

Vanderbilt Area School

Enrollment Checklist

- Vanderbilt Area School Registration Form.
- Childs Certified Birth Certificate. (Proof of Age for Kindergarten)
- Proof of Guardianship or Custody
- Proof of Residency (Government-issued ID, Car Registration, Utility Bill, Residential Lease)
- Record of Immunizations
- Emergency Contact Forms





Vanderbilt Area School

Student Registration Form

Student Name: _____

Last

First

Middle

Age:

Sex:

Social Security
Number

Street
Address: _____

P.O. Box

County of
Residence _____

Township of
Residence _____

Proof of Residency Documents

- Drivers License
- Utility Bill
- Renters Receipt or Agreement
- Property Tax Receipt
- Voter Registration Card
- Other

Date of Birth:

Place of Birth: _____

Mother's Name: _____

Father's Name: _____

Parent Marital Status _____

Birth Certificate

- Yes
- No

Immunizations Complete

- Yes
- No

Stepfather	_____	Stepmother	_____
Guardian Name	_____	Relationship	_____
Mom Cell #	_____	Dad Cell #	_____
Mom Work #	_____	Dad Work #	_____
With whom does the child reside?	_____	Best Contact #	_____
Grade student enrolling in?	_____		

Has your child been expelled or Suspended?

<input type="checkbox"/> Yes <input type="checkbox"/> No

Racial Ethnic Group
(Please check one)

- American Indian/Alaskan Native
- Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino

Has your child been receiving Special Services? Please explain:

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me please notify the following or call 911.

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Does your child take any medications? If so, please list all medications:

Does your child have an illness of any kind we should know about? If so,
How should we handle it?

Signature of Parent

Date

Signature of Parent

Date



Vanderbilt Area School Kindergarten Readiness Information

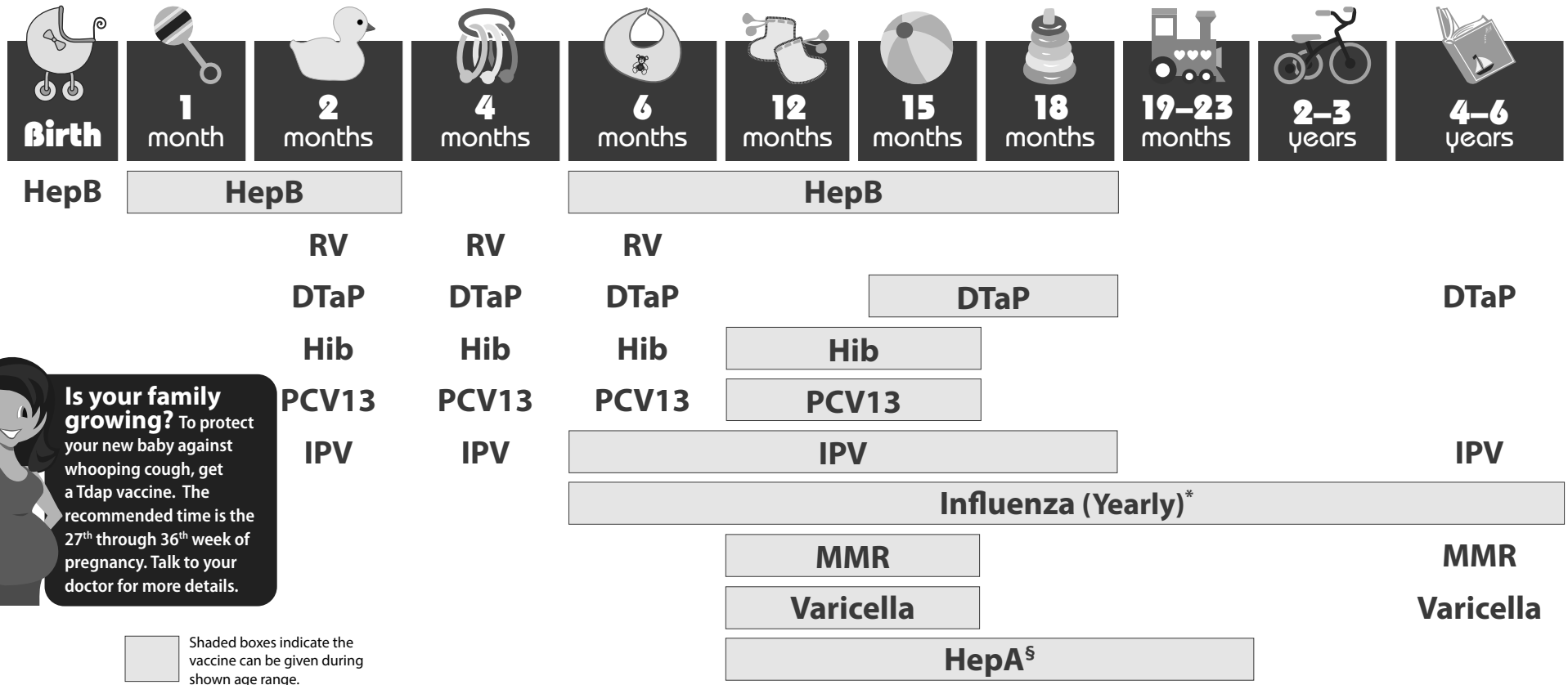
Name: _____

My Child Attended:

- My child did not attend preschool
- 3-year-old preschool
- 4-year-old preschool

3-year-old Preschool	4-year-old Preschool
<ul style="list-style-type: none"><input type="checkbox"/> Half Day <input type="checkbox"/> Full Day<input type="checkbox"/> Head Start (NEMSCA)<input type="checkbox"/> Private<input type="checkbox"/> Church Sponsored<input type="checkbox"/> Daycare<input type="checkbox"/> Other	<ul style="list-style-type: none"><input type="checkbox"/> Half Day <input type="checkbox"/> Full Day<input type="checkbox"/> Head Start (NEMSCA)<input type="checkbox"/> Private<input type="checkbox"/> Church Sponsored<input type="checkbox"/> Daycare<input type="checkbox"/> Other

2020 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
 - § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.



For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

PARENTS

VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Children must follow state vaccine laws to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect your child from other serious diseases is to follow the recommended vaccination schedule at www.cdc.gov/vaccines. Talk to your health care provider to make sure your child is fully protected.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.Michigan.gov/Immunize.

*If the child has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.



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