



Little Eagles Preschool

Our preschool program affords an opportunity for a gentle, loving introduction into school for children ages three through five. Our teachers share a common commitment to helping children develop in all areas – socially, emotionally, cognitively, physically and spiritually. We value each child as a unique individual with a particular pattern of growth and manner of acquiring knowledge and skills. Academic learning is incorporated through theme-based play and exploration.

SPECIFIC GOALS

- To give opportunity for physical, mental and spiritual growth in group and individual experiences with peers, equipment and learning materials.
- To develop an assurance of God's love for the child and encourage a loving response to God and others.
- To give a sense of achievement at the child's own level of accomplishment, building self-esteem and regard for the worth of others.
- To develop readiness skills for listening, speaking, following directions and good work habits in preparation for kindergarten.
- To encourage creativity and self-expression in all curricular areas.
- To lead up to the OHCS academic kindergarten. The preschool program is not a prerequisite to that program nor does it guarantee admission into it.

THEMATIC BASED CURRICULUM

- Bible: stories, story re-enactment, songs, and Bible verse memorization.
- Language Arts and Reading (readiness): phonics, alphabet recognition, letter formation, vocabulary growth, rhyming, opposites, listening to and enjoying stories, sequencing, and following directions.
- Mathematics: shapes and number recognition and formation, counting, one-to-one correspondence and patterning.
- Social Studies: learning about self, family and community.
- Science: exploratory center where students are introduced to the beauty of God's natural and physical world.
- Music: listening to music and expressing ourselves through singing and rhythm activities.
- Art: working with different mediums, while learning to cut, paste, experiment and create.

| | | | |
|---------------|-------------------|-----------------|----------------------------------|
| HOURS: | 2 day: T-Th AM | (3/4 year olds) | 9:00 a.m. - 12:00 p.m. |
| | 3 day: M-W-F | (4/5 year olds) | 9:00 a.m. – 1:00 p.m. |
| | 5 day: M-T-W-Th-F | (3/4 year olds) | 9:00 a.m. - 12:00 p.m. |
| | 5 day: M-T-W-Th-F | (4/5 year olds) | 9:00 a.m. – 1:00 p.m. (½ day) |
| | 5 day: M-T-W-Th-F | (4/5 year olds) | 8:30 a.m. – 3:00 p.m. (Full day) |

The 5-Day Program: offers *more days* with the same core curriculum as the 3-day program. Students will receive additional instruction in academic and exploratory activities including literacy, handwriting, science, cooking, art and PE.

| | | | |
|---------------|--|--|------------------|
| STAFF: | Michelle McVey, Director 360-240-8833 immcvey@ohcs.us | Amy Ambercrombie Annie Oakes Erin Peek | Hannah Schroeder |
|---------------|--|--|------------------|

ENROLLMENT: The capacity for each class varies. The ratios are consistent with licensed childcare facilities.

REGISTRATION: Registration procedure includes:

1. Fill Out:
 - A. Enrollment Form
 - B. Immunization Form
 - C. Student Profile
 - D. Field Trip Permission Slip
 - E. Medical Release Form
2. Pay Registration Fee of \$50 (non-refundable) and Building Use Fee (BUF) of \$50

MONTHLY PAYMENTS: Payments are due on or before the first of each month, September through June. The registration fee is not the September payment. **A month's prior notice is required if your child is withdrawn. If we do not receive the required notice, you will be responsible to pay for the two weeks following withdrawal.** The month notice is required in order that families on our waiting list receive adequate time for the transition into Little Eagles Preschool.

FAMILY INVOLVEMENT PLAN (FIP): One of the advantages of a small Christian school such as ours is that we can effectively build community and get tasks accomplished together. To that end OHCS seeks to utilize the brain, brawn and skills of its constituents. **It is requested that each preschool family complete FIP hours for the school. These hours will be credited towards tuition with a maximum of 4 FIP hours for 2 or 3 day classes, 7 FIP hours for the 5 ½ day class and 15 FIP hours for the 5 full day class.** These hours can be completed throughout the year in a great variety of ways from working in the classroom, being a chaperone, to trimming hedges.

