

THE PREMIER DAY CAMP OF THE NORTHSHORE!



camp



MILESTONES
PROGRAMS FOR CHILDREN

(414) 964-5545 ~ info@milestonesprograms.org

WHY CHOOSE CAMP M?

CAMP M CURRICULUM

Our group-based, intentional programming fosters the individual potential of each child. Campers can look forward to a fun and exciting variety of themes and specialty units, as well as child directed activity opportunities. Don't forget, Camp M programs are famous for being on the go and out and about, making use of all that our community has to offer.

TWO FIELD TRIPS WEEKLY!

We boast the best field trips...period! The trips are about great destinations. Each trip is programmed and planned by staff to make the most of the experience.

AQUA AND ADVENTURE TRIP DAYS

Every summer camp has swimming field trips, but ours are something far more special. The trips include Cool Waters and a variety of other swimming destinations (weather permitting of course). The day also includes some of Camp M's world famous fun and adventurous activities like:

Treasure Quest, Photo Scavenger Hunts, Fishing, Follow Trails, Geocaching, Water Frolics, Pizza Lunch Days, All Camp Sing Alongs, Nature Hikes and so much more!

No two trips are the same! **Aqua and Adventure Trip Days** are another perfect example of why Camp M is the best. A regular swim day is fun, but at Camp M..... it is something extraordinary!

QUALITY STAFF

Camp M staff are adults with extensive training and experience. Some Camp M staff have been with us over twenty years! All Camp M staff are committed to Milestones, the Camp M program, and most of all, the children and families we serve. The quality of our staff is what brings families back year after year.

EXCELLENT STAFF/CHILD RATIOS

Our average staff to child ratio is 1 to 8, and on field trips it averages 1 to 5. These ratios translate to more activity choices and more individualized attention for your child. It also means a safer experience and environment for your child.

Camp M is the perfect balance for building lifelong memories for your child.

SUMMER 2015 SCHEDULING OPTIONS AND RATES

DATES: June 15-August 21

HOURS OF OPERATION: Monday-Friday 7:00AM-6:00PM

Registration is now simplified and more flexible for your convenience!

- Register for the weeks you want.
- Register for the days you want. (3 day minimum)
- Mix and match according to the needs of your family!

\$208 per week for each Full Week of Day Camp THE BEST VALUE!

\$49.00 per day for any Monday, Wednesdays and Fridays of your choosing

\$59.00 per day for any Tuesdays and Thursdays (field trip days) of your choosing

10% discount on each additional child in same family

FINANCIAL ASSISTANCE / SCHOLARSHIPS AVAILABLE



Current K4's and K5's

LOCATIONS:

Atwater School 2100 E Capitol Dr.
 St. Roberts 2214 E. Capitol Dr.
 St. Monica 5625 N. Santa Monica

KID CREW FIELD TRIP 2015			
Tuesday Field Trip:		Thursday Field Trip:	
Aqua and Adventure Trip Day	Tue 6/16	Gymnastics / Minooka Beach	Thu 6/18
Aqua and Adventure Trip Day	Tue 6/23	Green Meadows Farm	Thu 6/25
Helium Trampoline Park	Tue 6/30	<i>Only Tuesday Field Trip with Shortened Week</i>	
Aqua and Adventure Trip Day	Tue 7/7	Pump It Up/Foxbrook Beach	Thu 7/9
Aqua and Adventure Trip Day	Tue 7/14	Regner Park Beach	Thu 7/16
Aqua and Adventure Trip Day	Tue 7/21	Washington County Fair	Thu 7/23
Aqua and Adventure Trip Day	Tue 7/28	Cedarburg Park and Pool	Thu 7/30
Aqua and Adventure Trip Day	Tue 8/4	Milwaukee County Zoo	Thu 8/6
State Fair	Tue 8/11	Aqua and Adventure Trip Day	Thu 8/13
Aqua and Adventure Trip Day	Tue 8/18	Bay Beach Amusement Park *	Thu 8/20



Current 1st and 2nd Graders

LOCATIONS:

Atwater School
 2100 E Capitol Dr.

