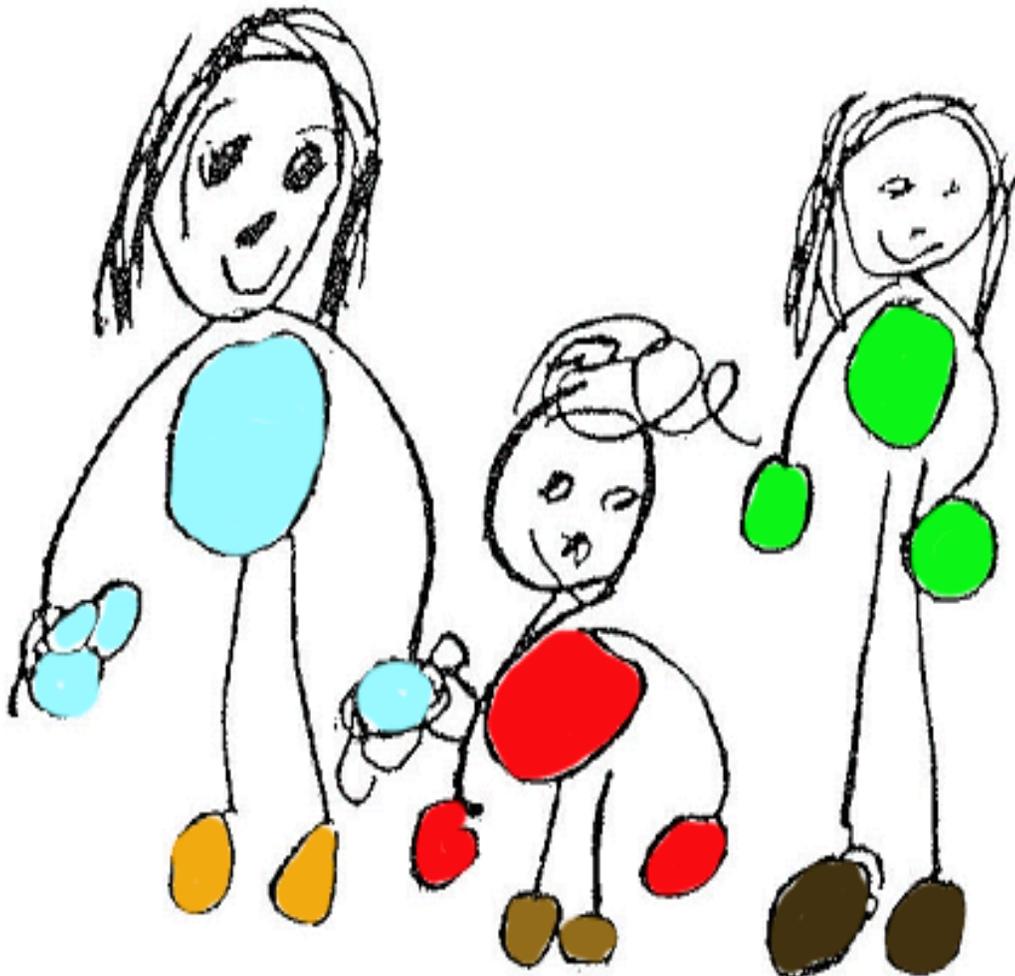


Preschool Parent Manual

2016-2017

Pullman Parks & Recreation
240 SE Dexter, Pullman, WA 99163
509-338-3227



General Information

Name of CenterPullman Parks & Recreation Preschool

Number of ClassroomsOne

Session TimesClassroom

Monday, Wednesday, Friday or
Tuesday, Thursday or Monday-Friday
Ages: 3-4 years old9:00am-12:00pm
Ages: 4-5 years old1:00pm-4:00pm

Address240 S.E. Dexter, Pullman, WA 99163

Phone Number509-338-3227

Fax Number.....509-338-3313

Email Address.....recreation@pullman-wa.gov

Website.....www.PullmanParksandRec.com



Table of Contents

| | |
|--|----|
| Introduction | 1 |
| Curriculum | 2 |
| Daily Schedule | 4 |
| Operating Procedures | 5 |
| Home to School Communication | 8 |
| Guidance and Discipline | 10 |
| Your Child's Thoughts | 11 |
| Preschool Forms | 12 |
| Child Information Sheet | 13 |
| Emergency Information Form | 15 |
| Release Form | 16 |
| Field Trip Permission Form | 17 |
| Preschool Payment Policy | 18 |
| Washington State Immunization Status | 20 |
| Washington State Immunization Requirements | 25 |



Introduction

The Pullman Parks & Recreation Preschool program is designed to serve pre-Kindergarten children ages three to five years old. Our goal is to provide a high quality, developmentally appropriate program for young children and their families. We aim to create a relaxed, secure and supportive environment in which children are encouraged to develop to their individual potential.

The preschool consist of one classroom staffed by a lead teacher and a teacher's assistant. The teacher is responsible for the organization, content and delivery of the curriculum in their individual classrooms. If you have any inquiries or concerns about the preschool or its operation, please contact the Lead Preschool Teacher, Mrs. Jean Druffel.

Our curriculum includes language, art, music, math, science, and movement activities implemented into monthly theme-based units. Your child will gain self-esteem and independence as they are treated with respect and encouraged individually.

Ages listed will be strictly adhered to. Children must be potty trained by the start of class and able to separate from parents and/or guardians.