EXTENSION PROGRAM: The Extension Program is available five days a week for children 4 yrs. and older who are waiting for school to begin or waiting to be picked up at the end of the day. The program includes care before school 6:30 AM – 9:00 AM and/or after school 3:00 PM – 5:00 PM. H

TRANSPORTATION: Transportation to OHCS Little Eagles Preschool is provided by parents. The preschool staff will work closely with parents to set up carpools. We have a large enrollment and there is usually at least one other child attending from any given area.

DRESS CODE: Clothing which is appropriate for the academic environment and part of the Christian life at Little Eagles should be safe, modest, and appropriate. As we try to eliminate as many distractions as possible from the learning environment, please limit commercial apparel/advertising as well. Refer to the OHCS handbook for more information.

HYGIENE: Children need to be completely toilet-trained.

AGE: Children enrolling in the TTh classes must be 3 years old before September 1. Children enrolling in the MWF or MTWThF classes must be 4 years old before September 1.

SAFETY: There are often many cars and people in the parking lot. For their safety, please bring your children to the door and pick them up from the classroom.

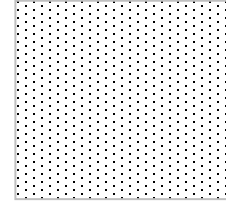
SNACK AND LUNCH POLICY: Plan to send a **small, healthy** snack packed separately from lunch (all classes) and a **healthy** lunch (9-1 classes only). The drink for snack will be water, which will be provided by the school. Please send food that does **not** need warming. ***If your child has food allergies please let your child's teachers know. We are not a peanut-free zone!***

WEDNESDAY NOTE: Much important information is included in this weekly bulletin. Schedule changes, special events, and other pertinent items are included.

The staff looks forward to working with you and your child towards a positive learning experience. Please feel free to contact them at school or at home. For enrollment materials or further information about any OHCS program write or phone:

OAK HARBOR CHRISTIAN SCHOOL
675 East Whidbey Avenue
Oak Harbor, Washington 98277
(360) 675-2831
E-mail: ohcs@oakharbor.net
www.oakharborchristian.org

Little Eagles Preschool Application for Admission



2021-2022

FAMILY INFORMATION

Last Name: _____

Father's Name: _____

Mother's Name: _____

Student's Name

Father's Address: _____

Mother's Address: _____

Father's Phone: _____

Mother's Phone: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

Father's Email: _____

Mother's Email: _____

Father's Occupation: _____

Mother's Occupation: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Student(s) live with: _____ both Parents _____ Father _____ Mother _____ Guardian

(Please submit copies of custody agreements/restraining orders, if applicable)

Name of Guardian (if applicable): _____

Church Affiliation of Parents/Guardians: _____

Persons authorized to pick up my child and to call in case of emergency if parents cannot be reached **(Must list at least one local area contact)**:

(Name) (relationship to child)

Phone: _____

(Name) (relationship to child)

Phone: _____

Little Eagles Preschool and Oak Harbor Christian School publish a school directory exclusively for use by our school families. If you do **not** wish to be included, please mark here. _____

If you wish that your child(ren) be **excluded** from having their pictures in internal and external publications, including newspapers, websites, tv/radio stations, and other media, please mark here.

It should be noted that admission to preschool does not guarantee admission to the K-8 program. Entrance into Kindergarten requires a separate application.

FINANCIAL ARRANGEMENTS:

The tuition and a minimal supply fee cover all the materials used by the children in their class activities. Please make checks payable to OHCS. Cash, checks and major credit/debit cards are gladly accepted. Parents who also have children in the K-8 program are asked to write a separate check for preschool fees. Registration fees are non-refundable and are required at time of registration.

