

# 2025 River Crossing YMCA Summer Camp Registration Form

OFFICE USE ONLY	
Camper Name:	Camper DOB:
Received By:	Received Date:
Registered By:	Registered Date:
Does this child have a membership:	Membership Type:

**Get more out of your summer with a [membership](#) at the Y! Save money on weekly camp tuition, participate in additional programming, and enjoy reciprocity membership at all River Crossing YMCA branches to utilize branch amenities including swimming during family swim times! Contact your local membership branch for more details on a membership for your camper or family!**

## HOW TO REGISTER

Registration for our summer camp programs has never been easier. Following the steps below:

**Need support?** Please reachout to our Call Center (215) 999-9622 or visit the Welcome Center of the branch closest to your home.

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### **Online registration for Bucks and Hunterdon Families:**

1. Please visit our website at [CAMPS AT RIVER CROSSING YMCA](#)
2. Navigate to the location of your choice.
3. Navigate to online registration on that page.
4. Click to select the program(s) of your choice.
5. Login to your account or create an online login. Important: If you already have an account, please log into that youth, teen or family account. *Do not create a new account.*

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### **For ELRC Families and Lehigh Valley Families Only:** (Must come IN-PERSON)

#### **Please visit your local River Crossing YMCA branch.**

1. Bring this registration packet with you or complete it at the branch.
2. Bring or complete the Camp Grid, circling the camps and weeks you want to register for.
3. One of our Membership Engagement Representatives (MER) will gladly accept your packet at the branch Welcome Center. The MER will complete a Google Form to log that we have received your packet. A member from our Camp Leadership Team will contact you to complete the camp registration process. *\*Please note your campers registration is not complete until you have received this phone call and deposits have been made.*

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**For Financial Assistance Program** information, application, and guidelines, please click [HERE](#).

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### **Stay Connect and Informed:**

- Kindly read the [Summer Camp Handbook](#)
- Confirm your email address when registering for camp! Email is our primary form of communication throughout the summer. If you unsubscribe to these emails, please understand that you may not receive important information, including weekly hotshets and other ways of staying connected.

**CAMP LOCATIONS**

**BUCKS COUNTY PA**

**Camp Bucks | Doylestown**

2500 Lower State Road, Doylestown, PA 18901  
(P) (215) 348-8132 ext 1160  
(E): [doylestowncamp@ymcarivercrossing.org](mailto:doylestowncamp@ymcarivercrossing.org)  
(E): [abilitycamp@ymcarivercrossing.org](mailto:abilitycamp@ymcarivercrossing.org)  
Camp Director: Taylor Jermyn  
Ability Camp Director: Kaitlyn Stevens

**Camp Bucks | Fairless Hills at Cabrini**

325 S Oxford Valley Rd, Fairless Hills, PA 19030  
(P): 267-899-0770  
Y Office: 267-589-1830 x4008  
(E) [lowerbuckscamp@ymcarivercrossing.org](mailto:lowerbuckscamp@ymcarivercrossing.org)  
Camp Director: Kelly Haines

**Camp Bucks | Fairless Hills Esports and Sports Camps**

*Hosted at the Fairless Hills branch*  
601 S Oxford Valley Rd, Fairless Hills, PA 19030  
(P) 267-589-1830 x4008  
(E) [lowerbuckscamp@ymcarivercrossing.org](mailto:lowerbuckscamp@ymcarivercrossing.org)  
Camp Director: Alex Gatto

**Camp Bucks | Holland**

597 Beverly Rd, Holland, PA 18966  
(P) (Jun-Aug): 267-899-0780  
(P) 267-589-1830 x4008  
[lowerbuckscamp@ymcarivercrossing.org](mailto:lowerbuckscamp@ymcarivercrossing.org)  
Camp Director: Amanda Bunje

**Camp Bucks | New Hope-Solebury**

2712 N. Sugan Road New Hope, PA 18938  
(P) 215-862-0222  
(E) [nhscamp@ymcarivercrossing.org](mailto:nhscamp@ymcarivercrossing.org)  
Camp Director: Jule McDonald

**Camp Bucks | Quakertown**

401 Fairview Ave. Quakertown, PA 18951  
(P) 215-536-8841 x 310  
(E) [quakertowncamp@ymcarivercrossing.org](mailto:quakertowncamp@ymcarivercrossing.org)  
Camp Director: Carlie Bearn  
Sports Camp Director: Kyle Creighton

