



After School Kindness, Inc. Immunization Forms Instructions

Thank you for enrolling your child in the After School Kindness, Inc. program! View the information below and follow the easy steps to complete your child's immunizations. Print this immunization form at the bottom of the page (or complete it online if possible), transcribe your child's immunizations on our state-regulated immunization form, and attached your child's original immunization form signed by the doctor. Upload all immunization documents, and have them prepared when you enroll on the parent portal. Once submitted, it will go through the review process. Once approved, you will be sent an email with a confirmation.

Immunization Form Steps:

- 1) Fully transcribe your child's immunizations onto our After School Kindness, Inc.'s state-regulated immunization form below. This step is mandatory for our licensing and state inspectors to be able to approve your child into the program.
- 2) Upload your child's original immunization form **WITH** the Doctors signature. We **MUST** have a Doctors signature provided or we will not be able to accept the form.
- 3) Once you have completed these steps, upload both documents in **ONE** attachment (transcribed immunizations + signed immunization from the doctor). You will submit this when you enroll on the parent portal.

NOTE: You will not be able to enroll on the parent portal without the proper immunizations being uploaded and submitted at the time of enrollment.

Is your child exempt from immunizations? You can fill out the Medical or Non-Medical Immunization Exemption Forms online and submit them on the parent portal under "immunizations" when you enroll. State regulations have a mandatory training course called (*Online Immunization Education Module*) at the bottom of their website that will give you a Downloadable Certificate of Nonmedical Exemption for your child. No signed Doctor's note will need to be provided.

- **Exempt Immunizations Click this link:**
<https://cdphe.colorado.gov/vaccine-exemptions>

After School Kindness, Inc. State Required Childcare Immunization Form

We look forward to serving you and your family!

www.afterschoolkindness.com / Office: (970) 833-5494 / childcare@afterschoolkindness.com

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS
 Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter the month, day and year each immunization was given				
Hep B	Hepatitis B				
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)				
DT	Diphtheria, Tetanus (pediatric)				
Tdap	Tetanus, Diphtheria, Pertussis				
Td	Tetanus, Diphtheria				
Hib	<i>Haemophilus influenzae</i> type b				
IPV/OPV	Polio				
PCV	Pneumococcal Conjugate				
MMR	Measles, Mumps, Rubella				
Varicella	Chickenpox			Healthcare Provider Documentation Date _____	Lab Verification Date _____

Vaccines recorded below this line are recommended. Recording of dates is encouraged.

HPV	Human Papillomavirus				
Rota	Rotavirus				
MCV4/MPSV4	Meningococcal				
Hep A	Hepatitis A				
TIV/LAIV	Influenza				
Other					

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

A) Child Care Up to Date
 Up to date through 6 months of age for Colorado School Immunization Requirements
 Update Signature _____ Date _____

B) Child Care Up to Date
 Up to date through 18 months of age for Colorado School Immunization Requirements
 Update Signature _____ Date _____

C) Child Care/Pre-school/Pre-K*
 Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements
 Update Signature _____ Date _____

D) Complete for K-5th Grade
 Up to date for K-5th Grade for Colorado School Immunization Requirements
 Update Signature _____ Date _____

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

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

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

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

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

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

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

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

Hep B DTaP Tdap Hib IPV PCV MMR VAR

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

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

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

Hep B DTaP Tdap Hib IPV PCV MMR VAR

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

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

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

Hep B DTaP Tdap Hib IPV PCV MMR VAR