All payments are due on or before the 1st of each month, late after the 15th (late fee is \$15). Any parents having a delinquent balance on the first of the month will be expected to report to the Tuition Treasurer in the main School Office to make arrangements for payment if the child is to continue in preschool. Tuition for children entering or leaving during the school year will be computed on a prorated half-month basis. **If your child is withdrawn without a month's prior notice, you will be responsible to pay for the two weeks following withdrawal.**

TTh Class: \$1,500 tuition /\$50 building use fee /\$50 registration fee (**\$150/mo** + \$50 BUF + \$50 registration = \$1,600)
MWF Class: \$2,400 tuition / \$50 building use fee / \$50 registration fee (**\$240/mo** + \$50 BUF + \$50 registration = \$2,500)
MTWTF Class 3's \$3250 tuition /\$50 building use fee / \$50 registration fee (**\$325/mo.** + \$50 BUF+\$50 registration = \$3,350)
MTWTF KPrep ½ day \$3,900 tuition / \$50 building use fee / \$50 registration fee (**\$390/mo.** + \$50 BUF + \$50 reg. = \$4,000)
MTWTF KPrep Full day \$6000 tuition / \$50 building use fee / \$50 reg fee (**\$600/mo.** + \$50 BUF+\$50 registration = \$6,100)

I / We are registering for the (A) ___ **3/4-year-old morning (Tues-Thurs)** **9:00-12:00**
 (B) ___ **3/4-year-old (Mon-Tue-Wed-Thu-Fri)** **9:00-12:00**
 (C) ___ **4/5-year-old five-day (Mon-Wed-Fri)** **9:00-1:00**
 (D) ___ **4/5-year-old KPrep (Mon-Tue-Wed-Thu-Fri)** **9:00-1:00**
 (E) ___ **4/5-year-old KPrep (Mon-Tue-Wed-Thu-Fri)** **8:30-3:00**

List child(ren) you are enrolling in Little Eagles Preschool:

| CHILD'S FULL NAME | | | BIRTHDATE | GENDER | | PROGRAM |
|-------------------|--------|------|------------|--------|--------|--------------------|
| FIRST | MIDDLE | LAST | (MM/DD/YY) | MALE | FEMALE | (A) (B) (C) (D)(E) |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I promise to meet my financial obligations agreed to herein.

Date: _____ Signed: _____
 (Father or Guardian)

 (Mother or Guardian)

| OFFICE USE ONLY | | | |
|------------------------|-----------------------|-------------------------|----------|
| TTh _____ | \$150/month 10 months | Registration Fee | \$ _____ |
| MWF _____ | \$240/month 10 months | <i>(non-refundable)</i> | |
| MTWThF 3's _____ | \$325/month 10 months | Tuition | \$ _____ |
| MTWThF ½ day _____ | \$390/month 10 months | Building Use Fee | \$ _____ |
| MTWThF Full day _____ | \$600/month 10 months | Total Fees | \$ _____ |
| Paid: | | Amount Paid | \$ _____ |
| Date: _____ | | Balance Due | \$ _____ |
| Type/Number: _____ | | | |
| Amount: _____ | | | |

Pre-K Student Profile

Parent's Name: _____

(Last Name)
(Mother's Name)
(Father's Name)

Student's Name: _____ Sex: ____ Birthdate: _____

(First Name)
(Middle Name)
(Last Name)
(Month/Day/Year)

List chronologically all children in your family: (0-18 years of age)

| Name | Birthdate (m/d/y) | Grade/Age in Sept | Name of School Presently Attending (if applicable) |
|------|----------------------|----------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Usually my child likes to play: with others by him/herself
(see below)
 brothers sisters friends cousins neighborhood children

When alone, my child likes to play with: _____

My child likes to pretend: _____

What is my child good at: _____

What is my child's weakness: _____

When I am with my child we usually: _____

Additional activities (swimming lessons, T-ball, soccer, cubbies, Awana, etc)

Do you have any pets at home? _____

How does my child react to changes in the routine? _____

How do you deal with positive and negative behavior? _____

Describe any physical, mental or emotional disabilities (allergies, heart, hearing impaired, speech impediment, nervous condition, etc):

Have you participated in Child Find through the Oak Harbor Public Schools? Yes ___ No ___

Has your child ever received any diagnostic testing? Yes ___ No ___

Dates of testing (if applicable): _____

Is this information available to the school? Yes ___ No ___

Explanation: _____

Parental contribution to the class:

Please list any specific talent, skill, job, career, or hobby you would be willing to share with the class (e.g. music, cooking, crafts, woodcarving, dental assistant, beekeeper, etc)

Please answer the following with a y- yes or n- no

Any comments can be made beside the item or on the bottom of the page.