**Camp Bucks | Warminster @ Warminster Community Park**

300 Veterans Way, Warminster, PA 18974  
(P) 267-387-9622  
(E) [warminstercamp@ymcarivercrossing.org](mailto:warminstercamp@ymcarivercrossing.org)  
Camp Director: Maddy Moore

**Camp Bucks | Warminster Esports & NinjaZone**

*Hosted at the Warminster branch*  
624 York Road, Warminster, PA 18974  
(P) 267-387-9622  
(E) [warminstercamp@ymcarivercrossing.org](mailto:warminstercamp@ymcarivercrossing.org)  
Camp Director: Maddy Moore

**CAMP LOCATIONS**

**LEHIGH COUNTY PA**

**Camp Lehigh | Macungie**

50 North Poplar St, Macungie, PA 18062  
(P) 610-351-9622  
(E) [allentowncamp@ymcarivercrossing.org](mailto:allentowncamp@ymcarivercrossing.org)  
Camp Director: Cassidy Bell

**Camp Lehigh | Allentown**

425 15<sup>th</sup> St., Allentown, PA 18102  
(P) 610-351-9622  
(E) [allentowncamp@ymcarivercrossing.org](mailto:allentowncamp@ymcarivercrossing.org)  
Camp Director: Cassidy Bell

**Camp Lehigh | Catasauqua**

880 Walnut St, Catasauqua, PA 18032  
(P) 610-264-5221  
(E) [catasauquacamp@ymcarivercrossing.org](mailto:catasauquacamp@ymcarivercrossing.org)  
Camp Director: Skylar Lynn

**Camp Lehigh | Lehigh Township**

800 Mountain Dr Walnutport, PA 18032  
(P) 610-264-5221  
(E) [lehightownshipcamp@ymcarivercrossing.org](mailto:lehightownshipcamp@ymcarivercrossing.org)  
Camp Director: Skylar Lynn

**Camp Lehigh | Whitehall**

2932 Zephyr Blvd, Whitehall, PA 18052  
(P) 610-264-5221  
(E) [whitehallcamp@ymcarivercrossing.org](mailto:whitehallcamp@ymcarivercrossing.org)  
Camp Director: Skylar Lynn

**NORTHAMPTON COUNTY PA**

**Camp Northampton | Bethlehem**

430 E. Broad St., Bethlehem PA 18018  
(P) 610-867-7588 x505  
(E) [bethlehemcamp@ymcarivercrossing.org](mailto:bethlehemcamp@ymcarivercrossing.org)  
Camp Director: Samantha Cruz

**Camp Northampton | Easton/Phillipsburg**

1225 W. Lafayette St., Easton, PA 18042  
(P) 610-258-6158  
(E) [eastoncamp@ymcarivercrossing.org](mailto:eastoncamp@ymcarivercrossing.org)  
Camp Director: Catherine Maslany

**Camp Northampton | Nazareth**

4609 Newburg Rd., Nazareth, PA 18064  
(P) 610-759-3440  
(E) [nazarethcamp@ymcarivercrossing.org](mailto:nazarethcamp@ymcarivercrossing.org)  
Camp Director: Skylar Lynn

**Camp Northampton | Slate Belt**

315 W. Pennsylvania Ave., Pen Argyl, PA 18072  
(P) 610-881-4470  
(E) [slatebeltcamp@ymcarivercrossing.org](mailto:slatebeltcamp@ymcarivercrossing.org)  
Camp Director: Tiffany Kresge

**CAMP LOCATIONS**

**HUNTERDON COUNTY NJ**

**Camp Hunterdon | Camp Carr**

1 Camp Buck Rd, Annandale, NJ 08801  
Camp Office Phone #: 908-735-5951  
[campcarr@ymcarivercrossing.org](mailto:campcarr@ymcarivercrossing.org)  
Camp Director: Andy Cogen

**Camp Hunterdon | Deer Path**

*Hosted at the Deer Path branch*  
144 West Woodschurch Rd,  
Flemington, NJ 08822  
Camp Office Phone #: 908-782-1030  
[flemingtoncamp@ymcarivercrossing.org](mailto:flemingtoncamp@ymcarivercrossing.org)  
Camp Director: Kristin Heimall

**Camp Hunterdon | Echo Hill**

42 Lilac Drive, Flemington, NJ 08822  
Camp Office Phone #: 908-483-4932  
[echohillcamp@ymcarivercrossing.org](mailto:echohillcamp@ymcarivercrossing.org)  
Camp Director: Kristin Heimall

