necessary by After School Kindness, Inc. staff or by medical authorities for the care and protection of your child.

- Consult a physician or dentist named above if you cannot be reached.
- Administer first aid and or cardiopulmonary resuscitation (CPR)
- Transport your child via ambulance or other emergency medical service to a local hospital or their urgent care facility if deemed necessary, by paramedic, police or their emergency personnel.

Please circle your hospital of choice:

Northern Colorado Medical Center
1801 16th St. Greeley, CO. 80634
(970) 352-4121

Poudre Valley Hospital
1024 S. Lemay Ave. Ft. Collins, CO.
80524 (970) 495-7000

McKee Medical Center
2000 Boise St. Loveland, CO.
80538 (970) 669-4640

Medical Center of the Rockies
2500 Rocky Mtn. Ave., Loveland, CO.
80538 (970) 624-2500

- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- If there is an emergency we will call Poison Control Center in case of accidental ingestion of a poisonous substance.

Additional Instructions if any: _____

- As a condition of enrollment, you must authorize After School Kindness, Inc. to secure any and all necessary emergency medical treatment for your child in the event that you cannot be reached. If your wish is to request a religious or personal exemption, state-licensing authorities must be consulted to determine if such an exemption may be granted.
- In addition, parents must complete any state-specific medical authorization forms required by individual state licensing regulations.
- You authorize After School Kindness, Inc. staff to apply sunscreen and or bug spray (SPF 15 or higher), that you provide (with child's name on it) or we provide. The teachers will only apply sunscreen to exposed areas when the child is to go outside.

Parent/Guardian

Signature _____ Date _____

After School Kindness, Inc. Release Form

School Name _____

Release and Indemnification (Permission Slip)

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless After School Kindness, Inc., (Your School Name Here _____ please fill in), its affiliates, officers, directors, volunteers, employees, all sponsoring businesses, organizations, their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my child's participation in all events and related activities including but not limited to field trips, transportation of field trips – whether it results from accidental negligence of any of the above or from any other cause. Furthermore, I authorize the use, copyright, or publication of my child's name, image or voice as may be captured by photograph or recording while participating in this event and related activities in any medium for any purpose, including illustration, promotion or advertisement.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand and agree to the terms of this Agreement.

I am the legal guardian of the participant, and I hereby consent to his/her participation. I have read and explained the foregoing release and indemnification agreement to my child, and hereby agree to its terms on behalf of the Participant and myself.

By signing this form you are also confirming that you have read the Policies and Procedures for the After School Kindness, Inc. program.

Parent or Guardian Name (Please Print)

Parent / Guardian Signature

Date

Child's Name (Please Print)

After School Kindness, Inc. Child Health Evaluation Form

School Name _____

Child Name _____

General Health Appraisal for Enrollment in After School Care

Please include a copy of your child's Immunization Records.

Describe your child's health history & medical information pertinent to routine childcare and emergencies:
<input type="checkbox"/> None
Description:
Special diet:
Allergies:
<ul style="list-style-type: none"> • Type of reaction: _____
Current Medications:

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization, or concerns with development?
<input type="checkbox"/> None
Description & Comments to child care providers :

Date of most recent examination of child within the last 12 months: _____

Weight _____ **Height** _____

Vision _____ **Hearing** _____ **Dental Screening** _____

Parent / Guardian Signature _____

Date _____

After School Kindness, Inc. Authorized To Pick-Up Chart

School Name _____

Child's Name _____

Please list the names and phone numbers of the individuals you authorize to pick up your child from After School Kindness, Inc. Individuals listed below must have a current, valid form of identification.

Name	Phone Number

- Unless otherwise noted, we will use the above listed names to call in case of an emergency.
- By authorizing this sheet, you are giving the After School Kindness, Inc. staff and/or associates permission to let any of the above names listed pick your child up from the program.

Please initial here _____ ONLY if you are authorizing your child to sign themselves out of designated area/room of where After School Kindness, Inc. watches the children.

Parent (Guardian) Signatures:

Mother/Guardian

Date: _____

Father/Guardian

Date: _____

After School Kindness, Inc. Group Tutoring

At After School Kindness, Inc. our mission is create more family time by completing most, if not all, homework while your child(ren) are in our care. Our goal is to help improve or maintain successful academic scores.

We dedicate an hour per day to work on your child's homework assignments. Our directors try extremely hard to help every student finish their assignments before parents pick them up in hopes of providing more quality time with family and friends.

