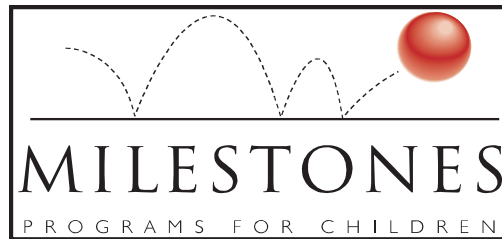


WHY CHOOSE MILESTONES?

Milestones delivers to you:

- Exceptional teacher to child ratios
- The highest quality experiences for you and your child
- Over 30 years of experience in the child care field
- An impressive history of regional and national recognition and accolades
- Recently chosen as one of the top Northshore Childcare Centers
- Developmentally appropriate curriculum and practices
- Warm and inviting room environments
- Well trained, caring and enthusiastic teaching staff
- People who genuinely care about your child

**TAKE THE TIME TO COMPARE MILESTONES TO THE REST
AND YOUR DECISION WILL BE EASY**



414-964-5545

www.milestonesprograms.org



WHAT WILL YOU DISCOVER IN MILESTONES' SCHOOL-AGE PROGRAMS?

Programs that encourage social and emotional development through a child centered approach. Friendly staff that bring out the best in your child. Environments that encourage the development of life skills, teamwork, respect, independence, and responsibility. Your child will develop friendships and memories that will last a lifetime. The convenience of Milestones being located in the schools offers the advantage of having strong working relationships with your child's teachers. Milestones also offers tutoring and homework helper programs.

STAFF THAT CONNECT WITH YOUR CHILD

The connection the staff will build with your child is paramount. You need to know that someone truly cares about your child's well-being; that someone is taking an interest in what they like and dislike, and what kind of a day they've had. Milestones staff are warm, nurturing, and knowledgeable of child development, but most of all committed to fostering the individual potential of each child.

A POSITIVE ENVIRONMENT

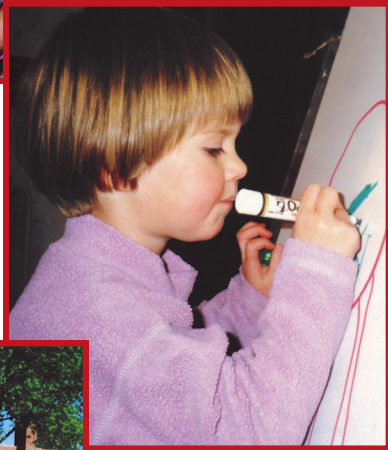
Our program rooms are enriched, child-centered environments arranged to accommodate the many needs and moods of their particular age group. Every room is well-equipped with several activity areas ranging from blocks and legos to arts and crafts to books. More importantly, a Milestones program room is a place where your child will be physically and emotionally secure. A place with positive role models and clear-cut expectations. A place where a child knows they are safe and welcome.

FUN THINGS TO DO; WORTHWHILE THINGS TO DO!

A hands on approach to learning that is focused on the interests of the children. Thematic units, dramatic play, cooperative games, outdoor play, sensory experiences, science discoveries, puppet play, story time, neighborhood exploration, block construction, painting, drawing, music, and more.

INCOMPARABLE EXPERIENCE

Milestones definition of quality is based on years of practical time tested methods that embrace credible theories and best practices in education and child development.



OUR HISTORY

Milestones Programs for Children is one of the oldest and most respected licensed child-care providers in Wisconsin, serving children 2 months to 13 years of age. Since its inception in 1979, Milestones has been at the forefront of School Age and Early Childhood programming. Our programs have been recognized by the National Association for the Education of Young Children and named among the top 10 in the country by "Child" magazine. Milestones' Administrative staff has a long-standing history of representation on state-wide boards in the Early Childhood and School Age fields.

OUR MISSION

Milestones Programs for Children is a non-profit organization dedicated to providing the highest quality care and educational opportunities for children.

Milestones Programs for Children strives to be:

- A leader in the child-care field
- A provider of age-appropriate activities in a secure and stimulating environment
- A provider of creative and innovative programming
- A model of training and on-going professional development for staff members
- A mutually supportive community made up of staff, volunteers and families
- A positive presence in the communities we serve

For more information about
Milestones Programs for Children:

call (414)964-5545

or

stop in at our administrative offices located at
2214 East Capitol Drive in Shorewood

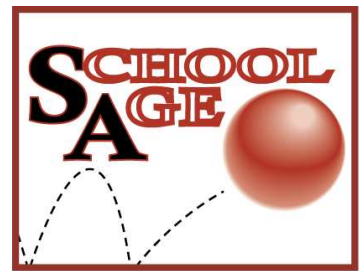
or

check us out on the web
www.milestonesprograms.org

AND DON'T FORGET THAT....