**Camp Hunterdon | Lambertville**

*Hosted at South Hunterdon High School*  
301 Mt Airy-Harbourton Rd,  
Lambertville, NJ 08530  
Camp Office Phone #: 908-948-0275  
[lambertvillecamp@ymcarivercrossing.org](mailto:lambertvillecamp@ymcarivercrossing.org)  
Camp Director: Dan D'Albis

**Camp Hunterdon | Tewksbury**

*Hosted at Tewksbury Elementary School*  
109 Fairmount Rd E,  
Califon, NJ, 07830  
Camp Office Phone #: 908-782-1030  
[hiadanza@ymcarivercrossing.org](mailto:hiadanza@ymcarivercrossing.org)  
Camp Director: Holly Iadanza

## 2025 EMERGENCY CONTACT / PARENTAL CONSENT FORM

(ALL LINES MUST BE COMPLETED – WRITE N/A IF NOT APPLICABLE)

CHILD'S NAME		SHIRT SIZE	BIRTH DATE	GENDER
ADDRESS		GRADE ENTERING	SCHOOL DISTRICT	
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER		
BUSINESS NAME		EMAIL ADDRESS		
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER		
PARENT NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER		
BUSINESS NAME		EMAIL ADDRESS		
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER		
<b>EMERGENCY CONTACTS</b>	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER				TELEPHONE NUMBER
ADDRESS				
SPECIAL DISABILITIES (IF ANY)			ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY			MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD - DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)				
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS				POLICY NUMBER (REQUIRED)
PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT- IF NO PERMISSION GIVEN, INDICATE SUCH				
OBTAINING EMERGENCY MEDICAL CARE			ADMINISTRATION OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS			SWIMMING	
TRANSPORTATION BY THE FACILITY			WADING	
SIGNATURE OF PARENT OR GUARDIAN			DATE	
6 Month update SIGNATURE OF PARENT OR GUARDIAN			DATE	

## CHILD RELEASE, PERMISSIONS FORM AND STATEMENT OF UNDERSTANDING

I give consent for the below camper to attend the field trip associated with their week of camp. Please note that the camper must also be enrolled in that session and registered for the field trip. In giving my permission, I understand that River Crossing YMCA will be providing transportation to and from all field trips. I accept full responsibility and release the River Crossing YMCA of all liability. I understand that field trip days are subject to change based on the session enrollment.

<b>Child's Name:</b>	<b>Date of Birth:</b>
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### GENERAL PERMISSIONS

By **initialing below, (choose either yes or no – do not sign in both)** I indicate my permission for field trips and preferences for the camper named above:

YES	NO	Permission Item
		Staff to assist with the application of sunscreen/lotion to my child, which I will provide.
		To use hand sanitizer to supplement hand washing.
		Permission to post my child's allergies in their classroom or binders.
		I have received, read, and will abide by the <b>policies and procedures</b> of River Crossing YMCA Family Handbook and included in the registration packet
		I have received, read, and understood the information on the <b>Emergency Operations Plan</b> . I understand that the persons listed on the Emergency Contact Sheet will be designated custodians for the release of my child.
		In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the <b>River Crossing YMCA</b> to send my child to the closest hospital. I agree to meet the YMCA Staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.

**YMCA STATEMENT OF UNDERSTANDING:** The following information is important for the safety and protection of your child. Please read the information and sign the permission form indicating your understanding. A copy will be placed in your child's records.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be 18 or older. Any other arrangements must be made by calling your campsite.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they must make this judgment call.
- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y program. Immediate disciplinary action will be taken by the Y toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for Y staff to receive and supervise the child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers and that I should report this to a supervisor if they do.
- I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
- I understand that additional health forms are needed for my camper's registration to be complete. I understand these forms are due by the Wednesday before my camper's first day of camp,
- [Please click here to view the EMERGENCY OPERATIONS PLANS for your camp location.](#)

Parent/Guardian Signature:	Date:
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## 2025 - RIVER CROSSING YMCA – CAMPER ENROLLMENT AGREEMENT FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Expected Arrival Time: \_\_\_\_\_ Expected Departure Time: \_\_\_\_\_

