

CHECKLIST

Storybook Early Learning Center contract filled out and initialed, and an enrollment fee to be turned in promptly to ensure spot is held. Parent's manual is for you to keep. **The contract and non-refundable enrollment fee must be turned in before your child is allowed to start childcare.**

CONTRACT

- ☐ FILLED OUT AND SIGNED



ENROLLMENT FEE:

- ☐ 10% of the monthly tuition total. The enrollment fee is non-refundable.

PAPERWORK:

- ☐ Emergency Contact Information
- ☐ Over the Counter Form
- ☐ Certificate of Immunizations — you may submit a copy of the original; completing the form is not required.
- ☐ Pet and Animal Participation Waiver

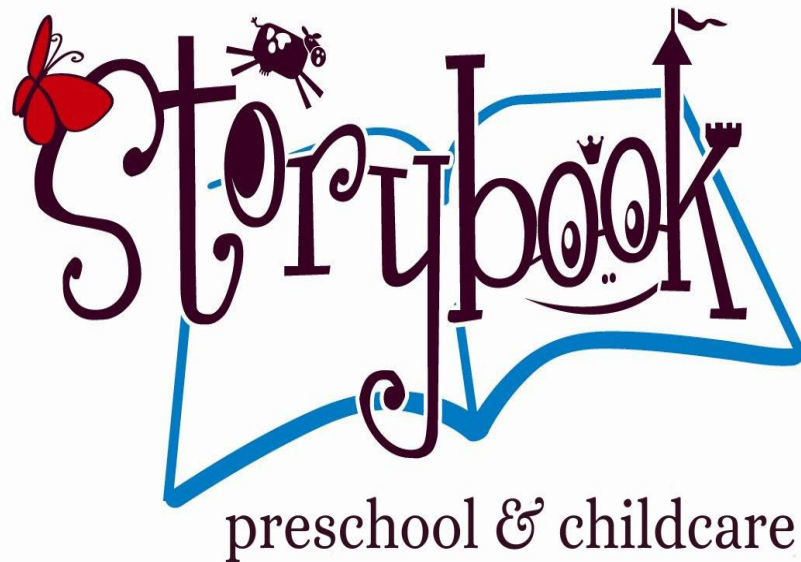
SUPPLIES:

- ☐ Sunscreen (optional)
- ☐ Diapers, diaper cream or pull ups if needed.
- ☐ Indoor shoes for winter can be any type of shoes or slippers. (optional)
- ☐ Complete change of clothing.
- ☐ Appropriate outdoor wear.
- ☐ Water bottle that has a protective cover over drinking area. Ex: 
- ☐ Nap mat that rolls up for full day only. Ex: 

SCHOOL SUPPLIES – for ages 2 and older:

- ☐ Crayons
- ☐ Markers (optional)
- ☐ Pencil box
- ☐ Box of glue sticks
- ☐ Pack of erasable fine tip markers

PARENT'S MANUAL TO KEEP FOR REFERENCE



231 South 23rd Avenue
Bozeman MT 59718
406♦219♦3923
storybookbozeman.com
storybookdaycare@gmail.com

OUR PHILISOPHY

Dear Parents,

Welcome to Story Book Preschool and Childcare! Your child is precious to us, and we strive to offer an environment where we get to know and care for your child one on one. We are early childhood professionals committed to giving your child quality care and education while you are at work. To provide a loving, healthy, stimulating, and safe environment for your child, we stay current in the child development and early childhood education fields. Our curriculum will nurture your child and allow him or her to explore, discover new experiences, and learn every day. We use a wide range of indoor and outdoor toys, equipment, and activities to encourage your child's social, physical, and cognitive growth. We value each of the children we serve for their individuality and diverse abilities.

I want you to be as involved as possible with your child's experience here. You are welcome to visit anytime. We are happy to speak with you at any time concerning your child's progress. Please ask us any questions about your child's care and education and share with us any information or concerns that can help make this a better experience for you and your child.

Story Book Preschool and Childcare is registered with the State of Montana as a group childcare facility. This means we care for no more than 15 children at any time, aside from 9:30-12:30 when we provide spots for three additional Preschoolers. To ensure the safety of your child, all caregivers have had a background check, a Child Protective Services check, and have been certified in CPR and First Aid. All caregivers stay current in the early care and education by participating in at least 16-20 hours of additional training a year.

Sincerely,

Maren Griswold: Owner- Story Book

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OUR SCHEDULE!

