

ECFE General Information and Consent Form

Child's Name: _____

Child's preferred name to be called at school: _____

Siblings: _____

Parent's Name: _____

Email Address: _____

Please list any medical issues (allergies, asthma, seizures etc) that may require management during school:

Please list any questions or concerns about your child's development that you would like the staff to observe or monitor:

Please list any services your child has received or is receiving from Help Me Grow, ECSE, Speech, P.T. or O.T.:

What calming routines or objects (pacifier, blanket etc) soothes your child?

Consent

I give permission to ECFE to use my child's picture for Community Education advertising.

In Community Ed Catalog Y N On Web sites (Com Ed & Facebook) Y N

I have received a copy of the ECFE handbook and understand it.

Parent/Guardian Signature _____ Date _____



ECFE / School Readiness Immunization Record

Name _____

Birthdate _____ Date of Enrollment _____

IMMUNIZATION HISTORY

Fill in the MO/DAY/YR information for children 2 months of age and older. Vaccines/doses in shaded boxes are not required by law. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply.				
Diphtheria, Tetanus, Pertussis (DTP)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses during 1st year (at 2-month intervals) • 4th dose at 12-18 months • 5th dose at 4-6 years or at school entrance 	1			
	2			
	3			
	4			
	5			
<i>Indicate vaccine type: DTaP or DT.</i>				
Polio (IPV and/or OPV)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses at 2-18 months • 4th dose at 4-6 years or at school entrance 	1			
	2			
	3			
	4			
Measles, Mumps, Rubella (MMR)		MO	DAY	YR
<ul style="list-style-type: none"> • Required for children 15 months and older • Must be given on or after 1st birthday • 2nd dose at 4-6 years 				
Haemophilus Influenzae type b (Hib)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 3-4 doses for children at 2-15 months • 1 dose ≥ 12 months required • 1 dose for previously unvaccinated children 15 months - 5 years • Not indicated for children 5 years or older 	1			
	2			
	3			
	4			
Varicella (Chickenpox)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 1 dose between 12-18 months 				
	Disease Date:			
Pneumococcal Conjugate Vaccine (PCV)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 2-4 doses for all children 2-24 months • Consider for unvaccinated children at 24-59 months in child care • Not indicated for children 5 years or older 	1			
	2			
	3			
	4			
Hepatitis B (Hep B)–required for kindergarten	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses between birth and 18 months 	1			
	2			
	3			