**Registration Fee will be charged at the time of Enrollment.**

**The amount charged will be reflective of the options chosen on the Camp grid provided.**

Camp Week	Billing Date (7 days prior to camp week)	Changes/Cancellation Request Due Date (14 days prior to camp week)
6/9/2025-6/13/2025	6/2/2025	5/26/2025
6/16/2025-6/20/2025	6/9/2025	6/2/2025
6/22/2025-6/27/2025	6/16/2025	6/9/2025
6/30/2025-7/4/2025 <b>no camp on 7/4</b>	6/23/2025	6/16/2025
7/7/2025-7/12/2025	6/30/2025	6/23/2025
7/14/2025-7/18/2025	7/7/2025	6/30/2025
7/21/2025-7/25/2025	7/14/2025	7/7/2025
7/28/2025-8/1/2025	7/20/2025	7/13/2025
8/4/2025-8/8/2025	7/28/2025	7/21/2025
8/11/2025-8/15/2025	8/4/2025	7/28/2025
8/18/2025-8/22/2025	8/11/2025	8/4/2025
8/25/2025-8/28/2025 <b>no camp on 8/29</b>	8/18/2025	8/11/2025

**WEEKLY TUITION AMOUNT: \$**

**AUTHORIZATION:** I hereby authorize the River Crossing YMCA to initiate and continue auto transactions to my account as indicated. I understand that I must submit a 14 day written notice to cancel or change childcare and associated billing. By signing below, I indicate my permission to charge the Credit Card or Bank Account, I have added for payment.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

## 2025 SUMMER CAMP | FINANCIAL TERMS & CONDITIONS

I understand that camp registrations will not be accepted after 11:59 PM the Wednesday before the start of a camp week.

I understand that my tuition includes a camp program including in-house events and pizza day.

I understand payments will be drafted from my account 7 days prior to each week I am registered for.

**I understand that the \$25 deposits made for each camp registration are non-refundable.**

I understand that a billing method must be on file at the time of registration.

I understand camp fees are considered the responsibility of the parent enrolling the child. It is not the responsibility of the Y to collect split payments from different parents/family members.

I understand that any changes to camp registrations must be made 14 days before the billing date and I will be charged a \$10 change fee to your billing method on file.

I understand that no refunds or credits will be given for any change or cancellation made after being billed.

I understand that for the safety of all campers, midweek camp changes cannot be made.

I understand the Y does not credit nor refund for events considered outside of our control which cause closure of camp and services (weather, power outage, Act of God, COVID forced closure, etc.)

If I am on ELRC subsidy:

- I am responsible to remain within the allotted 40 days absences approved by ELRC
- I am further responsible for payment for any care outside the allotted 40 absences approved by ELRC
- I will be charged full price for days my child is enrolled which is not approved by ELRC (Example: ELRC will pay for M-W-F but parent/guardian drops off on Thursday or child's care gets suspended for a week(s) the child is registered in camp.)

I understand that if I do not pay in-full for camp(s), that I hereby give authority to River Crossing YMCA to use the information provided or currently on file, to charge my bank account for camp on the published due date (7 days prior to Monday of each camp week). Payments will be drafted from my account on the due date for each week I am registered for. I will be responsible for all payments from my account and will notify River Crossing YMCA of any changes to my account. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus subject to any late or overdraft charges applied by the River Crossing YMCA. The current return draft fee is \$30.00. This is in addition to any service fee my bank may charge.

**FINANCIAL TERMS & CONDITIONS AGREEMENT:** I understand and agree to the financial terms and conditions listed above.

Person(s) designated by parents to whom their child can be released:

**Parent/Guardian Signature:**

Date:

Registrar/Director's Signature:

Date:

Confirmation Sent:

Billing Date:

Enroll Date:

Withdrawal Date:

**6 Mo.Update -Parent/Guardian Signature:**

Date:

## WAIVER AND RELEASE

### WAIVER AND RELEASE

In consideration of my/our participation in the activities of the River Crossing YMCA, I/we do hereby hold free from any liability River Crossing YMCA, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of River Crossing YMCA it's facilities, equipment or program activities. Furthermore, I hereby grant permission for photographs and videos taken by River Crossing YMCA staff and volunteers to be used for River Crossing YMCA publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

**Parent Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

## MEDICATION INFORMATION

**Medications** - List all medications your child is presently taking, including over the counter medication.

Medication Name: \_\_\_\_\_

Dosage amount: \_\_\_\_\_

Time Taken: \_\_\_\_\_

How often: \_\_\_\_\_

Reason: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage amount: \_\_\_\_\_

Time Taken: \_\_\_\_\_

How often: \_\_\_\_\_

Reason: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage amount: \_\_\_\_\_

Time Taken: \_\_\_\_\_

How often: \_\_\_\_\_

Reason: \_\_\_\_\_

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**  
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:                      DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.