Please inform your child's After School Kindness, Inc. director if you have specific requests for them to focus on while completing their homework. For example, maybe you would rather our director's focus more on your child's spelling or writing vs. math or foreign language courses. We will certainly do everything we can within the allotted hour to bring support in that requested area.

Not only do we try to get as much homework completed as possible in the allotted hour but we also pay specialty event professionals to come in weekly to teach your children a variety of activities. We hope you will be able to find your child's passion in one of our specialty event programs without having to enroll them in several costly activities to determine their interest.

Thank you for your understanding and patronage of the After School Kindness, Inc. Program. We look forward to having your child(ren) as part of our Team!

After School Kindness Inc. Child Illness Policy

For the protection of our staff and all the students attending our program, we ask that parents/guardians keep sick children home. In the event that a child becomes sick during After School Kindness Inc. care hours while attending our program, the child's parents/guardians will be notified immediately and pick up arrangements will be made.

If a child is unable to participate in regular daily activities, feels nauseous, running a fever of 100.0 degrees or higher, vomiting, diarrhea or has any type of infections illness they cannot attend.

A child may return when he/she is symptom free for a minimum of 24 hours without taking medication.

Parent/Guardian Signature

Date

After School Kindness, Inc. Video Release Form

(Includes fun educational videos for children 3 and Up)

I hereby give permission for my child to watch a PG movie or video at After School Kindness, Inc. We provide short educational films and/or PG movies on *occasional* days or weather inclement days. In consideration of the children's education and entertainment opportunity we accept these statements for my child to participate in audio/video fun educational films.

On behalf of the minor and myself, I release, wave, and discharge any claims of any kind or nature arising out of or relating to the use of these videos.

I HAVE READ THIS DOCUMENT AND I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS ON BEHALF OF THE MINOR AND MYSELF. I SIGN THIS RELEASE FREELY AND VOLUNTARILY.

Printed Name of Minor

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date: _____

After School Kindness, Inc.

Policies and Procedures for School-Age Child Care Programs

1. Purpose and Philosophy of After School Kindness, Inc. (970) 833-5494
 - A) Mission is to create more family time. We do this by making sure most, if not all, homework is done and completed by the time parents pick up their child.
 - B) Set the standards in the industry and encourage all after school/child care companies to hire certified teachers to help with after school homework to increase academic scores.
 - C) To raise funding to help financially challenged families afford top quality before and after school care for their children.
2. Ages of children
4yrs to 18yrs
Children 4 years of age, who will turn five on or before October 15th of the current calendar year may attend the program.
3. Services offered for Special Needs Children
An interview process will be required with the parent(s) or guardian(s) and child. All efforts will be made to accommodate the child's needs in accordance with the American's with Disabilities Act, and to integrate the child with his/her peers. Once admitted into the program, if it has been determined the child will need individual attention (for their safety and success) After School Kindness, Inc. will notify the parent that tuition will increase to twice the posted amount of regular rates in order to offer the best care possible. Parents understand that After School Kindness Inc. Director's and staff are not trained for Special Needs Children. It is important that our employees are prepared in case an emergency should arise which is why we have an emergency plan set in place and practice it on a monthly basis. For children with disabilities it is even more imperative that our teachers have a plan of action set in place and is geared towards the child's needs. We will work with the parents/guardians to make sure our teachers are prepared and aware of the different types of disabilities they will be working with by identifying, communicating transportation needs, supplies, and accommodations that meet the special needs of these students.
4. Hours of service
Before Care Hours: 6:45am or 7am to start of school, varies per school.
After Care Hours: School release time to 5:45-6pm, varies per school.
Early Release Days: Before care will be offered (if available) After Care will not be provided unless specifically noted. Call for specific details on times for each program per school.
Camp Hours: 7am to 6pm M-F (when camps are offered.)
5. Inclement/Excessively hot weather or if a natural disaster occurs
After School Kindness, Inc. will host activities in-doors if the weather is too hot or cold outside.
If there is a fire, all children will be taken outside to the safest area.
If there is a tornado, all children will be lead to a hallway where there are no windows until weather has passed and it is deemed safe to exit.

Fire and Tornado drills will be performed once every other month, or as stated in the Director & Staff Responsibilities document.

6. Admission, Registration and Itemized fee schedule

A pre-admission interview (either by phone or in person) will be held with the child's parent(s) or guardian(s) to determine whether the services offered by After School Kindness Inc. will meet the needs of child and or parent(s) / guardian. See Enrollment Link for registration details. Immunization records must be included with enrollment package on a form that we provide. Health information must be turned in at time of registration and updated annually.