 St. Monica School
 5625 N. Santa Monica Blvd

JET SET FIELD TRIP 2015			
Tuesday Field Trip:		Thursday Field Trip:	
Aqua and Adventure Trip Day	Tue 6/16	Gymnastics / Minooka Beach	Thu 6/18
Aqua and Adventure Trip Day	Tue 6/23	Brewers Game and Tailgate Party*	Thu 6/25
Helium Trampoline Park	Tue 6/30	<i>Only Tuesday Field Trip with Shortened Week</i>	
Aqua and Adventure Trip Day	Tue 7/7	Pump It Up/Foxbrook Beach	Thu 7/9
Aqua and Adventure Trip Day	Tue 7/14	Regner Park Beach	Thu 7/16
Aqua and Adventure Trip Day	Tue 7/21	Washington County Fair	Thu 7/23
Aqua and Adventure Trip Day	Tue 7/28	Cedarburg Park and Pool	Thu 7/30
Aqua and Adventure Trip Day	Tue 8/4	Milwaukee County Zoo	Thu 8/6
State Fair	Tue 8/11	Aqua and Adventure Trip Day	Thu 8/13
Aqua and Adventure Trip Day	Tue 8/18	Bay Beach Amusement Park *	Thu 8/20



Current 3rd and 4th Graders

LOCATION:

Atwater School
 2100 E Capitol Dr.

ACTION PACK FIELD TRIP 2015			
Tuesday Field Trip:		Thursday Field Trip:	
Aqua and Adventure Trip Day	Tue 6/16	Mt Olympus-Wisconsin Dells*	Thu 6/18
Aqua and Adventure Trip Day	Tue 6/23	Brewers Game and Tailgate Party*	Thu 6/25
Helium Trampoline Park	Tue 6/30	<i>Only Tuesday Field Trip with Shortened Week</i>	
Aqua and Adventure Trip Day	Tue 7/7	Adventure Rock/Foxbrook Beach	Thu 7/9
Aqua and Adventure Trip Day	Tue 7/14	Mt Olympus-Wisconsin Dells*	Thu 7/16
Aqua and Adventure Trip Day	Tue 7/21	Quarry Lake Water Park Sheboygan	Thu 7/23
Aqua and Adventure Trip Day	Tue 7/28	Cedarburg Park and Pool	Thu 7/30
Aqua and Adventure Trip Day	Tue 8/4	Noah's Ark- Wisconsin Dells*	Thu 8/6
State Fair	Tue 8/11	Aqua and Adventure Trip Day	Thu 8/13
Aqua and Adventure Trip Day	Tue 8/18	Bay Beach Amusement Park *	Thu 8/20



Current 5th, 6th and 7th

LOCATION:

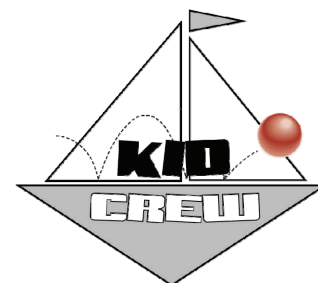
Atwater School
 2100 E Capitol Dr.

