

**The Super Comets  
(7-9 Year Olds)**



**Summer Camp 2021**  
**at**

**Educational Playcare**

Educational Playcare



## **Contact Numbers**

### **Educational Playcare ~ Avon -(860) 409-7051**

Al Coxon ([al@educationalplaycare.com](mailto:al@educationalplaycare.com)) – Center Director

Kaley Dehm ([kaley@educationalplaycare.com](mailto:kaley@educationalplaycare.com))– Assistant Director

Dan Shopey ([dshopey@educationalplaycare.com](mailto:dshopey@educationalplaycare.com))– Assistant Director and Camp Director

### **Educational Playcare ~ Farmington-(860) 678-8659**

Alicia Flynn ([aflynn@educationalplaycare.com](mailto:aflynn@educationalplaycare.com))– Center Director

Elissha Park ([epark@educationalplaycare.com](mailto:epark@educationalplaycare.com))– Assistant Director

### **Educational Playcare ~ Simsbury-(860) 651-9339**

Libby Marek([libby@educationalplaycare.com](mailto:libby@educationalplaycare.com))– Center Director

Ada Shetler([ashetler@educationalplaycare.com](mailto:ashetler@educationalplaycare.com))– Assistant Director

### **Educational Playcare ~ Windsor West -(860)-359-3735**

Ashley Walsh ([awalsh@educationalplaycare.com](mailto:awalsh@educationalplaycare.com))– Center Director

Kristie Nichols([knichols@educationalplaycare.com](mailto:knichols@educationalplaycare.com))- Assistant Director

**Regional Director-Summer Camp (860)-678-8659:** Erin Kubrin  
([ekubran@educationalplaycare.com](mailto:ekubran@educationalplaycare.com))



# 2021 Educational Playcare Summer Camp Staff



**Al Coxon**— EPC since 2001  
Center Director  
First Aid and CPR certified  
Medication and  
EPI-Pen Administration



**Kaley Dehm**— EPC since 2010  
Center Assistant Director  
First Aid and CPR certified  
Medication and  
EPI-Pen Administration



**Dan Shopey**— EPC since 2019  
Center Assistant Director & Camp  
Director  
First Aid and CPR certified  
Medication and  
EPI-Pen Administration



**Jeff St. Gelais** EPC since 2012  
Camp Lead Counselor & Bus Driver  
First Aid and CPR certified  
Medication and  
EPI-Pen Administration



**Tania Toledo** — EPC since 2013  
Camp Counselor  
First Aid and CPR certified  
Medication and EPI-Pen  
Administration



**Tom Donohue**— EPC since 2015  
Camp Counselor & Bus Driver  
First Aid and CPR certified  
Medication and EPI-PEN  
administration



**Brian** — EPC since 2017  
Camp Counselor  
First Aid and CPR certified  
Medication and EPI-Pen  
Administration



**Gabriel Velazquez**— EPC since 2021  
Camp Counselor  
First Aid and CPR certified  
Medication and EPI-Pen  
Administration



**Sylvia** — EPC since 2020  
Camp Counselor  
First Aid and CPR certified  
Medication and EPI-Pen  
Administration



**Erin** — EPC since 2021  
Camp Counselor  
First Aid and CPR certified  
Medication and EPI-Pen  
Administration



**Kalen**— EPC since 2018  
Camp Counselor / cook  
First Aid and CPR certified  
Medication and EPI-Pen  
Administration



**Alanis** — EPC since 2018  
Camp Counselor  
First Aid and CPR certified  
Medication and EPI-Pen  
Administration



**Sarah Hamilton**— EPC since 2021  
Camp Counselor  
First Aid and CPR certified  
Medication and EPI-Pen  
Administration

# Summer Camp 2021

Sample week with some of the projects we have planned.

<b>S-C</b>		W1, W2 Epic Engineers. W3, W4 Treasure Trackers. W5, W6 Off to the Races. W7, W8 Full S.T.E.A.M Ahead. W9, W10 Island Hopping			
<b>7-9yr olds</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>
7-8:45	Drop Off	Drop Off	Drop Off	Drop Off	Drop Off
8:45-9:15	Snack	Snack	Snack	Snack	Snack
9:15-11:30	Tower Building Fruit Carving	Treasure Hats Map Making Gold Hunting	<b>FIELD TRIP</b>	3D creations Planks Ball bounce	Hydraulic Machines Mini Golf Ball run
A.M. activities	Race around the room			Book Club	Book Club
11:30-12	Book Club	Book Club		<b>BBQ</b>	Book Club
12-12:30	Lunch	Lunch			Lunch
12:30-3:30	Free Swim	Soccer tracks Tug of war Sand adventures	Book Club	Free Swim	Mini Kites Bridges Cray
3:30-4					
4-4:30	bus	bus	bus	bus	bus
4:30-5:30	centers	centers	centers	centers	centers
<b>5:30-6</b>	Playground	Playground	Playground	Playground	Playground
Lunch Menu: Milk or water served with each meal					
<b>Monday</b>	Veggie Nuggets Broccoli fresh fruit			<b>Tuesday:</b>	Soft Tacos with Chicken Lettuce, Tomato, Cheese and Salsa, Fresh Fruit
<b>Wednesday:</b>	Pita Pocket Wedges Hummus or Soy Nut Butter Fresh Fruit, cucumbers			<b>Thursday:</b>	Cheese Pizza Salad with Dressing Fresh fruit
<b>Friday:</b>	Hotdogs & Hamburgers Fresh Fruit, chips, salad				