	Full day and half day kids can arrive any time after 730am.
7:30-8:30	Arrivals and free play.
8:30-9:00	Clean up, wash hands, and have breakfast
9:00-10:00	Indoor or outdoor free play- weather dependent.
9:15-9:30	MORNING PROGRAM DROP OFF
10:00-10:15	Preschool learning circle: seasons, days of the week, months of the year, weather, numbers, and alphabet. Toddler lessons and learning activities: table time, <u>arts</u> and crafts, cognitive and manipulatives.
10:15-11:00	Toddler learning circle: seasons, days of the week, months of the year, weather, numbers, and alphabet. diaper checks/potty time. Preschool Table Time: social studies, science, weekly subject lesson, <u>arts</u> and crafts (cutting, pasting, tracing, practice in writing skills.)
11:00-11:30	Indoor or outdoor free play- weather dependent.
11:30-11:45	Circle time activity that will vary day to day to include Yoga, games, dance, drum circle, exercise, theater, music, sign language, Spanish, etc.
11:45-12:00	Story time and diaper checks/potty time.
12:00-12:30	Wash hands and lunch time.
12:30-12:45	Free play and MORNING AND HALF DAY KID'S PICK-UP TIME.
12:45-1:00	Cleanup, brush teeth, diaper checks/potty time. and quiet time with books.
1:00-3:15	Nappers: nap time, children join non-napper activities as they wake up. **We do not wake your children up unless you ask us to. Non-nappers: quiet time activities i.e., reading, puzzles, games. After quiet time afternoon lessons will include arts and crafts, worksheets, tracing, cutting, movement, etc. and outdoor time (weather dependent). 3:15 diaper checks/potty time and as children wake up from nap.
3:30-4:00	Wash hands and have snack.
4:00-4:30	Sports, game, cooking/baking, or project time. (Practice with fine and gross motor skills)
4:30-5:30	Indoor or outdoor free play- weather dependent, cleanup, and get ready to go home.

MONTHLY TUITION:

RATES INFANTS AGES 12-24 MONTHS				RATES CHILD AGED 2 YEARS AND OLDER			
DAYS/WK	FULL DAY 730-530	HALF DAY 730-1230	MORNINGS 930-1230	DAYS/WK	FULL DAY 730-530	HALF DAY 730-1230	MORNINGS 930-1230
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4	\$1375	\$705	\$592	4	\$1100	\$640	\$512
3	\$1100	\$550	\$468	3	\$900	\$510	\$408
2	\$800	\$385	\$328	2	\$640	\$350	\$288
1	\$420	\$200	\$172	1	\$340	\$185	\$152

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Please note that tuition reserves a **specific slot** for your child. For this reason, **no discounts, credits, or refunds** are provided for missed days, including those due to **vacations, holidays, or illness**.

ENROLLMENT FEE: A non-refundable enrollment fee will be needed for your child to start, or to hold a spot for your child. The required enrollment fee will be 10% of one month's tuition.

LATE PAYMENT: A fee of \$15.00 a day will be assessed if the payment is not received by the due date. If nonpayment is an issue more than three times, the provider reserves the right to terminate service without notice.

OVERTIME & LATE FEE POLICY

A late fee of \$1 per minute, per child will be charged for any late pickups.

- Example: 15 minutes late = \$15 per child.
- Example: 30 minutes late = \$30 per child.

This policy will be strictly enforced. After two late notices, the fee increases to \$5 per minute, per child, and repeated violations may result in termination of services.

Please note: This policy also applies to early drop-offs for the morning program.

RETURNED CHECK: There will be a fee of \$30 for any returned checks and you will also be required to pay any additional fees incurred. If two checks are returned, you will be required to pay with cash. If there are continuing problems with payment the provider may terminate service without notice.

YOUR CHILD'S SPOT

The spot that you sign up for is a permanent spot, whether it is part time or full time. If a parent would like to change the number of days originally contracted for, it must be approved by the owner for availability. You will then be able to choose from the available spots as agreed upon with the owner and renew your contract for those days. A thirty-day written notice will be required for any change, or for termination of your child's spot.

***You may drop your child off and pick up at any time that is convenient for you. It is your slot that you are paying for and may use it as you would like.**

LEAVE OR VACATION

Vacation Leave: Spring break week will correlate with Bozeman school district spring break, Memorial Day, week of the Fourth of July, Labor Day, Thanksgiving week Wednesday-Friday, and Christmas Eve through New Year's Day. It is the parents' responsibility to obtain substitute care on these days. Story Book reserves the right to be closed up to two weeks a year with sufficient notice beyond the stated holiday closures.