Milestones also offers the finest preschool, child care, summer day camp, homework support and other enrichment opportunities for children





2014-2015 RATE INFORMATION
Lumen Christi

TUITION RATE (K4 – 5th GRADE):

BEFORE SCHOOL	PER DAY	AFTER SCHOOL	PER DAY
6:30 AM to SCHOOL START TIME	\$9.50	END OF SCHOOL to 4:30 PM	\$9.50
		END OF SCHOOL to 6:00 PM	\$15.00

*Families who have two or more children registered in any Milestones program receive a 10% discount for the older child(ren)

NO SCHOOL ALL DAY AND EARLY DISMISSAL PROGRAMS

All children enrolled in Milestones are eligible to participate in the program on days that there is no school and on days when there is an early dismissal, providing we offer an all-day/early dismissal program on that day. These days require advance registration and carry an additional fee.

IF YOUR CHILD ATTENDS:	ALL DAY CHARGE:
After PM K4 - 5th Grade	\$26.00
If your child is <u>not</u> regularly scheduled for the day an all-day program is available	\$39.00

IF YOUR CHILD ATTENDS:	EARLY DISMISSAL CHARGE:
After PM K4 - 5th Grade	\$10.50
If your child is <u>not</u> regularly scheduled for the day an all-day program is available	\$21.00

Space is limited. We accept registrations for these days on a first-come, first-served basis. The all-day charge is non-refundable after registration has been accepted.

The charge is the same for each child registered on days when there is no school regardless of the amount of time spent in the program that day.

WINTER AND SPRING BREAK PROGRAMS

There is no regular tuition charged for the Winter Break or Spring Break holiday weeks when there is no school. During these breaks, Milestones will provide special all day programs at some sites.

- **These require special registration.**

- **The charge per day is \$39.00 per child.**
 - Reservations are accepted on a first-come, first-served basis.
 - The per day charge will be billed in advance and is non-refundable.
- Information on all these special programs will be available at the sites, at the Administrative Office, and in monthly newsletters.

BILLING OPTIONS

1. Every Two Weeks in Advance: Parents receive a bill one week prior to the particular due date. Payment is due on the first Monday of each two week tuition period.
2. Every Four Weeks in Advance: Parents receive a bill one week prior to the particular due date. Payment is due on the first Monday of each four week tuition period.

*Payment may be made by check, money order, or pre-authorized credit card (Master Card, Discover, & Visa) ONLY (*no cash please*).

FINANCIAL ASSISTANCE SCHOLARSHIP PROGRAM

Milestones offers need-based partial scholarships for its School Age programs. This is a self-funded, self-administered program meant to find a way to bring Milestones to anyone who needs it.

To request scholarship information and materials please email:

scholarships@milestonesprograms.org

DROP IN CARE PROGRAM

Milestones offers care for those families needing it on an occasional or drop-in manner. This is possible, provided there is space available on the given day. The program works as follows:

1. COMPLETE ENROLLMENT MATERIALS AND PAY REGISTRATION FEE

At least one week prior to using this service Milestones must have on file:

- Completed and signed registration materials for each child participating
- Paid **\$100.00** non-refundable administration and registration fee.

Only families who have completed this registration process will be allowed to participate in this program.

2. MAKE A REQUESTS FOR CARE NEEDED

- **For Regular School Days:**

No requests will be accepted later than **4:00 PM** prior to the day the care is needed.

- **For No School and Early dismissals**

No requests will be accepted later than 10 days prior to the day care is needed.

The sooner you make the request, the better the chance you will have of reserving a spot. To make the request:

- Call: 414-964-5545 EXT 302
or
- Email: **RegSA@milestonesprograms.org**

3. E-MAIL CONFIRMATION

If the request is approved, Milestones will send an **E-mail Confirmation no later than 5:00PM** of the day prior to the care requested verifying that Milestones will be providing the care.

KEEP IN MIND-

- **Once the request has been approved, you will be billed whether you use the care or not. There are no credits or refunds.**
- There is no guarantee that space will be available on any given day. Priority must always go to those who have weekly on-going schedules.

The fees for the Drop in Care Program are:

- **\$31.00 per After School Day per child**
 - **\$41.00 per Early Dismissal and ½ day K's per child**
 - **\$51.00 per No School Day per child**
- 10% Discounts for additional children in the same family**

Welcome To the Milestones Family!

My name is Cheryl Zagorski. I am the School Age Director. Your family's happiness is our number one goal here at Milestones. If you ever have any questions or concerns please feel free to contact me at 414-964-5545 or czagorski@milestonesprograms.org
Thank you for choosing Milestones as your childcare provider.