Curriculum



Philosophy

This program's curriculum is centered around play. Young children learn through hands-on experience and participation, therefore, we provide opportunities for children to select, explore, and practice various skills through a variety of materials and prepared activities. Children use play to make sense of the world. What may look like "child's play" to an adult is actually learning in progress. During play, children become motivated and engaged in their chosen activities. They learn when they are actively involved and interested.

Through play, your child will develop problem solving, social and communication skills. Our environment is friendly, interesting and organized, and flexible so that it can accommodate children's different interests, experiences and needs. Our daily schedule provides a balance of quiet/active, individual/group, and child-selected/teacher-directed activities. Each day provides opportunities for cognitive, physical, social/emotional, language, and self-help development.

Goals

Cognitive

- Develop an ability to identify, match and group common properties and/or relationships
- Explore what comes next in a series of objects or events (sequential order)
- Recognize patterns and can repeat them
- Use the scientific process: make observations, suggest reasons why things happen, test, observe, and make conclusions.
- Applies new information or vocabulary to an activity

Physical

- Participate in different physical activities
- Build a positive image of their bodies by knowing body parts and functions
- Practice large motor skills: movement and balance
- Refine fine motor skills by manipulating and controlling objects. (drawing tools)
- Coordinate eye/hand movements

Social Emotional

- Develop trust, autonomy, and initiative
- Demonstrate confidence in their growing abilities
- Express their needs and feelings with appropriate words and actions
- Seek other children to play with
- Ability to choose own activities
- Comfort peers and begin to show empathy

Language

- Expand and extend their vocabularies and sentence structures
- Verbally express feelings and describe objects and events
- Make requests, ask questions, and carries out a series of directions
- Participate in group discussions
- Take part in conversations with other children
- Increase awareness of picture and print symbols, including letters and numerals
- Develop understanding of, and appreciation for, stories, poems, and finger plays



Self-Help

- Practice hand washing, toileting and dressing
- Snack time - serving, eating, and cleaning up after self
- Make choices and decisions
- Request assistance when needed
- Identify, observe, and practice safety procedures
- Attempt new and/or challenging activities
- Develop a sense of responsibility for themselves, their belongings, and their environment



Daily Schedule

Arrival

During this time, children come into the preschool room, hang up their coats and select from the available activities.

Group Time

The children assist in cleaning up as they go along, after arrival and work time. After cleaning up, the children gather on the carpet for talk time, songs, creative movement, stories, or puppet shows. The teacher will lead the children in discussion of the current theme and what special activities are planned for the day. Some days we may also break into smaller groups for learning games and activities.

Work Time

During work time, children use all areas of the classroom. They select their own activities from available centers and move freely among them whenever they choose.



Learning Centers:

Arts/Craft Center
Writing Table
Listening Center
Puzzles and Games
Reading Center
Science/Discovery Center

Sand/Water Sensory Table
(rice, wheat, etc.)
Building Area
Dramatic Play
(house/alternating themes)
Math and Manipulative

Snack

Children eat snack together at a table in their classroom. They will help set up and occasionally prepare the snack. Snacks are provided by parents and include food and drink. (See full birthday and snack policies on page 8)

Large Motor Play

Physical activities are offered on a daily basis to encourage and enhance motor development. We will either use the gymnasium or go outside during this time each day. Remember to provide weather appropriate clothing and shoes/boots for our outdoor activities.

Circle Time

Children gather on the carpet for books, flannel board stories, poems, finger plays, special guests, and discussions. Calendar and weather charts are discussed daily during this time. At the conclusion of class we discuss our day together and talk about the next time we will meet.

Departure

The children gather on the carpet, sing a goodbye song and wait for their parent's arrival.



Operating Procedures

Days and Hours of Operation

Pullman Parks and Recreation Preschool operates during the fall and spring semesters of the local public school district. We observe public school holidays and emergency closures. We do not follow the School District's in-service or conference schedules. If Pullman School District cancels for the day because of inclement weather, then all scheduled preschool will also be cancelled. When Pullman Schools are running 1-2 hour late due to inclement weather we will be on our regular schedule. In the event of early release due to an emergency, our afternoon classes will be cancelled. (No make-up days or refunds for missed classes due to poor weather conditions.)



The school district starts announcements by 6:00am on:

- KQQQ (1150) and KHTR (104.3 FM)
- KRPL (1400 AM) and ZFUN (106.1 FM)
- KWSU (1250 AM) and KRFA (91.7 FM)
- KCLX in Colfax (99.5)
- Channels 2, 4 and 6 in Spokane
- Channel 3 in Lewiston

Travel To and From Preschool

For safety reasons, we require parent/caregiver to accompany their child to and from Pullman Parks & Recreation Preschool. At the end of each session, the teacher will release your child only to you or an adult you have designated in writing on the attached release form. When you pick up your child, please check out with the teacher before leaving.

The Teachers use the time immediately before and after class to prepare and clean up. Please wait until the sign in the window is turned before entering the preschool room. Also, **be prompt** in picking up your child. A "left-behind" child often becomes concerned when parents are late, despite reassurances from the staff. If you cannot avoid being late, please call and let us know.

Toiletry

Children must be potty trained by the first day of preschool. We do understand that accidents may occasionally happen. We can provide a change of clothing, however if you think your child will not wear "ours" please send an extra set of clothing to school each day. If accidents do happen, we encourage the children to clean-up and change themselves. Staff will assist when needed. Pullman Parks & Recreation does not have a changing facility or supplies. In the event that accidents occur on a regular basis, children will be asked to return to preschool when they are fully potty trained





Clothing

Creativity is an important component of our program. The children work with tempera paints, finger-paints, watercolors, food coloring, markers, crayons, chalk, pastels, glue, play dough, and other creative materials. While children do wear aprons, it is difficult to prevent all contact between clothing and art supplies. Please help your child choose clothes that can “take” the rigorous workout our young artists give them.