# Free Swim Registration

at Healthtrax Fitness & Wellness



**Educational Playcare** is happy to provide free swim at **Healthtrax Fitness & Wellness**.

**When:** Monday's and Thursdays from June 14<sup>th</sup> to August 19<sup>th</sup>

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

#### **Waiver of Liability and Assumption of Risk Agreement**

By signing this waiver of liability and assumption of risk, participant, parent/legal guardian authorizes the above mentioned participant to use Healthtrax Fitness & Wellness at The Avon Wellness Center and acknowledges and accepts the risk inherent in the use of center services apparatus, appliances, facilities activities and voluntary and expressly assumes the risk of injury, accident, death, loss cost or damage to the participant to their property which might arise from use of the center its directors, officers, shareholders, representatives, agents and employees from all claims, liabilities, loss, damage, costs and or causes of action including but not limited to all bodily injuries, property damage weather or not it is contended the center, its agents, representatives or employees or their negligence contributed thereto on whole or in part, or was responsible therefore.

Signature further certifies that the participant is in good health and is able to undertake and engage in physical exercise/sports activities in which he/she chooses to participate. Signature assumes all responsibility for updating the Center of changes in physical condition and from reporting all injuries sustained at the club to the manager or safety director, and releases the Center, its directors, officers, shareholders, representatives, agents and employees from any liability arising out of said information.

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

# Swimming Lessons

at Healthtrax Fitness & Wellness



**Educational Playcare** is happy to provide swimming lessons at **Healthtrax Fitness & Wellness**.

**When:** Lessons take place every Tuesday. Each session is 4 weeks.

**Session 1** - June 22<sup>nd</sup> to July 13<sup>th</sup> (Camp weeks 2-5)

**Session 2** - July 20<sup>th</sup> to August 9<sup>th</sup> (Camp weeks 6-9)

**Cost:** \$52 for each 4 week session

**To register,** log into your DayCare Works Parent Portal and follow these steps:

- Go to the '**Registration**' tab
- Scroll down to find the **Swim Lessons section** and choose '**Click to View Offerings**'
- Select one or both sessions and follow the instructions that follow to check out and complete registration.

# Field Trip Specifics

**Date:** Wednesday, June 16th

**Age Group:** All

**Destination:** EPC and Stratton Brook Park, Simsbury

**Time:** 9:30 am—3:00 pm

Building model rockets and launching them in the park.

**What to bring:**

water bottle, sunscreen.

No flip flops.



# Field Trip Specifics

**Date:** Wednesday, June 23th

**Age Group:** All

**Destination:** State Fish Hatchery- Burlington

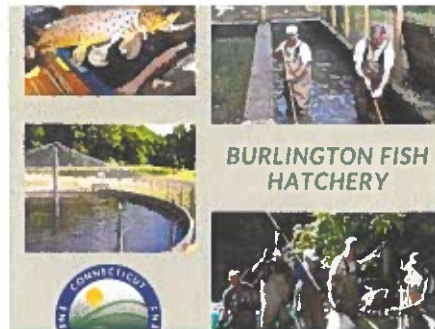
**Time:** 9:30 am—3:00 pm

Visit a fish hatchery and get a tour from an environmental engineer

**What to bring:**

water bottle, sunscreen

No flip flops.





# Field Trip Specifics

**Date:** Wednesday, June 30th

**Age Group:** All

**Destination:** Riverdale Farms Plaza, Avon

**Time:** 9:30 am—3:00 pm

Embark on a journey around Riverdale Farms to locate clues and find the buried treasure

**What to bring:** water bottle, sunscreen

No flip flops.



# Field Trip Specifics

**Date:** Wednesday, July 7th

**Age Group:** All

**Destination:** In House Field Trip

**Time:** 9:30 am—3:00 pm

Escape the room challenge with puzzles to solve, locks to unlock, and riddles to unriddle

**What to bring:** Imagination

No flip flops.



# Field Trip Specifics

**Date:** Wednesday, July 14th

**Age Group:** All

**Destination:** R&B's Sports World, Winsted

**Time:** 9:30 am—3:00 pm

Race around on go-carts or bump around on Bumper cars. Trip will end with Ice-cream or Slushies.