WHAT YOU CAN EXPECT FROM MILESTONES:

- Exceptional child to staff ratios that are far below state standards—at least two staff in every classroom at all times
- On-site Managers
- State Licensed Programs
- Highly trained, educated, caring staff
- Homework support everyday
- Connections to the school district staff to align with district goals
- Developmentally appropriate, intentional curriculum philosophy and practice
- Support of student achievement
- Programs that encourage social emotional development
- Warm, enriched classroom environments
- Over thirty years of child care experience
- Reliability- an exceptional record of providing care
- Rated by the North Shore community as one of the top child care providers in 2012
- A Director who has been serving on the State Affiliate board of the National Afterschool Association for over 14 years.
- An Administrative team with eighty five years of combined experience in the child care field
- Scholarship/Financial Assistance program
- Consistency of program through the school year and summer
- Strong connection to the community- A thirty five year history of serving families in the North Shore



CHECKLIST FOR MILESTONES SCHOOL YEAR PROGRAMS

To register for any school year program you need to complete:

- Milestones School Age Registration Form
- Health History and Emergency Care Plan
- SCHOOL AGE Registration Agreement
- Child's Requested Schedule
- Confidential Family/Child Information Sheet (REQUIRED)
- Child's Immunization Record
- Processing Fee (\$45.00 for individual/\$60.00 for family)
WAIVED IF RECEIVED BY MILESTONES BY AUGUST 12, 2014

Questions? Please contact us at (414) 964-5545 or email us at
RegSA@milestonesprograms.org

The completed materials may be mailed or dropped off at
our administrative office located at:

2214 E Capitol Drive
Milwaukee, WI 53211

Wisconsin State licensing laws require that each line in each section of the registration form for child care be filled out completely and accurately. Please help us to maintain our compliance with these regulations by double-checking your application(s) before you send them into our office.

Please allow at least 5 business days for processing applications.

Thank you!

(Please type/print using black/blue ink)

MILESTONES SCHOOL AGE REGISTRATION FORM – CHILD INFORMATION

Child's Name: _____ Age: _____ Sex: _____ Date of Birth: _____
Street Address: _____ Child Resides With: _____
City/Zip: _____ Requested Starting Date: _____ Application Date: _____

Form with multiple sections: Child's School, Parent/Guardian (3 entries), Physician or medical facility, Emergency contact, Billing Preference, and Signature of Parent/Guardian. Includes checkboxes for family status and departure procedures.

FOR OFFICE USE ONLY

Processing Fee: _____ Acceptance: _____ Wait List Letter: _____ Cancel Date: _____ First Date of Attendance: _____

CHILD'S REQUESTED SCHEDULE

Child's Name _____

Grade in 2014-2015 School Year _____ Program Location _____

My child will attend the following: (Please circle component(s) and days requested)

Full Day K5 & 1st-5th Grade Programs

Before Full Day Kindergarten & 1st-5th Grade
(From 7:00 AM until the start of school)

After Full Day Kindergarten & 1st-5th Grade
(From the end of school until 6:00 PM)

M	T	W	Th	F	M	T	W	Th	F
----------	----------	----------	-----------	----------	----------	----------	----------	-----------	----------

Additional information: _____

Half Day Kindergarten Programs

Before AM Kindergarten
(From 7:00 AM until the start of AM K)

After AM Kind/School Dismissal
(End of AM K until **School Dismissal Time**)

After AM Kindergarten/6:00 PM
(From the end of AM K until 6:00 PM)

M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
----------	----------	----------	-----------	----------	----------	----------	----------	-----------	----------	----------	----------	----------	-----------	----------

(AFTER AM K IS NOT AVAILABLE AT PARKWAY)

Additional information: _____

Before PM Kindergarten
(From 7:00 AM until the start of PM K)

After PM Kindergarten
(From the end of PM K until 6:00 PM)

M	T	W	Th	F	M	T	W	Th	F
----------	----------	----------	-----------	----------	----------	----------	----------	-----------	----------

(BEFORE PM K IS NOT AVAILABLE AT PARKWAY)

Additional information: _____

I understand what I have circled above constitutes my child's contracted schedule, and I am responsible for all fees related to it. Any changes to this schedule must be made in writing (email permissible) to and approved by Milestones Programs for Children.