Safety, Illness, and Injury

Information on your child’s Physical Exam, Record of Illness and Immunization, Child Information, and Emergency Forms must be complete and accurate. Please notify us of any changes which could affect our ability to help your child or contact you.

Snack

Children are provided a daily snack. Monthly, we ask each family to provide one drink and snack item, enough for 16 children. We have limited access to a refrigerator and freezer. Most of the snacks are prepared for the children: however on occasion the children prepare the snack as part of the curriculum. For the safety of all children, due to severe allergies, we have a **NO NUT POLICY**. All ingredients must be checked and all items must be store bought and brought to preschool in their original containers.

Suggested Snack Items:

Ritz crackers
Pretzels
Cereal
Milk

Cheeses
Fruit snacks
Saltine crackers
Yogurt

English Muffins/Bread
Fresh Fruit and Vegetables
Frozen, canned or bottled juices

Birthdays

The first Thursday and Friday of each month will be set aside as a party day to recognize all children whose birthdays falls within that month. We will purchase a “safe” boxed mix and the class will prepare and cook cupcakes as a class project.

Immunization

All children in our program must be immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella, and Haemophilus influenza (HIB) at appropriate ages. This information must be turned in to staff prior to any preschool attendance. We follow the State of Washington Standards. (See attached form for further information)



Illness

If a child becomes ill or is injured while at preschool, the teacher and/or staff will administer first aid as needed, notify parents of any action taken, and fill out a City of Pullman, accident/illness report. In case of a serious illness or injury, the teacher and/or staff will follow the procedure outlined on the Emergency Form. (See page 15)

Children who are contagious, have a high fever, or are unable to participate in the daily routine because of illness should not attend preschool.

Our primary concern is for the health and comfort of all children involved. **A child may re-enter the program once they are symptom free and fever free**

for 24 hours and have the ability to handle the program routine or with a doctor's written permission.



Safety

During preschool sessions, we strive to provide a safe environment for your child. Children are always within view and earshot of an adult. The teacher, staff and volunteers will refrain from touching children's bodies generally covered by a swimsuit. However, teachers will provide assistance with toileting hygiene. Please let us know what your child's toileting needs are on the Child Information Sheet.

The law requires teachers to notify Children's Protective Services if we observe any suspicious injuries or symptoms of possible child abuse.

Adult Roles in the Program

Director/Lead Teacher: This individual is responsible for communicating with parents, purchasing materials, following safety and health procedures, designing and implementing curriculum, instructing the children, and assessing the child's individual development.

Mrs. Jean Druffel was hired by the city in 1994. She has a degree in child development and Family Relations (Early Childhood Education) and also serves as the preschool/youth programmer for the city of Pullman.

Preschool Assistant: This individual is responsible for assisting the Lead Teacher with classroom preparation, delivering instruction, cleanup and observation.

Volunteers: We have several WSU college students who are in the classroom each week in order to observe the children for one of their college courses. Please be assured that they are required to fill out volunteer forms, and pass the Washington State Patrol background check. Volunteers are never left with the children in the classroom unattended. This is a great learning experience for the children as well as the college students and we happily welcome their participation.



Home to School Communication

The family is the most important element in young children's lives. Building a strong bond between home and school allows children to feel confident as their world expands. Parents and families are an important part of our program. We will do our best to keep you informed of you child's activities at preschool.

On occasion we ask parents to provide some necessary materials for our preschool. Notices will be sent home indicating what snack food or general supplies we would like you to contribute. Let us know if you are unable to provide a requested item.



Respecting Children

We offer children the same courtesies and respect we offer adults. Children are very alert to what is being said even if it appears they are not listening. Comments that adults make about a child's character or behavior tells that child what we think of him or her, helping to shape their self-image. Teachers and parents should carefully consider any statements they make in front of the children.

We want to talk to you about your child. If present, we will include your child in the conversation and make every effort to respect his or her feelings. For some questions, concerns, and/or comments, you may want to talk to the teacher when your child is not present. We will arrange such a discussion whenever needed.

Informal Communication

Arrival and departure times are great opportunities to exchange quick information between parents and your child's preschool teacher. Notes and occasional phone calls are also an easy way for parents and staff to communicate.



Parent Newsletter

A parent newsletter will be emailed each month and hard copies are available in the classroom. Upcoming themes, activities, field trips, book order information, and general information will be included. We encourage all parents and/or caregivers to read the newsletter and discuss it with your child. Children may have difficulty answering general questions such as "How was preschool today?" By asking about a specific activity listed on the schedule, you are more likely to get a more in-depth response.

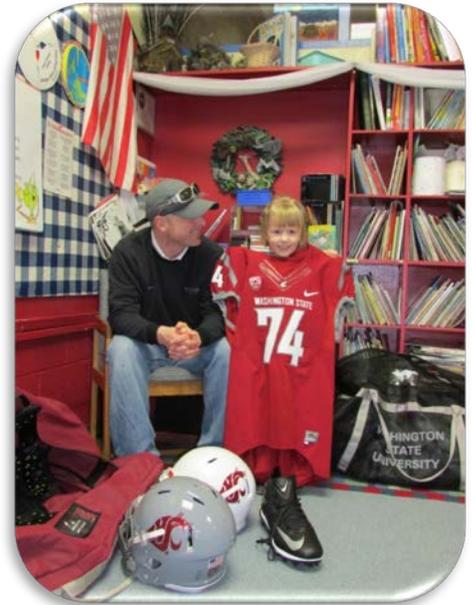


Cubby Mail Policy

We use children's cubbies to communicate with parents. You may find notes from the teacher to parents, children to parents, or children to children in your child's cubby. In addition, you may find an occasional article, information about community events, or reminders about preschool events.

