



Little People Day Nursery

Southwood Baptist Church * 11 Griscom Lane * West Deptford, NJ 08096 * 856-848-8809 * 856-848-5957 (f)

Please have this completed by your physician and return it with your application. Enrollment in a NJ Pre-School requires that all immunizations be up to date and that both of this form (side 1 & 2) are complete and on file. We are not able to confirm your child's registration until BOTH sides are complete and submitted.

New Jersey State Department of Health & Senior Services

STANDARD SCHOOL/CHILD CARE CENTER IMMUNIZATION RECORD

NAME OF CHILD (Last, First, MI)						DATE OF BIRTH (Mo./Day/Yr.)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
NAME OF PARENT/GUARDIAN						TELEPHONE NUMBER(S)			
ADDRESS									
ADDRESS						IMMUNIZATION REGISTRY NUMBER			
VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required)			
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT ¹¹ , indicate in corner box)						TEST DATE	RESULT		
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)									
MEASLES, MUMPS, RUBELLA (MMR)						⁽⁵⁾ Document below single antigen vaccine receipt, serology titers, or varicella disease history			
HAEMOPHILUS B (HIB) ⁽²⁾									
HEPATITIS B ⁽³⁾					Hepatitis B	DATE:	TITER:		
VARICELLA ⁽⁴⁾					Varicella	DATE:	TITER:		
PNEUMOCOCCAL CONJUGATE ⁽²⁾					Measles	DATE:	TITER:		
INFLUENZA ⁽⁶⁾					Mumps	DATE:	TITER:		
OTHER, SPECIFY:					Rubella	DATE:	TITER:		
<input type="checkbox"/> Provisional Admission Attached - Date Granted: _____ <input type="checkbox"/> Medical Exemption Attached <input type="checkbox"/> Religious Exemption Attached									

⁽¹⁾ REQUIRES MEDICAL EXEMPTION.
⁽²⁾ REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)
⁽³⁾ REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04.
⁽⁴⁾ REQUIRED FOR DAY/CHILD CARE ENROLLEES (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04.
⁽⁵⁾ MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.
⁽⁶⁾ REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)