7. Identifying location of Children at all times

No child will be out of the sight of the director or program leader at any time. The program will be located in a designated classroom, cafeteria or playground. General Activities after school is released, will be, but not limited to: Start with snack time; then each school will vary according to the day and time slotted for their homework, specialty event instructor or play time.

8. Discipline Procedures

- A. The child will be separated from the situation in a calm manner and the staff member will discuss the desired behavior. We let them know that we love them, it is the behavior that is not acceptable.
- B. Children will never be subjected to physical, emotional harm or Humiliation.
- C. Staff will never use, or permit another child to use, corporal or harsh punishment, including but not limited to pinching, shaking, spanking, punching, biting, kicking, rough handling, hair pulling, or any humiliating or frightening methods of discipline.
- D. Discipline will never be associated with food, rest, or toileting. These basic needs will never be denied or forced upon a child as a disciplinary measure.
- E. Separation, when used as discipline, will be brief and appropriate for the child's age and circumstances. The child will be in a safe, lighted, well-ventilated area and be within hearing and vision of a staff member. The child will never be isolated in a locked room, bathroom, or closet.
- F. Verbal abuse and derogatory remarks about any child are not permitted.
- G. Authority to discipline will never be delegated to other children, and After School Kindness, Inc. will never sanction one child punishing another child.

9. Notifying parents for injuries, illnesses, accidents

If a child requires medical attention, the parent(s) or guardian(s) will be notified, and necessary medical care will be sought from a licensed physician or medical facility. A responsible staff member will be present or within visual and aural distance of any ill child. If considered not to be a serious injury, illness or accident the staff will properly administer first aide to the child and still notify parent/guardian of incident.

10. Lost child -- emergency procedure

After an extensive search of the entire school and its perimeter,

if a child is lost for more than 10 minutes, the police and the Parents/Guardian(s) will be notified. If we cannot reach parents, After School Kindness, Inc. staff will call every person on the “authorized for pick-up sheet”.

If a child gets lost while on a field trip all activities will be canceled until the child is found. All procedures previously stated above will apply. At no time will a staff member leave a child until all issues are resolved. Within 48 hours of a lost child incident, the Colorado State Dept. of Child Services will be notified.

11. Transporting Children

For our sites that use After School Kindness Inc. bussing services they are to complete a transportation log stating both start and end locations along with school site and signature of parent/guardian stating they have read and understand our transportation policies.

During special camp weeks, transportation for all field trips will be done using After School Kindness, Inc. Program’s bus services.

All children will be supervised and must remain seated while in vehicles.

To the extent there are seat belts, all children will be required to be buckled.

If there is a medical emergency while in route, driver will pull to a complete stop, director will call 911, then parents; a report will be sent to the State Dept.

12. Field Trips

Field Trips will be during Camp Weeks only, unless notified differently.

There will be a 1:10 adult/child ratio at all times. Children will be actively supervised at all times. An itinerary of field trips and children/staff names will be posted at the headquarter location. The director will have the children’s files with them at all times in case of emergency.

Swimming Field Trips: All requirements stated above apply along with;
A certified lifeguard on site.

If there is a video or television movie/show watched, it will be G rated.

Children will be supervised the entire time of viewing by directors.

13. Releasing Children

Children will only be released to the names of the people provided on the “Authorized for Pick-Up Sheet”. No child will be authorized to leave with anyone that is not on the Pick-Up sheet. Children may sign themselves out only if parents have given written consent.

If a parent is not allowed to pick up their child, there must be a written custody court order in the child’s file stating as such.

14. Late Pick-up/Drop off procedure

If a parent or authorized pick up person has not arrived by the designated closing time, After School Kindness, Inc. staff will call parents and/or everyone on the “Authorization for Sign Out sheet” and will stay with the child until an authorized person arrives to pick up.

Once all emergency contacts have been called and still no response the director on site will be responsible for calling the police to report it after 30 minutes. This will be followed by a call to Larimer Child Protection Services.

A “Late Pick-up” form will need to be completed and signed at time of pick up and additional fees for late pick will be applied.

If a child arrives late to the program they will be admitted unless the group has already left on a field trip. Once the group has left, the doors will be closed and locked. Staff will not be available to provide care. The parent will be required to transport the child to the field trip or make other arrangements.