If you wish to distribute materials in cubbies, please get the teacher's permission. To avoid hurt feelings, party invitations will only be permitted if they include every child in the class.

We need to have each child clear out his or her cubby each day since there are other classes using these cubbies. Please remember to check your child's cubby everyday. **You never know what exciting information is awaiting you!**



Conferences

If you would like to schedule a parent/teacher conference we will offer them at the end of each semester. This meeting gives us the opportunity to discuss your child's growth and development. We will share information collected regarding your child and encourage you to share concerns and information about your child. Conference dates and times will be posted near the sign-in sheet.

Preschool Visits

Parents are always welcome to visit the preschool. We especially enjoy parents sharing a talent, occupation, or hobby with the group.

If you need to bring siblings to preschool, please ask the teacher first. Our environment and activities are specifically designed for the age and number of children enrolled in our program and may be inappropriate or even unsafe for younger or older children.

Separation

It is common for young children to experience anxiety about parents leaving. Your child may be anxious about you leaving when coming to preschool. Sometimes this concern appears the first day, sometimes later, and sometimes not at all. Some children find it comforting to keep an item belonging to their parents with them, both for security and assurance that their parents will return. Children like to know where you will be and what you will be doing while they are in school.

We want to work with you to help your child make a smooth and enjoyable transition from home to new social environments. If your child experiences separation anxiety, we will be happy to provide helpful strategies to facilitate this transition. Please allow your child some time for adjustment, it does not happen overnight.



Guidance and Discipline

Our goal in providing guidance and discipline is to encourage the development of children's self-control and self-discipline. We help children negotiate conflicts through the use of words and problems-solving strategies. We use constructive language by phrasing guidelines for behavior positively: "Walk in this room," instead of "Don't run." We especially encourage children to verbalize their feelings.

Children, who are motivated and engaged in activities throughout the day, rarely pose major discipline problems, but minor conflicts do arise periodically. We encourage children to handle these on their own whenever possible or practical. If a child is behaving in a way which is potentially harmful to self, others, or property, adults will intervene. Although each problem that arises calls for a unique solution, we use these guidelines to provide clear boundaries and guidance for children.

Step One: Know the child. Is this behavior unusual for this child?

Step Two: Stop the behavior. Use a gentle look, shake of the head, or words to indicate the behavior is inappropriate.

Step Three: Describe appropriate behavior, give rationale, and remind the child of the consequences. For example, "Move the sand carefully. If you throw sand it might get in someone's eyes. You will have to leave the sand area if you throw sand."

Step Four: Warn only once. If the inappropriate behavior continues, remove the child from the situation. Help the child to describe his or her feelings and realize the feelings of others. Restate the appropriate behavior and discuss strategies the child can use successfully in that situation.

Step Five: The child stays with the teacher or staff member until he or she feels ready to return to the activity. The responsibility for behaving appropriately is placed on the child.

Step Six: Help the child return to the activity successfully. Offer support and acknowledgement of appropriate behavior.

Step Seven: If inappropriate behavior continues, the child loses the privilege of working in the area. Repeat steps four through six, having the child choose a different activity.

If behavior problems persist, the teacher will discuss them with the child's parents. Together they will come up with strategies to help the child overcome his or her difficulties. **In the interest of providing an environment that is conducive to learning, we reserve the right to dismiss a child from preschool if repeated behavior continues to be a threat to the safety of the other children.**





Your Child's Thoughts On Starting Preschool!

Dear Parent/ Caregiver

1. Please plan the beginning of the day so that I don't have to be rushed to get to preschool, or I will get worried, confused, and irritable.
2. Don't push me inside the door and run. Please don't slip away without saying "GOOD-BYE" or I will be afraid that you may have left me for good. When you leave tell me when you'll be back, and try hard to be on time, or I will worry.
3. Sometimes I spend a lot of time making something and I am proud of it. If you show that you value it too, it makes me feel happy and successful, and ready to tackle more difficult things.
4. Put your name down to visit the Preschool and come when it is your turn. I feel proud when I can say to my friends "That's my Mommy or Daddy or Nanna or Granddad."
5. Please don't talk about me when I'm within earshot. I don't miss much and I do worry about what I hear. The teacher will always be happy to find somewhere else to talk with you about me.
6. Send me to Preschool in clothes that I am comfortable in and can be easily washed, so that I can play in them without worrying about getting dirty.
7. When you come for me please don't ask me or the teacher if I've been good. I try to be but sometimes things go wrong. I don't want to be reminded of my mistakes. Ask me what I have done during the day
8. What makes me feel good is if you show that you are really pleased to see me and are interested when I have something to show you.



Pullman Parks and Recreation Preschool Forms

Please fill out and return to the office at the Pioneer Center or to your child's Preschool Teacher before attending class.

Thank You!