Sick/Personal Leave: Although the provider will make every attempt to be available each day, it is possible that the provider may not be able to staff the daycare due to unforeseen circumstances (i.e. illness, family emergency). In this rare occasion, parents will be notified as soon as possible and will be responsible for finding alternate care.

Child's Absences: The parent should inform the provider if the child is going to be absent due to illness or vacation. You are paying for a specific slot, so no discounts are given if your child doesn't show up. This includes parent vacation and absence due to illness. Payment is due prior to the vacation.

ILLNESS

Do not bring a sick child to daycare. Children should fully recover before returning to prevent spreading illness and to participate in activities.

Children cannot attend if they have had any of the following in the past 24 hours:

- Fever of 100°F or higher
- Vomiting or diarrhea
- Runny or crusty eyes
- Unexplained rash

Children with certain bacterial infections must be on antibiotics for at least 24 hours before returning:

- Strep throat
- Impetigo
- Bacterial conjunctivitis (red, pus-like eyes)
- Other skin infections (draining burns, infected nails)
- Ear infections

Children with severe symptoms (coughing, breathing problems, stiff neck, irritability, poor eating/drinking, seizures) must see a doctor before returning. Parents must pick up sick children and arrange care. For mild illnesses, call to check if your child can attend. If a child gets sick at daycare, parents will be notified and may need to pick them up.

Medicine Policy: We do not give any medicine at daycare. Please plan to give medicine before school or during pick-up times.

IMMUNIZATION RECORDS

All children who attend childcare must be current in their immunizations and be able to show their immunization records. As your child receives boosters or other shots, please let us know so we can keep our immunization records up to date. ***Copies of current immunization records are required for your child's file.***

MEDICATION

Sunscreen and diaper ointments can be given to your child if needed. Parents are required to fill out the proper forms, and to supply all medications in their original containers. These must be labeled with the child's name.

MEDICAL EMERGENCIES

Minor bumps and scrapes may happen, but we do our best to keep children safe with supervision and childproofing. Small injuries will be treated with first aid, and parents will be informed at pickup. For serious injuries or illnesses, parents will be contacted right away. If parents cannot be reached, the emergency contact will be called. If needed, your child will be taken to the nearest hospital, where you will be asked to meet us. If an emergency caregiver is needed, parents will be notified. If one is not available, parents may be asked to pick up their child. In cases of poisoning, the Montana Poison Control Center will be contacted first, then parents will be notified. Parents are responsible for any emergency medical costs, including transportation. Story Book Daycare is not responsible for any sickness or injury to parents/guardians or children on the premises, or while children are in our care during field trips or outings.

FIRST DAYS AND GOODBYES

Leaving your child in a new environment can be hard, and it's normal to feel worried. Here are some tips to make the transition easier:

- Show excitement about daycare.
- Keep a consistent goodbye routine, like reading a story each morning.
- Always say goodbye—don't sneak out. This helps your child build trust and feel secure when you leave and return.

For a smoother transition, please keep goodbyes brief and positive. Long or emotional goodbyes can make it harder for both you and your child. A simple, cheerful message such as "Goodbye, I'll see you soon—have a great time!" helps your child feel confident and happy about their day.

TOILET TRAINING

We believe that toilet training should start when a child is ready physically and psychologically. Each child begins to learn this important and independent skill on his or her own timetable. If you feel your child is ready, we will work with both of you to begin this process, but we do have strict policies to follow with potty training if it is to be done at Storybook. We will give you our potty-training policy handout when your child is ready to begin the potty-training process.

NOURISHMENT

If your child has a food allergy you will be given one option of the provider's choice, as a substitution. You may choose to bring your own food/milk substitute if you do not want your child to have the substitute we provide.