M2 FIELD TRIP 2015			
Tuesday Field Trip:		Thursday Field Trip:	
Aqua and Adventure Trip Day	Tue 6/16	Mt Olympus-Wisconsin Dells*	Thu 6/18
Aqua and Adventure Trip Day	Tue 6/23	Brewers Game and Tailgate Party*	Thu 6/25
Helium Trampoline Park	Tue 6/30	<i>Only Tuesday Field Trip with Shortened Week</i>	
Aqua and Adventure Trip Day	Tue 7/7	Adventure Rock/ Foxbrook Beach	Thu 7/9
Aqua and Adventure Trip Day	Tue 7/14	Mt Olympus-Wisconsin Dells*	Thu 7/16
Aqua and Adventure Trip Day	Tue 7/21	Quarry Lake Water Park Sheboygan	Thu 7/23
Aqua and Adventure Trip Day	Tue 7/28	Overnight Campout*	7/30-7/31
Aqua and Adventure Trip Day	Tue 8/4	Noah's Ark- Wisconsin Dells*	Thu 8/6
State Fair	Tue 8/11	Aqua and Adventure Trip Day	Thu 8/13
Aqua and Adventure Trip Day	Tue 8/18	Bay Beach Amusement Park *	Thu 8/20

*THESE FIELD TRIPS HAVE AN EXTRA FEE

KID CREW SPECIALS 2015

Week 1	June 15-19	Classic Camp Crafts
Week 2	June 22-26	Go Green
Week 3	June 29-July 2	Camp Games
Week 4	July 6- 10	Our Five Amazing Senses
Week 5	July 13-17	On Stage
Week 6	July 20- 24	Sports Extravaganza
Week 7	Jul 27-31	Nature Explorers
Week 8	Aug 4- 8	Kid Concoctions
Week 9	Aug. 10-14	Wet and Wild
Week 10	Aug. 17-21	Camp Corral



Current K4's and K5's

LOCATIONS:

Atwater School 2100 E Capitol Dr

St. Roberts 2214 E. Capitol Dr.

St. Monica 5625 N. Santa Monica

JET SET SPECIALS 2015

Week 1	June 15-19	Awesome Games & Crafts
Week 2	June 22-26	Saving Bob: Adventures in Engineering
Week 3	June 29-July 2	Challenges Week-
Week 4	July 6- 10	Kid City
Week 5	July 13-17	Mad Mixtures & Crazy Concoctions
Week 6	July 20- 24	On Stage
Week 7	Jul 27-31	Kid Restaurant
Week 8	Aug 4- 8	Sports Spectacular
Week 9	Aug. 10-14	Awesome Games & Crafts
Week 10	Aug. 17-21	Camp Corral



Current 1st and 2nd Graders

LOCATIONS:

Atwater School
2100 E Capitol Dr

St. Monica School

5625 N. Santa Monica Blvd

ACTION PACK SPECIALS 2015

Week 1	June 15-19	Awesome Games & Crafts
Week 2	June 22-26	Sports Spectacular -
Week 3	June 29-July 2	Challenges Week-
Week 4	July 6- 10	Kid City
Week 5	July 13-17	Mad Mixtures & Crazy Concoctions
Week 6	July 20- 24	Kid Restaurant
Week 7	Jul 27-31	On Stage
Week 8	Aug 4- 8	Awesome Games & Crafts
Week 9	Aug. 10-14	Saving Bob: Adventures in Engineering
Week 10	Aug. 17-21	Camp Corral



Current 3rd and 4th Graders

LOCATION:

Atwater School
2100 E Capitol Dr

M2 SPECIALS 2015

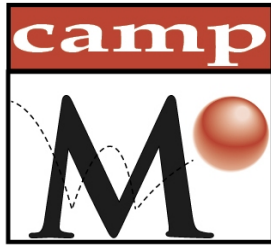
Week 1	June 15-19	Collaboration Adventures
Week 2	June 22-26	Contraptions, Machines and Gadgets
Week 3	June 29-July 2	Video Games Brought to Life
Week 4	July 6- 10	Kid City - Version M2
Week 5	July 13-17	Timed Challenges
Week 6	July 20- 24	Iron Chef
Week 7	Jul 27-31	Wilderness Survival
Week 8	Aug 4- 8	Ace of Cakes
Week 9	Aug. 10-14	MythBusters of M2
Week 10	Aug. 17-21	M2 Council Choice



Current 5th, 6th and 7th

LOCATION:

Atwater School
2100 E Capitol Dr



PLEASE COMPLETE EACH FORM THOROUGHLY –

The state licensing laws require that each line in each section be filled out completely and accurately. Please double check your materials before returning them.
Incomplete forms will not be accepted.

