

AQUIN ELEMENTARY
PRESCHOOL REGISTRATION DATA

NAME _____
FAMILY FIRST (BAPTISMAL, PLEASE) MIDDLE

DATE OF BIRTH _____ RELIGION _____

PARENT/GUARDIAN _____
(FATHER) (MOTHER-MAIDEN NAME ALSO)

ADDRESS _____
STREET/P.O. BOX CITY STATE ZIP

TOWNSHIP _____ SECTION _____ HOME PHONE _____

CELL PHONE _____ EMAIL _____

BAPTISM DATE _____ CHURCH WHERE BAPTIZED _____ CITY & STATE _____

**Please provide copy of baptismal certificate if not baptized within the St. Thomas Aquinas Pastorate

** If not baptized, do you plan to receive the sacraments of Baptism, Reconciliation and First Communion in the future? ____YES ____NO

SCHOOL DISTRICT _____ PRESENT PARISH _____

This information is needed for your child's permanent office folder.

If birth parents have two separate addresses and communication is to be sent to a place other than the child's primary place of residence, please complete this part.

PARENT: _____

ADDRESS: _____

COMMENTS: _____

To be filled out by Doctor

Return at the August Orientation Day

PRESCHOOL / KINDERGARTEN HEALTH ASSESSMENT RECORD

Child's Name _____ Address _____ Birthdate _____ M _____
 (Last) (First) (Middle) F _____

Parent(s) or Guardian _____ Home Phone _____
 (Father) (Mother)

Child's Physician _____ Dentist _____ Hospital of Choice _____

Medicine taken regularly _____ Condition which could affect school work _____

Diseases	Date	Operations/Injuries	Date	Immunizations	1	2	3	4	5	6
Chicken Pox				DPT						
Convulsions				DT						
Hepatitis				Td						
Mononucleosis				OPV						
Pneumonia		Allergies		HBCV (Hib)						
Rheumatic Fever				MMR						
Strep Throat				HBV (Hepatitis B)						
		Birthmarks		Varicella						
				Prevnar						
				Exemptions						

PHYSICAL EXAMINATION

Date:	Height	Weight	Lab Work	Vision			
General Appearance			Hgb.:	With Glasses		No Glasses	
Posture	Blood Pressure:		Hct.:	Right	Left	Right	Left
Nutrition	TB Test	Date:	Positive	Negative	RBC:		
Skin					Urinalysis		
Feet	Lead Screening	Date:	Result:				
Nose and Throat							
Eyes and Ears	COMMENTS by Physician:						
Tonsils and Glands							
Hearts and Glands							
Abdomen	Signature of Examining Physician:						
Congenital Anomalies							

Revised
01/2013



Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

Parent/Guardian: _____ Address: _____ Phone: (____) _____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Signature: _____ Date: _____

Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap			
Polio IPV/OPV			
Measles, Mumps, Rubella MMR			
Haemophilus influenzae type b Hib			
Hepatitis B			

	Vaccine	Date Given	Doctor / Clinic / Source
Varicella Chicken Pox If patient has a history of natural disease write "Immune to Varicella"			
Pneumococcal PCV/PPV			
Meningococcal MCV4/MPSV4			
Hepatitis A			
Rotavirus			
Human Papilloma Virus HPV			
Other			

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Elementary or Secondary School (K-12)	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis Polio <i>Haemophilus influenzae</i> type B Pneumococcal	1 dose 1 dose 1 dose 1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis Polio <i>Haemophilus influenzae</i> type B Pneumococcal	2 doses 2 doses 2 doses 2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis Polio <i>Haemophilus influenzae</i> type B	3 doses 2 doses 2 doses, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age, or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis Polio <i>Haemophilus influenzae</i> type B	4 doses 3 doses 3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses, or 3 doses if the applicant received 1 or 2 doses before 12 months of age, or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age, or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
	24 months and older	Diphtheria/Tetanus/Pertussis Polio <i>Haemophilus influenzae</i> type B	4 doses 3 doses 3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age, or 3 doses if the applicant received 2 doses before 12 months of age, or 2 doses if the applicant received 1 dose before 12 months of age or received 1 dose between 12 and 23 months of age, or 1 dose if no doses had been received prior to 24 months of age.
		Measles/Rubella ¹	Pneumococcal vaccine is not indicated for persons 60 months of age or older. 1 dose of measles/rubella-containing vaccine received on or after 12 months of age, or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
		Diphtheria/Tetanus/ Pertussis ^{2, 4}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003. ²
	4 years of age and older	Polio ⁵ Measles/Rubella ¹ Hepatitis B Varicella	DTaP is not indicated for persons 7 years of age and older, therefore, a tetanus and diphtheria-containing vaccine should be used. 3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. ⁵ 2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose, or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory. ⁶ 3 doses if the applicant was born on or after July 1, 1994. 1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁷

¹ Mumps vaccine may be included in measles/rubella-containing vaccine.

² The 3rd dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

³ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

⁵ If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

⁶ If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

⁷ Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.