My child can:

- _____ Count to 10
- _____ Recite ABC's
- _____ Identify different colors
- _____ Identify different shapes
- _____ Cut on the line
- _____ Recognize numbers
- _____ Recognize letters
- _____ Write his/her name
- _____ Recognize his/her written name
- _____ Make eye contact with people
- _____ Separate from parents without difficulty
- _____ Express anger & frustration with words
- _____ Show concern for others
- _____ Take turns
- _____ Drink from an open cup
- _____ Feed self with spoon or fork
- _____ Wash hands
- _____ Take care of toiletry needs
- _____ Put on own coat
- _____ Hang up coat
- _____ Dress independently
- _____ Play independently
- _____ Help with simple chores around the house

➤ Thank you for taking the time to fill out this questionnaire. This information will be kept confidential, but will give us a better understanding about your child and his/her family.



Field Trip Permission Slip

Student's Name _____

_____ (*Please initial*) This student has my permission to accompany his/her Little Eagles Preschool class on field trips during the school year. I understand that details of these trips will be available beforehand, and that field trips are contingent on parents' participation. I release the school and the teachers of liability in case of accident / injury except in case of negligence.

_____ (*Please initial*) I give permission for my child to ride with an authorized person if I am unable to drive, and I will notify my child's teacher beforehand if I am not able to drive.

Date _____

Parent / Guardian Signature _____

CONTINUE DOWN TO NEXT PAGE

Oak Harbor Christian School
Field Trip Medical Release Form

Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone No. _____

(I understand that the school does not purchase or have medical/dental/hospitalization insurance to cover injuries to or loss of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.)

Name of Insurance Carrier _____ Policy No. _____

.....

Although I understand that the school will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the school, its employees, agents or volunteers from any liability associated with this field trip and realize this activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity.

Parent Name _____ Home Phone No. _____ Parent
Name _____ Work Phone No. _____ Home Address
_____ Emergency No. _____ Signature of
Parent/Guardian _____ Date _____

Child Care and Preschool Chart for Parents



Instructions: To see which vaccines are required for child care or preschool, find your child's age and look only at that row going across to find the vaccines and doses needed. Children must meet minimum vaccine intervals and ages to be in compliance. Please talk to your health care provider or child care/preschool if you have questions.

Additional immunization resources can be found at <https://www.doh.wa.gov/scci>.

| | Hepatitis B | DTaP (Diphtheria, Tetanus, Pertussis) | Hib (Haemophilus influenza type B) | Polio | PCV (Pneumococcal Conjugate) | MMR (Measles, mumps rubella) | Varicella (Chickenpox) |
|---|--------------------|---|--|--------------|--|---|---|
| By 3 Months | 2 doses | 1 dose | 1 dose | 1 dose | 1 dose | Not routinely given before 12 months of age | Not routinely given before 12 months of age |
| By 5 Months | 2 doses | 2 doses | 2 doses | 2 doses | 2 doses | | |
| By 7 Months | 2 doses | 3 doses | 3 doses | 2 doses | 3 doses | | |
| By 16 Months | 2 doses | 3 doses | 4 doses | 2 doses | 4 doses | 1 dose | 1 dose |
| By 19 Months | 3 doses | 4 doses | 4 doses | 3 doses | 4 doses | 1 dose | 1 dose |
| By 7 years or Kindergarten entry | 3 doses | 5 doses | Not routinely given to children after 5 years of age | 4 doses | Not routinely given to children after 5 years of age | 2 doses | 2 doses |

To request this document in another format, call 1-800-525-0127.