For Office Use:

Classroom: _____ MWF or TuTh AM or PM

Pullman Parks & Recreation Preschool

Child Information Sheet 2016-2017

Please Print Clearly

Today's Date _____



Child's full name _____ Birthday _____
First Middle Last

Name(s) used by family or preferred for school _____

Home Address _____ Home Phone _____

Please give the e-mail address you would like the monthly Preschool Newsletter sent to:

Parent / Guardian Name: _____ Age _____

1st Phone # _____ 2nd Phone # _____

Occupation _____

Parent / Guardian Name: _____ Age _____

1st Phone # _____ 2nd Phone # _____

Occupation _____

Family Hobbies/Interest _____



List ANY allergies: _____

List name and amount of any regular medication (s): _____

Has your child had any serious illness, operations, or accidents? Yes No please describe: _____

Are there any special considerations we should make for your child due to his/her general physical conditions? _____

Has either parent been divorced? Yes No Separated? Yes No previously married? Yes No

Either parent deceased? Yes No Remarried? Yes No

Specify custody arrangements: _____



Other Adult Family members in the household:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Children – please list all children in order of birth (including child enrolled in this program:

Name _____ Sex M F Birth date _____

What is the dominant language used in the home? _____

Other languages used in the home? _____

Which hand does your child prefer? Right Left Neither Both

What words does child use for urine? _____ Bowel movement? _____

What responsibility does your child assume towards toileting? _____

Who does your child prefer to play with? Alone Other children Adults

What types of activities does your child enjoy sharing with family members? _____

List favorite toys and activities:

Indoor

Outdoor

| <u>Indoor</u> | <u>Outdoor</u> |
|---------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Your child's favorite companions (please specify if they are real or imaginary): _____

Describe your child's interest in literacy activities (reading, writing, drawing): _____

Are there any other of your child's interests, concerns, or fears should we be aware of? _____



For Office Use:

Classroom: _____

MWF or TuTh

AM or PM

Pullman Parks & Recreation Preschool

Emergency Information Form 2016-2017

Please Print Clearly

Date: _____

Child's Name _____ Home Phone _____

Parent/Guardian Name _____

1st Phone # _____ 2nd Phone # _____

Parent/Guardian Name _____

1st Phone # _____ 2nd Phone # _____

Home Address _____

In case of emergency when parents/guardian can't be reached, please notify:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Child's doctor _____ Phone _____

List all allergies _____

Emergency Medical Treatment Procedure

In the event of an emergency, whenever possible, parents or persons listed above will be notified and asked to take their child to their family physician for medical treatment. If no parent or guardian can be reached, we will call 911 to have the child transported by ambulance to the local hospital.

I, the undersigned, in consideration of your accepting _____ (child's name), hereby assume all risk and hazards of the conduct of this preschool program and release all claims and rights for damages my child may have against the City of Pullman, its employees, or agencies co-sponsoring this program. I also acknowledge for my child that the City of Pullman provides no medical coverage of any kind for any accident or injuries that might result in participation in city sponsored programs.

In the event that my child is injured or should require medical attention, I hereby authorize Pullman Parks and Recreation to secure necessary medical treatment. Confirmation of this authorization should be made with me prior to treatment by calling me at the above listed phone number. In case I cannot be reached for an emergency, medical treatment as described above may proceed without further authorization.

Parent/Guardian Signature _____ Date _____



For Office Use:

Classroom: _____ MWF or TuTh AM or PM

**Pullman Parks & Recreation Preschool
Release Form 2016-2017**

This list should include all parent/guardians, grandparents, and friends that you authorize to pick up your child from Pullman Parks & Recreation Preschool. Your child will not be released to someone not listed below. You may update this list anytime during the school year.

Please Print Clearly

Date: _____

The following people are authorized to pick up _____
(Child's name)



Name: Parent/Guardian Mother Father Guardian _____
Phone

Name: Parent/Guardian Mother Father Guardian _____
Phone



Name: Friend Relative Other/Sitter _____
Phone



Parent/Guardian Signature _____ **Date** _____

If you cannot be reached at home or work, please provide a schedule detailing where you will normally be during your child's preschool schedule.

Location Phone

Location Phone



For Office Use:

Classroom: _____

MWF or TuTh

AM or PM

Pullman Parks & Recreation Preschool
Parental Permission for
Preschool Field Trips 2016-2017

The undersigned, hereby give my child _____
permission to participate in Pullman Parks & Recreation Preschool field trip
taken during the 2016-2017 preschool year. (Including but not limited to: walks
and or bus rides to the city parks, Neill Public Library, Police Station, Fire
Station, and local businesses). I will not hold the City of Pullman or any of
those participating and/or supervising in the activity, responsible for any injury
incurring during or en-route to the activity.



Parent/Guardian Signature

Address

Phone



For Office Use:

Classroom: _____ MWF or TuTh AM or PM

Pullman Parks & Recreation

Preschool Payment Policy 2016-2017

- **Current students must register by the 15th of each month to guarantee their spot in the next month's preschool. *New students may register for the next month's preschool on the 16th of each month.***
- Children must be picked up promptly at the end of class. A \$10.00 late fee will be charged for each ten minutes your child remains at the preschool.
- Children who have a fever or are feeling ill should not attend preschool as we have others to consider. Children will be sent home if they become ill or have a fever.
- Children will only be released to parents/legal guardians or persons designated on the release form. If you want someone to pick up your child and they are not on the release form please provide them with a signed permission slip from you.

I have read and fully understand the Pullman Parks and Recreation Preschool Policies.



Parent/Legal Guardian Signature

Date





Washington State Immunization Forms

All students are required by the State of Washington to provide up-to-date immunization records for any child in childcare or preschool. You will find the forms attached here in the Preschool Parent Manual.