SAMPLE MENU					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST 8:30 AM	milk cheerios strawberries	milk pancakes blueberries	milk toast oranges scrambled eggs	milk bagels with peanut butter, bananas	milk french toast and applesauce
LUNCH 12:00 PM	milk grilled ham and cheese peas apple slices	milk tacos with fresh toppings corn	milk turkey sandwich sliced bell peppers beans	milk pasta with red sauce and parmesan garlic toast salad with tomatoes	milk peanut butter and jelly sliced carrots and cucumbers
SNACK 3:30 PM	milk and banana bread	water goldfish crackers	water frozen fruit in yogurt	water chips and salsa	water apples and peanut butter

Meals will be served at the following times:

- Breakfast 8:30-9:00am
- Lunch 12:00-12:30pm
- Snack 3:30-4:00pm

Please do not send money, gum, candy, or any other food with your child unless prior agreement has been made. Parents must provide baby food, bottles, or any special diet items. Written feeding instructions are required for infants, including type, amount, and times. Please label all items.

NAP/REST TIME

Each child 5 years of age and younger is required to have a rest period. These rest periods are scheduled through the day at specific times; however, if your child is tired, they can rest when it is most beneficial to them. If your child no longer naps, he/she may look at books and do games or activities but must try to remain quiet for the other children. Nap time and quiet time is at 1:00 pm for all children. Nap times for infants are as needed, generally a morning and afternoon nap. A copy of our SAFE SLEEP POLICY is posted on the nap room door.

HOUSE RULES

The following rules are reinforced for the safety and wellbeing of everyone. There is no hitting, pushing, biting, grabbing, kicking, pinching the other children. Obscene language is not allowed. Respectful treatment of other children and all property, toys, and furniture is expected. Willful destruction of property will be charged to the parent at the cost to replace the item.

FIELD TRIPS

Occasionally, the provider will take the children on neighborhood walks, field trips, or other out-of-house activities that involve transportation of children by foot, in strollers, or in vehicles owned by the provider. The parents authorize that their child may participate in planned field trips or activities. Advance notice of all trips will be given with a sheet for the parent to sign to keep in the child's records. The parents agree to pay for any admission charge and other expenses involved in the field trip, if required. Parents may be requested to provide a car seat for the day. Copies of the emergency forms will be brought along on all outings.

SPECIAL DAYS

The provider will observe special days with activities (e.g. birthdays, Halloween, Valentine's Day, etc.). We do not provide any treats for birthdays, however, you are welcome to bring decorations, games, or treats to help celebrate if you choose, as long as there is enough for everyone. This can be discussed with the provider in advance, and at that time we can notify you of any allergies or restrictions. If you have any objection to your child participating in any of these holidays, please discuss this with the provider.

SCREEN TIME

Occasionally, we will have screen time (either TV or computer) that includes educational and instructional videos for lessons. For those parents that do not want their children to have any screen time, your child can read books in the book nook, or we will find an alternate activity. Please let us know if these are your wishes.

DISCIPLINE

The philosophy of Story Book Early Learning Center is that you use discipline to teach a child. This is achieved through love, consistency, and firmness.

- We use age-appropriate rules and discuss the reasons for them with the children.
- We model appropriate behavior and reinforce positive behavior.
- We acknowledge a child's successes and failures.
- We teach children the lessons of making choices and the consequences of those choices.
- We teach children to use their words to express their feelings instead of hurting each other by hitting or biting.

Rules and guidelines will be explained to the children frequently. Once a child understands the rules and disobeys them, the following developmentally appropriate guidance techniques will be used. These techniques are: Redirection -Removal of Privilege - Last Resort Time Out (reserved for a child acting violently towards other children or teachers) - when a child's behavior is continually upsetting or dangerous to myself or others, a conference will be called with the parents. If the problems cannot be resolved, arrangements will have to be made for the child to go elsewhere for care.

ABUSE AND NEGLECT

The State of Montana is very clear on this subject, if there are any suspicious marks on your child or we see repeated signs of neglect, we must report it to the Department of Health and Human Services.