**What to bring:** Sunscreen

No flip flops.



# Field Trip Specifics

**Date:** Wednesday, July 21

**Age Group:** All

**Destination:** Farmington River at Nod Brook

**Time:** 9:30 am—3:00 pm

After naming the ducks, they will be released into the Farmington river. A short bus ride down stream will lead to the finish line as our ducks finish their race.

**What to bring:** Sunscreen and water shoes

No flip flops.



# Field Trip Specifics

**Date:** Wednesday, July 28th

**Age Group:** All

**Destination:** Peoples Forest, Barkhamsted

**Time:** 9:30 am—3:00 pm

After building fishing poles they will be used to fish a small river in Pleasant Valley.

**What to bring:** Sunscreen and a net if you have one

No flip flops.



# Field Trip Specifics

Date: Wednesday, August 4th

Age Group: All

Destination: In House

Time: 9:00am, 10:00am, 1:00pm

Decorating and firing clay pots with experts in pottery making

What to bring: creativity

No flip flops.



# Field Trip Specifics

**Date:** Wednesday, August 11th

**Age Group:** All

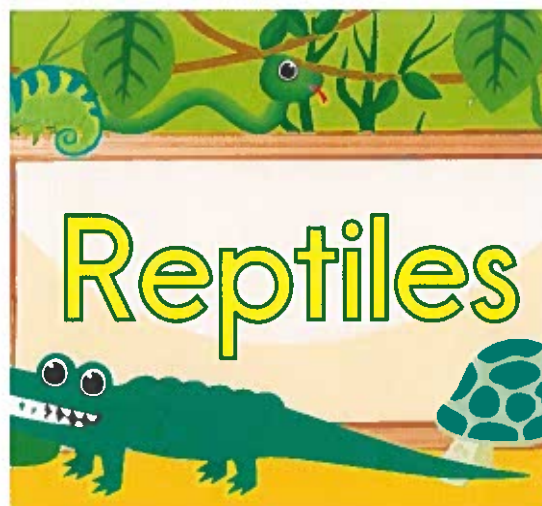
**Destination:** Harris in Wonderland, Canton

**Time:** 10:00am, 11:00am, 1:00pm

Learn about different reptiles and how they help our environment.

**What to bring:** Water bottles

No flip flops.



# Field Trip Specifics

**Date:** Wednesday, August 18th

**Age Group:** All

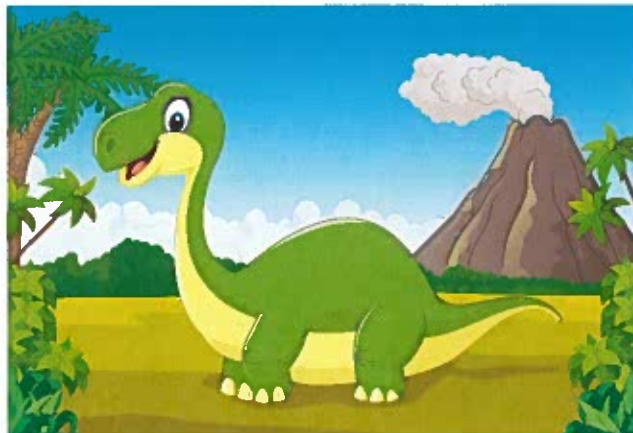
**Destination:** Dinosaur State Park, Rocky Hill

**Time:** 9:30 am—3:00 pm

Walk trails and look for fossil prints

**What to bring:** Sunscreen, Water, and comfortable shoes

No flip flops.





## Student Code of Conduct



*Parents: Please take a few minutes to review this with your child and help them to understand the significance of signing their name to it. Thank you.*

Our Mission is to provide the children in our care with the highest quality developmental and educational programs in a nurturing, safe and supportive environment while facilitating and enriching the childcare experience of our families.

All students enrolled at Educational Playcare are expected to conduct themselves appropriately, including during field trips and while being transported by EPC.

By signing this contract I agree that:

- I will not attempt to leave the supervision of EPC staff members.
- I will treat all school and personal property with respect.
- I will treat my peers with respect through my words and actions.
- I will not physically hurt other children.
- I will follow all classroom rules and teacher instructions.



\_\_\_\_\_  
Students name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent name and Signature

\_\_\_\_\_  
Date

the actions of the Developer of Educational Playcare, its agents, employees, or assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the Connect Engagement Program is an acceptance of this limitation of liability.

- (f) For greater certainty, I hereby release and forever discharge and agree not to make any claim against Educational Playcare, its board of directors, officers, agents, employees, affiliates and/or or assigns, for any and all claims, resulting from my participation and my child's participation in the Connect Engagement Program; and
- (g) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

## Approval for Photos/Videos

I hereby grant permission to Educational Playcare and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the Connect Parent Engagement Program.