1. **Please fill out the following forms.**
 - a. Fill out the form provided or if your doctor has the ability to print a copy of the record in the state required format, this is acceptable.
 - b. You may opt to sign the Certificate of Exception for all or part of the immunization requirements.
 - c. Copies of immunization records are not acceptable.
 - d. You will find attached a copy of the state requirements for attendance in child care/preschool.
2. **Please sign the form before returning to Parks & Recreation.**





Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate** (mm/dd/yyyy): **Sex:** _____

- Symbols below:
- ◆ Required for School and Child Care/Preschool
 - Required for Child Care/Preschool Only
 - Recommended, but not required

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

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

| Vaccine | | Dose | Date | | | Parent/Guardian Signature | Required | Date |
|---|---|------|-------|-----|------|---------------------------|----------|------|
| | | | Month | Day | Year | | | |
| ◆ Hepatitis B (Hep B) | | | | | | | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| or Hep B - 2 dose alternate schedule for teens | | | | | | | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| ■ Rotavirus (RV1, RV5) | | | | | | | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| ◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT) | | | | | | | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| | 4 | | | | | | | |
| | 5 | | | | | | | |
| ◆ Tetanus, Diphtheria, Pertussis (Tdap) | | | | | | | | |
| | 1 | | | | | | | |
| ■ Tetanus, Diphtheria (Td) | | | | | | | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| ● Haemophilus influenzae type b (Hib) | | | | | | | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| | 4 | | | | | | | |
| ■ Influenza (flu, most recent) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Vaccine | Dose | Date | | | Parent/Guardian Signature | Required | Date |
|---|------|-------|-----|------|---------------------------|----------|------|
| | | Month | Day | Year | | | |
| ● Pneumococcal (PCV, PPSV) | | | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| | 4 | | | | | | |
| | 5 | | | | | | |
| ◆ Polio (IPV, OPV) | | | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| | 4 | | | | | | |
| ◆ Measles, Mumps, Rubella (MMR) | | | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| ◆ Varicella (chickenpox) | | | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| ■ Hepatitis A (Hep A) | | | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| ■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand | | | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| ■ Meningococcal (MCV, MPSV) | | | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.

Mark option 1, 2, OR 3 below (see # 5 on back)

1) Chickenpox disease verified by printout from the Immunization Information System (IIS) Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by healthcare provider (HCP) If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

| | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | |

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____



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

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

EXAMPLE

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

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

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

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

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

- 1) If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
- 2) If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
- 3) If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

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

#7 Be sure to **sign and date the CIS**, and return to the school or child care.

| Vaccine Trade Names in alphabetical order | | | | (For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/complete-list-of-vaccine-names.pdf) | | | |
|---|---------|----------------------|---------------------------|---|----------------------|-----------------|---------------|
| Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine |
| ActHIB | Hib | Ipol | IPV | PedvaxHIB | Hib | Twinnx (Twinnx) | Hep A + Hep B |
| Adacel | DTaP | Infanrix | DTaP | Pentacel (Pntcl) | DTaP + Hib + IPV | Vaqtia | Hep A |
| Adflu | Flu | Kinrix (Kinrx) | DTaP + IPV | Pneumovax | PPSV or PPV23 | Varivax | Varicella |
| Boostrix | DTaP | Menactra | MCV or MCV4 | Prevnar | PCV or PCV7 or PCV13 | | |
| Cervarix | HPV2 | MenHibrix (M/hibrix) | Meningococcal C/Y-HIB-PRP | ProQuad (PrQd) | MMR + Varicella | | |
| Daptacel | DTaP | Menomune | MPSV or MPSV4 | Recombivax HB | Hep B | | |
| Eugenix-B | Hep B | Menveo | Meningococcal | Rotanix | Rotavirus (RV1) | | |
| Fluarix | Flu | Pediarix (Pdurx) | DTaP + Hep B + IPV | RotaTeq | Rotavirus (RV5) | | |

| Vaccine Abbreviations in alphabetical order | | | | (For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/complete-list-of-vaccine-names.pdf) | | | |
|---|--|----------------------------|--------------------------------------|---|--|-------------------|--|
| Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name |
| DT | Diphtheria, Tetanus, acellular Pertussis | Hep A (HAV) Hep B (HBV) | Hepatitis A Hepatitis B | MPSV or MPSV4 | Meningococcal Polysaccharide Vaccine | Rota (RV1 or RV5) | Rotavirus |
| DTaP | Diphtheria, Tetanus, acellular Pertussis | Hib | <i>Haemophilus influenzae</i> type b | MMR / MMRV | Measles, Mumps, Rubella / with Varicella | Td | Tetanus, Diphtheria |
| DTP | Diphtheria, Tetanus, Pertussis | HPV | Human Papillomavirus | OPV | Oral Poliovirus Vaccine | Tdap | Tetanus, Diphtheria, acellular Pertussis |
| Flu (ITV or LAIV) | Influenza | IPV | Inactivated Poliovirus Vaccine | PCV or PCV7 or PCV13 | Pneumococcal Conjugate Vaccine | TIG | Tetanus immune globulin |
| HBIG | Hepatitis B Immune Globulin | MCV or MCV4 | Meningococcal Conjugate Vaccine | PPSV or PPV23 | Pneumococcal Polysaccharide Vaccine | VAR or VZV | Varicella |

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 January 2015



Certificate of Exemption

SIDE A:
For Religious, Personal,
Philosophical, and Medical
Exemptions¹

FOR OFFICE USE ONLY CHILD'S LAST NAME

FIRST NAME

M.I.