CHECKLIST FOR REGISTRATION CAMP M 2015

TO REGISTER FOR CAMP M YOU WILL NEED TO COMPLETE:

- CAMP M Registration Form
- General Child Information Form
- T-Shirt Order Form
- CAMP M Registration Agreement-**SIGNED**
- Child's Health History-**SIGNED**
- Child's Immunization Record-**SIGNED**
- Family Status Child Info
- Processing Fee** (\$30.00 for individual/ \$40.00 for family) **Can Be Billed**

IF YOU HAVE QUESTIONS CAMP M REGISTRATION, PLEASE DIRECT THEM TO:

info@milestonesprograms.org or call 414-964-5545



GENERAL CHILD INFORMATION CAMP M 2015

Please complete this form as thoroughly as possible. This background information is important to the teachers in their daily interactions with the children in their care. Return this form to the Head Teacher as soon as possible. As with all of your child's records, information supplied on this form is kept confidential. Thanks for your time and cooperation!

1. Child's Name: _____ Nickname: _____
2. Number of children in your family: _____ Names/Ages: _____
3. What do you most hope for your child to gain from the Milestones program this Summer? _____

4. What does your child look forward to doing most at our program this Summer? _____

5. What are some of your child's favorite activities? _____

6. Do you have any special concerns about your child's adjustment to our program this Summer? _____

7. Please comment on any major changes in the family such as the birth of a sibling, a death, divorce, move to a new house, etc. which may be affecting your child: _____

8. What would be helpful for us to know when interacting with your child? _____

9. Does your child have any special needs? _____

10. Please note if your child has any particular fears such as loud noises, certain animals, public bathrooms, pools, etc.? _____
11. Does your child know how to swim? _____
12. Do you have any additional concerns you'd like to share? _____

CAMP M REGISTRATION FORM

Child's Name:

Parents Email:

Grade during the **CURRENT** 2014-15 School Year (Please Check)

K4	K5	1st	2nd	3rd	4th	5th	6th	7th
KID CREW		JET SET		ACTION PACK		M2		
Site Choice (Please Check): Atwater School St. Roberts School St. Monica School		Site Choice (Please Check): Atwater School St. Monica School*		Site: Atwater School		Site: Atwater School		
Rank your site choices (1st, 2nd, 3rd). NOTE: If there is not space in your 1st choice, you will be placed in your 2nd choice.								



Please check the appropriate boxes for your choices each week - **REMEMBER SPACE IS LIMITED...EVEN DURING PRIORITY REGISTRATION!**

WEEK #	Full Week Option Check Below \$208 Per Week		Partial Week Option - Check the days requested. MUST PICK A MINIMUM OF 3 DAYS PER WEEK. Monday/Wednesday/Friday - \$49/day Tuesday/Thursday (Field Trip Days) - \$59/day									
				Mon		Tues		Wed		Thurs		Fri
1	June 15-19			Mon		Tues		Wed		Thurs		Fri
2	June 22-26			Mon		Tues		Wed		Thurs		Fri
3	June 29-July 3			Mon		Tues		Wed		Thurs	CLOSED	
4	July 6-10			Mon		Tues		Wed		Thurs		Fri
5	July 13-17			Mon		Tues		Wed		Thurs		Fri
6	July 20-24			Mon		Tues		Wed		Thurs		Fri
7	July 27-31			Mon		Tues		Wed		Thurs		Fri
8	August 3-7			Mon		Tues		Wed		Thurs		Fri
9	August 10-14			Mon		Tues		Wed		Thurs		Fri
10	August 17-21			Mon		Tues		Wed		Thurs		Fri

PLEASE NOTE: NO CANCELLATIONS WILL BE ACCEPTED AFTER MONDAY, MAY 18, 2015.