15. Medication Delegation and Administration

Prescription and non-prescription (over-the-counter) medications for eyes or ears, all oral medications, topical medications, inhaled medications, and certain emergency injections can be administered only with the written consent from a prescribing practitioner and parent/guardian's consent. All medications must be provided by the parent/guardian and kept in the original container clearly marked with the child's name. Controlled medications will be locked and accessible to delegated staff only. The center may, with written parental/guardian consent and authorization of the prescribing practitioner, permit children who have asthma to carry their own inhalers and use them as directed. All staff will be aware of which children have asthma and who may use their own inhalers as needed. Center will administer medications for chronic health conditions or emergency situations by Medically Delegated Staff. If a child has a communicable illness, they will be separated from the other children until a parent or guardian picks them up. Sunscreen lotion must be supplied by the parent and will only be administered by a staff member or supervised by a staff member if the child prefers to apply it themselves. Please note, if the company supplies the sunscreen, it will have an SPF of 40 or more. See the "Medical Information Sheet" for more details.

16. Children's personal belongings and money

The school and company are not responsible for lost items or money. After School Kindness, Inc. will do everything possible to help the children keep all their belongings in a neat and orderly fashion.

17. Meals and Snacks

After School Kindness, Inc. does NOT provide food. Water is provided at all times. If the child(ren) would like to bring a snack they may do so at any time. Children will wash hands before all snacks or when needed. Must be

USDA approved.

18. Visitors

Parents/Guardians must provide documentation to After School Kindness, Inc. staff of a visitor in advance. All Visitors must provide their name, address, purpose of the visit and a photo I.D. Visitors will sign in and out at the time of their arrival and departure.

19. To file a complaint

To file a complaint about this facility, please contact:
 The Colorado Department of Human Services
 Division of Child Care
 1575 Sherman Street, Denver Co. 80203 or call (303) 866-5958 or
 1-800-799-5876
 Fire, Health and Inspection Reports are available upon request.

20. Child Abuse

If any of our staff suspects that a child is the subject of child abuse, they will report it to Larimer Co. Human Services Division 844-CO4-KIDS or if in Weld County, Human Services Division 970-352-1551.

21. Dates and Times Services are Offered

Parents will be notified by flyers, website-links and written material, the dates and times of before & after school care as well as camp weeks.

22. Notification of Cancellation of Students

Parents are required to give a 2 week notice of cancellation if they intend on withdrawing their child from the program.

After School Kindness, Inc. will give a two week notice to parents if services at a specific facility will no longer be provided for any reason.

23. Volunteers

Volunteers must sign in and sign out as per the visitor policy. Specialty instructors will follow the same policy. If a volunteer volunteers for more than 14 days per school year and they are counted in the staff to child ratio, they must have an FBI fingerprint and TRAILS background check.

Volunteers are not allowed to be left alone with the children at any time. The Volunteer's function is to help supervise, educate, play and maintain the safety of all the children. They must be directly supervised by a director or program leader and must read and understand the policies and procedures of the center.

24. Policy on Withdrawing a Student

After School Kindness, Inc. teachers on site must document all behavior and report to the child's parent/guardian. The parent/guardian is to sign off on the document stating they have read and understand the programs policies. After three reports have been documented, a meeting is to be set up between parent, teacher and executive director to discuss in further detail. We will provide options and work with the families to do everything we can to make your children succeed in our program. After three write-ups and discussion with parents, it is our last resort to withdraw the child from the After School Kindness Inc. program.

25. Emergency Disaster Plan

In case of an emergency when the building is to be evacuated I give authorization to bring my children to the designated destination for each school stated below:

<u>School Name</u>	<u>Designated Location for Emergency Pick-Up</u>
Loveland Classical Elementary School	St. Johns The Evangelist School: 1730 West 12 th St. Loveland, CO 80537
Liberty Common Elementary School	Department of Human Services: 1501 Blue Spruce Dr. Fort Collins, CO 80524
Ridgeview Classical Elementary School	Building R2 1900 South Lemay Fort Collins, CO 80525
St. Joseph Catholic School	St. Joseph Catholic Church: 127 Howes St. Fort Collins, CO 80525
Saint John Evangelist	Saint John the Evangelist Church 1730 W. 12 St. Loveland CO 80537
Ascent Academy	Ptarmigan Golf Course 5416 Vardon Way, Fort Collins, CO 80528
Fort Collins Montessori School Elementary	Front Range Community College: 4616 S. Shields St. Fort Collins CO 80526

****School Closure Policy****

If your child's school is closed, closes early or cancels all after school activities for any reason, After School Kindness, Inc. will not be in operation. The schools need to evacuate all people from the building as soon as possible to protect the children, staff and all people involved.