PART 1: PARENT OR GUARDIAN INSTRUCTIONS

PART 2: HEALTHCARE PROVIDER INSTRUCTIONS

In order for this form to be valid for religious, personal, philosophical, or medical reasons, please:

- Step 1: Fill in your child's information in Boxes 1-4
- Step 2: Read the Parent/Guardian Declaration
- Step 3: Provide your initials where indicated
- Step 4: Print your name, sign, and date in Boxes 5-6
- Step 5: Have a provider complete Part 2 of this form

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

- Male
 Female

I am the parent or legal guardian of the above named child. One or more required vaccines are in conflict with my personal, philosophical, or religious beliefs.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ (initial)
- Exempting my child from any or all required vaccine(s) may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ (initial)
- The information provided on this form is complete and correct. _____ (initial)

5. Print Parent/Guardian Name

6. Parent/Guardian Signature and Date

In order for this form to be valid, please:

- Step 1: Mark which disease(s) and what type of exemption is requested. If medical write a T for Temporary or P for Permanent.
- Step 2: Discuss the benefits and risks of immunizations with the parent or guardian
- Step 3: Read the Provider Declaration
- Step 4: Print your name, credentials, sign, and date in Boxes 7-8

| Disease | Personal/ Philosophical | Religious | Medical (T/P)** | Expiration Date for Temporary Medical |
|--------------|----------------------------|-----------|--------------------|--|
| Diphtheria | | | | |
| Hepatitis B | | | | |
| Hib | | | | |
| Measles | | | | |
| Mumps | | | | |
| Pertussis | | | | |
| Pneumococcal | | | | |
| Polio | | | | |
| Rubella | | | | |
| Tetanus | | | | |
| Varicella | | | | |
| All | | | | |

**A provider may grant a medical exemption only if there is a valid medical contraindication to a vaccine.

Provider Declaration

I declare that:

- I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child.
- I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW.
- The information provided on this form is complete and correct.

7. Print Provider Name and Credential (MD, ND, DO, ARNP, PA)

8. Provider Signature and Date

¹RCW 28A.210.080-090 "Before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption signed by a parent or guardian and is either A) signed by a licensed healthcare provider or B) demonstrates membership in a church or religious body that precludes healthcare practitioners from providing medical treatment to children."

NOTICE: Complete this side if you belong to a church or religion that objects to the use of medical treatment.¹

If you have a religious objection to vaccinations, but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses, then you must use Side A of this Certificate of Exemption.

PARENT OR GUARDIAN INSTRUCTIONS

In order for this form to be legally valid for religious membership reasons, please:

Step 1: Fill in your child's information in Boxes 1-4

Step 2: Read the Parent/Guardian Declaration and provide your initials where indicated

Step 3: Provide the name of the church or religion of which you are a member, and print your name, sign, and date in Boxes 5-7

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

 M F

I am the parent or legal guardian of the above named child and I am exempting my child from all required vaccinations.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ (initial)
- Exempting my child from all required vaccines may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ (initial)
- The information provided on this form is complete and correct. _____ (initial)

I affirm that I am a member of a church or religion whose teachings preclude healthcare practitioners from providing any medical treatment to my child.

5. Name of Church or Religion of Which You Are a Member

6. Print Parent/Guardian Name

7. Parent/Guardian Signature and Date

¹RCW 28A.210.090 "The parent or legal guardian demonstrates membership in a religious body or a church in which the religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child."

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711)



VACCINES REQUIRED FOR CHILD CARE/PRESCHOOL ATTENDANCE
July 1, 2015 – June 30, 2016

| | Hepatitis B | DTaP (Diphtheria, Tetanus, Pertussis) | Hib (<i>Haemophilus influenzae</i> type B) | Polio | PCV (Pneumococcal Conjugate) | MMR (Measles, Mumps, Rubella) | Varicella (Chickenpox) |
|---|---|---|--|--|--|---|---|
| By 3 Months (on or before last day of mo 2) | 2 doses May get Dose 1 at birth and Dose 2 as early as 1 month of age | 1 dose | 1 dose | 1 dose | 1 dose | Not given before 12 months of age | Not given before 12 months of age |
| By 5 Months (on or before last day of mo 4) | 2 doses | 2 doses | 2 doses | 2 doses May get Dose 2 as early as 4 months of age | 2 doses | | |
| By 7 Months (on or before last day of mo 6) | 2 doses | 3 doses May get Dose 3 as early as 6 months of age | 3 doses | 2 doses | 3 doses | | |
| By 16 Months (on or before last day of mo 15) | 2 doses | 3 doses | 4 doses | 2 doses | 4 doses* | 1 dose May get Dose 1 as early as 12 months of age OR Healthcare provider verifies disease | 1 dose May get Dose 1 as early as 12 months of age OR Healthcare provider verifies disease |
| By 19 Months (on or before last day of mo 18) | 3 doses | 4 doses May get Dose 4 as early as 12 months as long as 6 months separate Dose 3 and Dose 4 | 4 doses | 3 doses | 4 doses* | 1 dose OR Healthcare provider verifies disease | 1 dose OR Healthcare provider verifies disease |
| By 7 Years (on or before last day of year 6) or by Kindergarten Entry | 3 doses | 5 doses | Not given after 5 years of age unless child has medical condition | 4 doses | Not given after 5 years of age unless child has medical condition | 2 doses OR Healthcare provider verifies disease | 2 doses OR Healthcare provider verifies disease |

*Some children may get 5 total doses. A single supplemental dose of PCV13 is recommended, but not required, for all children aged 14–59 months who got 4 doses of PCV7.