CHANGE OR TERMINATION OF SERVICE

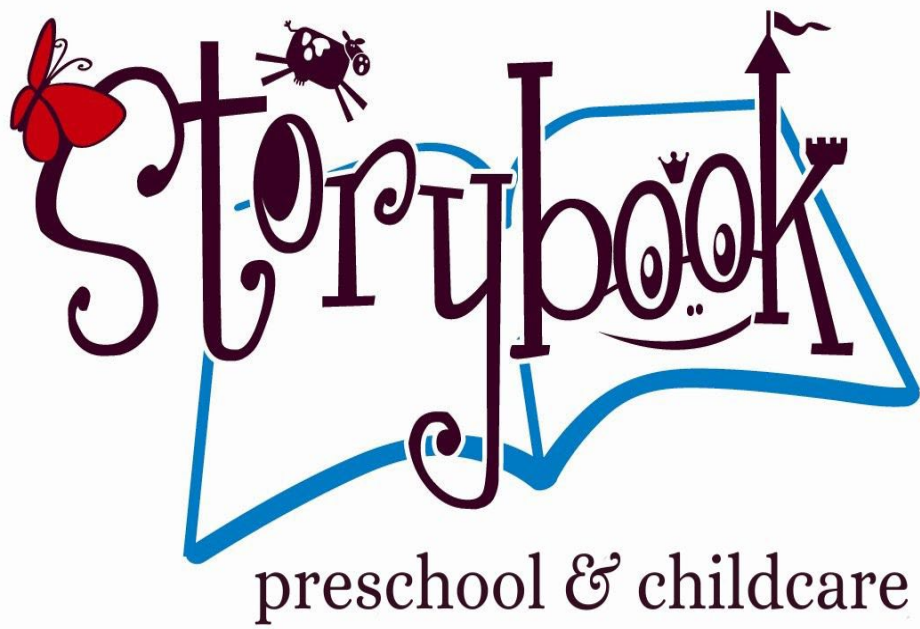
This agreement may be terminated by either party by giving thirty days' written notice if the child or children are to be permanently withdrawn from daycare. Thirty days' pay will be accepted in lieu of the thirty-day's written notice. The provider will also give the client/parent thirty day's written notice of intent to cancel this agreement except in cases of family emergency (providers) or gross misconduct on the part of the parent or child. Failure to follow the agreement rules in this contract may be cause for immediate termination with no notice. Best Beginning Scholarship users are required to give thirty days' notice and payment for termination of services. The provider will give the family a minimum of thirty days' written notice of any increase in fees or significant changes to this agreement.

GENERAL

- Parents are required to notify Story Book if their child will not be coming for the day.
- Parents are required to inform the provider of any change in addresses, telephone numbers, and other pertinent information.
- Parents are required to inform the provider if they are at any other location or phone number than what is listed on their enrollment record and to provide a telephone number for that place.
- Provider maintains an open-door policy for parents during daycare hours.
- Parents are encouraged to call at any time during the day or evening. If no one can get to the phone please leave a message, and your phone call will be returned as soon as possible.

PARENT CONTRACT

Please initial each page, fill out contract, and return.



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The State of Montana is very clear on this subject, if there are any suspicious marks on your child or we see repeated signs of neglect, we must report it to the Department of Health and Human Services.

CHANGE OR TERMINATION OF SERVICE

This agreement may be terminated by either party by giving thirty days' written notice if the child or children are to be permanently withdrawn from daycare. Thirty days' pay will be accepted in lieu of the thirty-day's written notice. The provider will also give the client/parent thirty day's written notice of intent to cancel this agreement except in cases of family emergency (providers) or gross misconduct on the part of the parent or child. Failure to follow the agreement rules in this contract may be cause for immediate termination with no notice. Best Beginning Scholarship users are required to give thirty days' notice and payment for termination of services. The provider will give the family a minimum of thirty days' written notice of any increase in fees or significant changes to this agreement.

GENERAL

- Parents are required to notify Story Book if their child will not be coming for the day.
- Parents are required to inform the provider of any change in addresses, telephone numbers, and other pertinent information.
- Parents are required to inform the provider if they are at any other location or phone number than what is listed on their enrollment record and to provide a telephone number for that place.
- Providers maintain an open-door policy for parents during daycare hours.
- Parents are encouraged to call at any time during the day or evening. If no one can get to the phone please leave a message, and your phone call will be returned as soon as possible.

Initial _____

STORYBOOK CONTRACT

Child's Information

- Name: _____
- Nickname: _____
- Birthday: _____ Age: _____
- Allergies, handicaps, or special needs (please discuss with provider before starting): _____
- Potty Trained: YES / NO
(If NO, please ask about our potty-training policies.)
- Naps: YES / NO

Parent/Guardian Information

- Mother's Name: _____
- Father's Name: _____

Family & Home

- Siblings' Names & Ages: _____
- Child lives with: _____

Child's Comfort & Preferences

- Security Objects: _____
- Favorite Activities: _____
- Best way to settle child when upset or afraid: _____

Permission for Activities (please circle YES or NO)

- Take photos of my child for school purposes (e.g., Facebook, special events, arts & crafts) and medical forms: **YES / NO**
- Participate in safe water activities: **YES / NO**
- Participate in field trips (with advance notice): **YES / NO**