You may add sessions at anytime provided space is available.

*The week of July 13-17, Jet Set at St. Monica will be relocated. Specific information will be provided in the parent handbook.

OFFICE USE: Processing Fee:

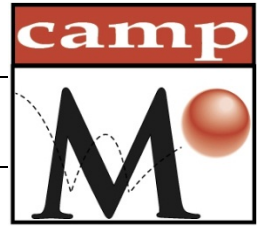
Acceptance:

Wait List Letter:

Cancel Date:

First Date of Attendance:

SUMMER T-SHIRT ORDER FORM



CHILD'S FIRST & LAST NAME:

- **CAMP M SHIRTS ARE REQUIRED TO BE WORN ON EVERY TUESDAY AND THURSDAY FOR THE FIELD TRIPS!**
- **TWO CAMP M T-SHIRTS ARE INCLUDED IN THE REGISTRATION FEE AT NO EXTRA CHARGE**
- **YOU MAY PURCHASE ADDITIONAL T-SHIRTS @ \$10.00 EACH.**

PROGRAM:

KID CREW JET SET ACTION PACK M2

Please indicate size and quantity:

Child Sizes

- 6/8
 10/12
 14/16

Adult Sizes

- Medium
 Large
 X-Large
 XX-Large

of ADDITIONAL T-shirts ordered.

You will be billed an extra \$10.00 for each additional shirt ordered

**2015 SUMMER DAY CAMP
REGISTRATION AGREEMENT**
Milestones, Programs for Children

Child's Name: _____

1. I understand that I am responsible for payment of contracted and assessed fees, payable in advance on the first Monday of each tuition period.
2. I understand that a written notice must be received at the Administrative Office to cancel any session. **NO CANCELLATIONS WILL BE ACCEPTED AFTER MONDAY, MAY 18, 2015.** Failure to submit written cancellation prior to May 18, 2015, will result in the liability of all fees owed.
3. I UNDERSTAND THAT I DO NOT RECEIVE ADJUSTMENTS IN FEES FOR DAYS MISSED. In the event of illness, unscheduled vacation, or other absences, the Milestones staff will be notified and I am responsible for my child and tuition payment.
4. I understand that my child must be accompanied into his/her program room by an adult and signed in.
5. I am aware of the program hours of operation (7:00 AM to 6:00 PM) and agree to pick up my child promptly. I understand that for **each minute** that my child stays past the program closing time of 6:00 PM (**OR** the child's contracted scheduled time of departure) I will be assessed a \$2.00 per minute late pick up charge.
6. I understand that Milestones programs do not typically have pets. If a pet is present, I understand that I will receive advance notice of its presence.
7. 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.
8. 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.
9. I understand that the Wisconsin Rules for Licensing Day Care Centers is available for my review.
10. 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.
11. I understand that if an illness or medical emergency arises, the Milestones 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.**
12. I understand I will be billed for the registration fee if it is not paid in full when forms are received at the administrative office. If not a current family with a Milestones account, my registration will not be processed until this fee is paid in full.
13. I agree to call the Milestones office if for any reason my child will not be attending on a regularly scheduled day.
 - **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 Summer Camp Parent Handbook.**
 - **I understand that failure to follow Milestones rules and policies is grounds for termination of enrollment.**
 - **Registration packet must be accompanied by the non-refundable \$30.00 per child/\$40.00 per family processing fee.**

_____ Signature of parent or guardian	_____ Date
_____ Signature of parent or guardian	_____ Date

IMPORTANT: MILESTONES MUST HAVE A SIGNED COPY OF THIS DOCUMENT TO ENROLL YOUR CHILD

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
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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



MILESTONES

PROGRAMS FOR CHILDREN

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

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

Married	Single
Divorced	Widowed
Separated	Unmarried
Remarried	_____
 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)