- School-aged children (K-12) in before and after-school programs must meet the immunization requirements for their grade in school.
- Find information on other vaccines recommended, but not required, for child care/preschool attendance: www.immunize.org/cdc/schedules/
- Review the Individual Vaccine Requirements Summary for more detailed information: www.doh.wa.gov/immunization/schoolandchildcare/VaccineRequirements.aspx



Minimum Age & Interval for Valid Vaccine Doses

| Vaccine | Dose # | Minimum Age | Minimum Interval Between Doses | Notes |
|--|--------|-------------|---|---|
| Hepatitis B (HepB) | Dose 1 | Birth | 4 weeks between Dose 1 & 2 | <ul style="list-style-type: none"> The final dose in the series should be given at least 24 weeks of age. |
| | Dose 2 | 4 weeks | 8 weeks between Dose 2 & 3 | |
| | Dose 3 | 24 weeks | 16 weeks between Dose 1 & 3 | |
| | Dose 1 | 6 weeks | 4 weeks between Dose 1 & 2 | |
| | Dose 2 | 10 weeks | 4 weeks between Dose 2 & 3 | |
| Diphtheria, Tetanus, and Pertussis (DTaP/DT) | Dose 3 | 14 weeks | 6 months between Dose 3 & 4 | <ul style="list-style-type: none"> Typical vaccine schedule: 2, 4, 6, and 15-18 months of age. Recommended: 6 months between Dose 3 and Dose 4, but at least 4 months minimum interval acceptable. |
| | Dose 4 | 12 months | 6 months between Dose 4 & 5 | |
| | Dose 5 | 4 years | -- | |
| | Dose 1 | 6 weeks | 4 weeks between Dose 1 & 2 | |
| | Dose 2 | 10 weeks | 4 weeks between Dose 2 & 3 | |
| Haemophilus influenzae type B (Hib) | Dose 3 | 14 weeks | 8 weeks between Dose 3 & 4 | <ul style="list-style-type: none"> If all 3 doses of PedvaxHIB given, only need 3 doses total. Only one dose required if the dose given on or after 15 months of age. Review the Individual Vaccine Requirements Summary for minimum doses required: www.doh.wa.gov/immunization/schoolandchildcare/VaccineRequirements.aspx |
| | Dose 4 | 12 months | -- | |
| | Dose 1 | 6 weeks | 4 weeks between Dose 1 & 2 | |
| | Dose 2 | 10 weeks | 4 weeks between Dose 2 & 3 | |
| | Dose 3 | 14 weeks | 8 weeks between Dose 3 & 4 | |
| Pneumococcal Conjugate (PCV7 or PCV13) | Dose 4 | 12 months | -- | <ul style="list-style-type: none"> A single supplemental dose of PCV13 recommended for all children 14-59 months of age who got 4 doses of PCV7. Only one dose required if the dose given on or after 24 months of age. Review the Individual Vaccine Requirements Summary for minimum doses required: www.doh.wa.gov/immunization/schoolandchildcare/VaccineRequirements.aspx |
| | Dose 1 | 6 weeks | 4 weeks between Dose 1 & 2 | |
| | Dose 2 | 10 weeks | 4 weeks between Dose 2 & 3 | |
| | Dose 3 | 14 weeks | 8 weeks between Dose 3 & 4 | |
| | Dose 4 | 12 months | -- | |
| Polio (IPV or OPV) | Dose 1 | 6 weeks | 4 weeks between Dose 1 & 2 | <ul style="list-style-type: none"> Three doses acceptable if child got Dose 3 on or after the 4th birthday. |
| | Dose 2 | 10 weeks | 4 weeks between Dose 2 & 3 | |
| | Dose 3 | 14 weeks | 6 months between Dose 3 & 4 | |
| | Dose 4 | 4 years | -- | |
| | Dose 1 | 12 months | 4 weeks between Dose 1 & 2 | |
| Measles, Mumps, and Rubella (MMR or MMRV) | Dose 1 | 12 months | 4 weeks between Dose 1 & 2 | <ul style="list-style-type: none"> MMRV (MMR + varicella) may be used in place of separate MMR and varicella vaccines. Must get the same day as VAR <u>OR</u> at least 28 days apart. 4-day grace <u>DOES</u> apply between doses of the same live vaccine such as MMR/MMR or MMRV/MMRV. The 4 day grace period <u>DOES NOT</u> apply between Dose 1 and Dose 2 of different live vaccines, such as between MMR and Varicella or between MMR and live flu vaccine. |
| | Dose 2 | 13 months | -- | |
| Varicella (chickenpox) (VAR) | Dose 1 | 12 months | 3 months between Dose 1 & 2 (12 months through 12 years) 4 weeks between Dose 1 & 2 (13 years and older) | <ul style="list-style-type: none"> Recommended: 3 months between varicella doses, but at least 28 days minimum interval acceptable. Minimum age of 13 months acceptable. Must get the same day as MMR <u>OR</u> at least 28 days apart. 4-day grace <u>DOES</u> apply between doses of the same live vaccine; <u>DOES NOT</u> apply between doses of different live vaccines. |
| | Dose 2 | 15 months | -- | |

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DOH 348-053 January 2015





*City of Pullman
Parks & Recreation
240 SE Dexter
Pullman, WA 99163*