I further grant permission to Educational Playcare and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the Connect Parent Engagement Program.

I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through the Connect Parent Engagement Program with anyone other than Educational Playcare and its employees.

I hereby release, defend, indemnify and hold harmless Educational Playcare, its board of directors, officers, employees or agents from and against any claims, damages or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

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(Name of Child)

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(Parent/Guardian Approval\*)

\*By entering your name into the field above, you agree to the terms of the waiver.

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(Date)

---

(Witness)

---

(Date)

Primary email: \_\_\_\_\_



I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, acknowledge that I have been given the opportunity to read, understand, and ask questions regarding the policies contained in the Educational Playcare Parent handbook. Furthermore, I agree to abide by the policies set forth.

I understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between Educational Playcare and our family. Educational Playcare reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

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

Print Name: \_\_\_\_\_



## Sunscreen / Insect Repellent Permission Form

I give permission to Educational Playcare staff to apply the provided non-aerosol sunscreen (spf 15 or higher) and insect repellent (optional) to my child, according to the directions for use on the container. I understand that I am required to apply the sunscreen/insect repellent in the morning before I bring my child to the center and EPC staff will reapply it before going outside. Furthermore, I understand that insect repellent (if provided) will be applied no more than once per day.

Note: Each sunscreen/insect repellent container must be labeled with your child's first and last name.

Child's First and Last Name: \_\_\_\_\_

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



# State of Connecticut Department of Education

## Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?    Y    N		
Does your child have dental insurance?    Y    N		

If your child does not have health insurance, call 1-877-CT-HUSKY

\* If applicable

### Part I — To be completed by parent/guardian.

**Please answer these health history questions about your child before the physical examination.**

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
<b>Family History</b>						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse?    Y    N    If yes, explain:

Please list any **medications** your child will need to take in school:

*All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

## Part II – Medical Evaluation

HAR-3 REV. 4/2012

### Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

I have reviewed the health history information provided in Part I of this form

### Physical Exam

**Note:** \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_ %   \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_ %   BMI \_\_\_\_\_ / \_\_\_\_\_ %   Pulse \_\_\_\_\_   \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			<b>*Postural</b> <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

### Screenings

*Vision Screening	*Auditory Screening	History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type: <b>Right</b> <b>Left</b>	Type: <b>Right</b> <b>Left</b>		
With glasses          20/          20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass	<b>*HCT/HGB:</b>	
Without glasses      20/          20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	<b>*Speech</b> (school entry only)	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	Other:	

**TB:** High-risk group?    No    Yes    PPD date read:                      Results:                      Treatment:

### \*IMMUNIZATIONS

Up to Date or    Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

#### \*Chronic Disease Assessment:

- Asthma**     No    Yes:    Intermittent    Mild Persistent    Moderate Persistent    Severe Persistent    Exercise induced  
*If yes, please provide a copy of the Asthma Action Plan to School*
- Anaphylaxis**    No    Yes:    Food    Insects    Latex    Unknown source
- Allergies**    *If yes, please provide a copy of the Emergency Allergy Plan to School*  
 History of Anaphylaxis    No    Yes    Epi Pen required    No    Yes
- Diabetes**     No    Yes:    Type I    Type II                      **Other Chronic Disease:**
- Seizures**     No    Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
 Explain: \_\_\_\_\_

Daily Medications (specify): \_\_\_\_\_

This student may:    **participate fully in the school program**  
 participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:    **participate fully in athletic activities and competitive sports**  
 participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

Yes    No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.  
 Is this the student's medical home?    Yes    No     I would like to discuss information in this report with the school nurse.

Signature of health care provider    MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
----------------------------------------------------------	-------------	-------------------------------------------------------

# Immunization Record

**To the Health Care Provider: Please complete and initial below.**

Vaccine (Month/Day/Year) Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required for 7th grade entry	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			PK and K (born 1/1/2007 or later)	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			2 doses required for K & 7th grade as of 8/1/2011	
PCV	*				PK and K (born 1/1/2007 or later)	
Meningococcal	*				Required for 7th grade entry	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx \_\_\_\_\_  
of above \_\_\_\_\_ (Specify) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by)

**Exemption**

Religious \_\_\_\_\_ Medical: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Date \_\_\_\_\_  
Recertify Date \_\_\_\_\_ Recertify Date \_\_\_\_\_ Recertify Date \_\_\_\_\_

## Immunization Requirements for Newly Enrolled Students at Connecticut Schools

**KINDERGARTEN**

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children 5 years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease\*.

**GRADES 1-6**

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.

- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart-1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease\*.

**GRADE 7**

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which **must** be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease\*.

**GRADES 8-12**

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart-1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease\*.

\* **Verification of disease:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

**Note:** The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nation-wide shortage of supply for such vaccine.