We cannot operate on-site when the school building is closed and ask that you have a backup plan for your child(ren) to be picked up.

Please keep in mind we have prorated and discounted your fees in advance in anticipation of 5 emergency closure days per school year. If more than 5 we will prorate you back the credit, if less, that is on us, you will not be charged.

I acknowledge that I have read the After School Kindness, Inc. Policies and Procedures and agree by signing below.

Child(s) Name: _____

Parent Signature: _____

School Name: _____

Date: _____

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter the month, day and year each immunization was given					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	Haemophilus influenzae type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox						
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

☐ **A) Child Care Up to Date**
Up to date through 6 months of age for Colorado School Immunization Requirements

☐ **B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements

☐ **C) Child Care/Pre-school/Pre-K***
Up to date for Child Care/Pre-school/Pre-K for Colorado School Immunization Requirements

☐ **D) Complete for K–5th Grade**
Up to date for K–5th Grade for Colorado School Immunization Requirements

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.
EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.
EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.
EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

[illegible]

a: Vaccine doses administered no more than 4 days before the minimum interval or age are to be counted as valid.

b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado, unless the 4th dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 6 months between dose 3 and dose 4 and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose 4 may be given at 12 months of age provided there is at least 6 months between dose 3 and dose 4). If a child has received 6 doses of DTPa before the age of 4 years, no additional doses are required.

c: For students 7 years of age or older who have not had the required number of pertussis doses, no new or additional doses are required. Any student 7 years of age or older at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given 6 months or more after the 2nd dose.

d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.

e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 3 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3 and at least 6 months between dose 3 and dose 4. The final dose must be given no sooner than 4 years of age. Minimum age/interval does not apply if 4th dose of polio (3rd dose if given after 4th birthday) was administered prior to July 1, 2009.

g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at 12 months of age or older (i.e., on or after the 1st birthday) to be acceptable.

h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.

i: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.

J: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given at 15 months of age or older, the Hib vaccine

requirement is met. For students who began the series before 12 months of age, 3 doses are required of which at least 1 dose must have been administered at 12 months of age or older (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months of age, 2 doses are required. If the current age is 5 years of age or older, no new or additional doses are required.

ky: The number of pneumococcal conjugate vaccine (PCV) doses required depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered before 6 months of age, the child is required to receive 3 doses 2 months apart and an additional dose between 12–15 months of age. If started between 7–11 months of age, the child is required to receive 2 doses, two months apart and an additional dose between 12–15 months of age. For any student who received the 3rd dose on or after the first birthday, a 4th dose is not required. If the 1st dose was given at 12 months of age, 2 more doses are required. If any dose was given at 24 months of age through 5 years of age, the PCV vaccine requirement is met. If the current age is 5 years or older, no new or additional doses are required.

I: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable. The second dose is to be administered at least 4 weeks after the first dose, and the third dose is to be administered at least 16 weeks after the first dose and at least 8 weeks after the second

dose. The final dose is to be administered at 24 weeks of age (6 months of age) or older and is not to be administered prior to 6 months of age. Minimum age/interval does not apply to those students who had 3 doses of the vaccine administered prior to July 1, 2009.

m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at 12 months of age or older (i.e., on or after the 1st birthday) to be acceptable.

n: If the second dose of varicella vaccine was administered to a child before 13 years of age, the minimum interval between doses 1 and dose 2 is three months, however, if the second dose is administered at least 28 days following the first dose, the second dose does not need to be repeated. For a child who is 13 years of age or older, the second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the school years/grade levels that the 1st and 2nd doses of varicella will be required.

o: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.

**Table 2. TIMETABLE FOR IMPLEMENTATION OF REQUIREMENTS FOR
SELECTED IMMUNIZATIONS FOR GRADES K TO 12**

Refer to Table 1 for the minimum number of doses required for a particular grade level. Table 2 shows the year of implementation for a requirement from Table 1 and is restricted to varicella vaccine dose 1 (Var1) and dose 2 (Var2) and tetanus, diphtheria, and pertussis vaccine (Tdap). Requirements and effective dates for other vaccines are listed in Table 1. In this table, after a vaccine is required for grades K to 12, it is no longer shown, but the requirements listed in Table 1 continue to apply.

[illegible]