Child's Schedule

I will be signing my child up for:

Start Date: _____

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day					
Half Day					
Morning					

Invoice Delivery Preference (please circle): **Paper / Email**

If Email, please provide address: _____

Acknowledgment & Agreement

We have read and understand the policies of Story Book Preschool and Childcare. By signing below, we agree to the policies and arrangements outlined above. This signature constitutes a binding agreement.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

NON-INGESTIBLE OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT

Child's Name _____ Date of Birth ____/____/____
Program Name _____ Today's Date ____/____/____

I give permission for the administration of following non-ingestible over the counter medications (mark all that apply):

- ☐ Diaper Rash Cream/Ointments
- ☐ Insect Repellent
- ☐ Sunscreen
- ☐ Cortisone/Anti-Itch Creams/Ointments
- ☐ Medicated Lip Treatments
- ☐ OTC Antibiotic Creams/Ointments
- ☐ Burn Creams/Sprays
- ☐ Other Non-Ingestible OTC's: (Please Specify) _____
- ☐ _____
- ☐ _____
- ☐ _____

To administer a non-ingestible over the counter (OTC) medication:

- The OTC medication must be brought to the day care facility from the parent;
- The OTC medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions _____ Refrigeration Y/N

Parent/Guardian Signature (required) _____

*** This document must be updated on an annual basis.**

Unused Medication: Returned to Parent Y/N or Discarded Appropriately (circle one)

By: _____ Date ____/____/____

***Keep in the child's file when medication is finished.**

WAIVER & RELEASE OF LIABILITY

Child's Name: _____

The undersigned(s) ("You"), being the lawful parent(s) and/or legal guardian(s) of the above Child, hereby consent to the Child's participation in all activities conducted by Storybook Early Learning Center ("Storybook") involving animals owned by Storybook in accordance with the permitted levels of contact that You specify below.

In addition, by your signature below:

1. You acknowledge reading a letter from Storybook dated April 9, 2014 describing the animals owned by Storybook and the possibility of injury, accident, or illness relating to the animals, and you agree to promptly notify Storybook if the Child has or develops an allergy or sensitivity to any of the animals owned by Storybook.
2. You consent for the Child to receive any medical treatment which may be deemed advisable in the event of an injury, accident, or illness related to the animals owned by Storybook.
3. You agree to save, hold harmless and indemnify Storybook and its owners, employees and agents (the "Storybook Parties") from any loss, liability, damage, or cost (each a "Claim") arising out of or relating to the animals owned by Storybook, and You agree to indemnify and hold the Storybook Parties harmless against the costs of defending Claims filed by the Child or any other parent/guardian.
4. You understand and agree that this Waiver & Release of Liability shall be construed broadly to provide a waiver and release of liability to the maximum extent permissible under applicable law.

Parent/Guardian(s)

(Signature above)

Print Name: _____ Date: _____

Permitted Levels of Contact.

Please check the applicable boxes to indicate all levels of contact the Child may have with each type of animal at Storybook:

	Physical Contact	Care & Feeding	None (observing only)
Fish	<i>(not applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rocco, Louie and Reuben the pugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the Child has an allergy or other sensitivity to any of the above-referenced animals, please describe it below:

Emergency Contact and Consent



This form must accompany staff when children are away from the childcare site

Child's Name (First, Last)		
Date of Birth		
ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.		
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Required Medical Information		
Primary Medical Care Provider		Phone
Health Concerns (Please explain)		
Allergies		
Parent or Guardian Authorization		
In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.		
Parent/Guardian Signature		Date
<i>(This form must be completed and signed annually)</i>		

STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I

PLEASE PRINT CLEARLY

Child/Student's Name	Birth Date	Sex	Primary Provider	
Name of Parent/Guardian	Address		City	Telephone Home Work

SECTION II

IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)					
Booster Dose Tdap required prior to 7 th grade entry					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					
Measles/Mumps/Rubella (MMR) or					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] Check here if child has documentation of disease					
Hepatitis B					
Pneumococcal Conjugate vaccine (PCV13)					

ACIP* Recommended Vaccines <small>*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention</small>	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Rotavirus					

NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION

If filled out by health department or health care provider:

If filled out by school or child care personnel:

To the best of my knowledge, this child has received the above immunizations.

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(School or Child Care Official and Title) Date

Signed: _____
(School or Child Care Official and Title) Date