Certificate of Immunization Status (CIS)



Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

| | |
|--|-------------|
| Reviewed by: _____ | Date: _____ |
| Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---------------------------------|--------------------------|------------------------------|--------------------------------------|
| Child's Last Name: _____ | First Name: _____ | Middle Initial: _____ | Birthdate (MM/DD/YYYY): _____ |
|---------------------------------|--------------------------|------------------------------|--------------------------------------|

| | |
|---|--|
| I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. | Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status. |
|---|--|

| | | | |
|---|-------------------|--|-------------------|
| X _____ Parent/Guardian Signature | _____ Date | X _____ Parent/Guardian Signature Required if Starting in Conditional Status | _____ Date |
|---|-------------------|--|-------------------|

| ▲ Required for School ● Required Child Care/Preschool | Date MM/DD/YY | Date MM/DD/YY | Date MM/DD/YY | Date MM/DD/YY | Date MM/DD/YY | Date MM/DD/YY |
|---|------------------|------------------|------------------|------------------|------------------|------------------|
| Required Vaccines for School or Child Care Entry | | | | | | |
| ● ▲ DTaP (Diphtheria, Tetanus, Pertussis) | | | | | | |
| ▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+) | | | | | | |
| ● ▲ DT or Td (Tetanus, Diphtheria) | | | | | | |
| ● ▲ Hepatitis B | | | | | | |
| ● Hib (<i>Haemophilus influenzae type b</i>) | | | | | | |
| ● ▲ IPV (Polio) (any combination of IPV/OPV) | | | | | | |
| ● ▲ OPV (Polio) | | | | | | |
| ● ▲ MMR (Measles, Mumps, Rubella) | | | | | | |
| ● PCV/PPSV (Pneumococcal) | | | | | | |
| ● ▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS | | | | | | |
| Recommended Vaccines (Not Required for School or Child Care Entry) | | | | | | |
| Flu (Influenza) | | | | | | |
| Hepatitis A | | | | | | |
| HPV (Human Papillomavirus) | | | | | | |
| MCV/MPSV (Meningococcal Disease types A, C, W, Y) | | | | | | |
| MenB (Meningococcal Disease type B) | | | | | | |
| Rotavirus | | | | | | |

| | | |
|--|--------------------------------------|--------------------------------------|
| Documentation of Disease Immunity (Health care provider use only) | | |
| If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider. | | |
| I certify that the child named on this CIS has: | | |
| <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) of disease(s) marked below. | | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Polio (all 3 serotypes must show immunity) | | |
| _____ Licensed Health Care Provider Signature Date | | |
| _____ Printed Name | | |

| | |
|---|---|
| I certify that the information provided on this form is correct and verifiable. | Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document. |
|---|---|

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myr.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/ter ms/usvaccines.html>

| Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine |
|------------|---------|------------|---------|------------|-------------|---------------|--------------------|------------|-----------------|
| ActHIB | Hib | Fluarix | Flu | Havrix | Hep A | Menveo | Meningococcal | Rotarix | Rotavirus (RV1) |
| Adacel | Tdap | Flucelvax | Flu | Hiberix | Hib | Pediarix | DTaP + Hep B + IPV | RotaTeq | Rotavirus (PV5) |
| Afluria | Flu | FluLaval | Flu | HibTITER | Hib | PedvaxHIB | Hib | Tenivac | Td |
| Bexsero | MenB | FluMist | Flu | Ipol | IPV | Pentacel | DTaP + Hib +IPV | Trumenba | MenB |
| Boostrix | Tdap | Fluvirin | Flu | Infanrix | DTaP | Pneumovax | PPSV | Twinrix | Hep A + Hep B |
| Cervarix | 2vHPV | Fluzone | Flu | Kinrix | DTaP + IPV | Prevnar | PCV | Vaqta | Hep A |
| Daptacel | DTaP | Gardasil | 4vHPV | Menactra | MCV or MCV4 | ProQuad | MMR + Varicella | Varivax | Varicella |
| Engerix-B | Hep B | Gardasil 9 | 9vHPV | Menomune | MPSV4 | Recombivax HB | Hep B | | |

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 November 2019