Parent's Signature _____

Date _____

**Milestones, Programs for Children
Family Status/Child Information**

1. Child's Legal Name: _____
2. Child's Parents _____
3. Family Status (check all that apply):

<input type="checkbox"/> Married	<input type="checkbox"/> Single
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried
<input type="checkbox"/> Remarried	<input type="checkbox"/> _____
4. Name of Parent/Guardian with whom the child resides: _____
5. Guardian's relationship to child: _____
6. Are there any issues related to custody or authorized pick up? _____ Yes _____ No
7. Does the non-custodial parent have any court restrictions placed on his/her parental rights? _____ Yes _____ No
8. If yes, what are the restrictions? _____

**Note: These restrictions must be substantiated.
Please provide Milestones with a copy of the most current court order.**

9. If the child lives with surrogate parents (relatives or friends), are the surrogate parents the legal guardians? _____ Yes _____ No

If YES, substantiate by providing Milestones with a copy of the court order.

10. The court order already on file in the Milestones' office is it still current. _____ Yes _____ No
11. _____ (Signature of Parent/Legal Guardian) _____ (Date)

Please see Milestones Policies and Procedures
Section VI for additional information/clarification

**SCHOOL YEAR PROGRAM 2014/15
REGISTRATION AGREEMENT**

Child's Name: _____

Milestones, Programs for Children

1. I understand that I am responsible for payment of contracted fees, paid in advance on the first Monday of each tuition period.
2. I understand that there is a \$7.00 charge for changes made to my child's schedule.
3. I understand that a \$25.00 late payment fee will be assessed for payments more than 10 days past due.
4. I agree to call my child's Milestones classroom **prior** to school dismissal time if for any reason my child will not be attending on a regularly scheduled day. I understand that there is \$10.00 "No Call/No Show" charge if my child is absent and I fail to properly inform Milestones of this absence and that chronic failure will result in my child's enrollment being terminated.
5. I understand that I must give two weeks written notice of withdrawal from the program.
6. I understand that if Milestones must provide lunch for my child, I am subject to a \$10.00 No Lunch Fee.
7. I understand that there are no pets in the classrooms.
8. I UNDERSTAND THAT I DO NOT RECEIVE ADJUSTMENTS IN FEES FOR HOLIDAYS, NO SCHOOL DAYS, OR DAYS MISSED. In the event of illness, school vacation, inclement weather, closings, personal vacation, or other absences (such as scouts, music lessons, and other out-of-school activities) the School Age Program staff will be notified and I am responsible for my child and tuition payment.
9. I understand that a \$25.00 charge is assessed for each Non-Sufficient Funds (NSF) check.
10. I am aware of the program hours of operation (7:00 AM to 6:00 PM).
11. I understand that for each **minute** that my child stays past the program closing time of 6:00 PM. I will be assessed a \$2.00 per minute late pick up charge.
12. I understand that if my child is scheduled only until **school dismissal time**, that for each **minute** that my child stays past scheduled time of departure. I will be assessed a \$2.00 per minute late pick up charge.
13. I understand that Milestones' responsibility for my child begins at the time s/he arrives and signs in at the program site and continues until s/he signs out (if written permission to walk home has been received by the program staff) or is signed out by a parent or authorized person.
14. I give my child permission to participate in walks and transported field trips. I understand I will be given advance notice of all transported field trips. I understand alternative care will **not** be provided if I elect not to send my child on the field trip.
15. I give permission for my child to be escorted by Milestones personnel to a neighboring school for care if applicable.
16. I understand if my child has special needs, I must indicate them on the Health History/Emergency Care Plan. Doing so will aid the staff in providing the most positive and successful environment for my child.
17. I understand that if an illness or medical emergency arises, the School Age Program staff will try to contact me. If I cannot be reached and THE EMERGENCY IS SUCH THAT IMMEDIATE ATTENTION IS NECESSARY, THE STAFF HAS MY PERMISSION TO TAKE MY CHILD TO THE NEAREST HOSPITAL. THE HOSPITAL HAS MY PERMISSION TO GIVE MY CHILD IMMEDIATE MEDICAL CARE.
18. I understand that the Wisconsin Rules for Licensing Day Care Centers is available for my review.
 - I give my child permission to participate fully in this program.
 - I agree to adhere to all Milestones rules and policies including but not limited to the Milestones School Age Policies and Procedures and the Milestones School Age Parent Handbook.
 - I understand that failure to follow Milestones rules and policies is grounds for termination of enrollment.
 - **NOTE: Registration Packet must be accompanied by the non-refundable Processing Fee of \$45.00 per child/\$60.00 per family (\$30.00 for continuing child/\$40.00 for continuing family)**

Signature of parent/guardian

Date

Signature of parent/guardian

Date

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	Telephone Number
------------------	----------------------------	------------------

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Cerebral palsy / motor disorder		
<input type="checkbox"/> Other condition(s) requiring special care – Specify.		

- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies – Specify food(s).

- Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center.** These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1

Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

- Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR**

IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

- Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

- For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

- For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

- For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed