



Heritage Christian Academy

19527 104th Avenue NE

Bothell, WA 98011

(425) 485-2585

Pre-Kindergarten-Kindergarten

Application Procedures 2012-2013

- Fill out *Application for Enrollment* form completely.
- Check and sign the *General Permission Slip*.
- Please read and sign the financial contract on the *Schedule of Rates* page.
- Read the *School Guidelines* and sign the form.
- Fill out the following forms and sign: the *Student Health Status* and the *Certificate of Immunization Status*.
- Bring the completed application packet and the registration fee to the main school office for processing. *The registration fee is non-refundable.*



Heritage Christian Academy APPLICATION FOR ENROLLMENT



19527 104th Avenue NE, Bothell, WA 98011
Tel: (425) 485-2585 Fax: (425) 486-2895

Office Use Only

Current Grade _____ Date Application Received _____ Registration Fee _____ Ck# _____
Date Interviewed _____ Student Unit # _____ Teacher _____
Start Date _____ Drop Date _____ Session _____

Pre-Kindergarten and Kindergarten

Session applying for: Pre-Kindergarten M-F 8:30-11:00 (must be 5 by 8/31)
Half-day Kindergarten M-F 8:15-11:00 am or M-F 12:00-2:45 pm (must be 5 by 8/31)
All-Day Kindergarten MTWThF 8:15-2:35 (must be 5 by 8/31)

Student Information

Today's Date: _____ Grade Level Applying For: _____

Student's Full Name: _____

First

Middle

Last

Preferred Name: _____ Gender: Male Female Birthdate: ____/____/____

Ethnicity African American Asian Caucasian Hispanic Native American Other _____

Denomination: _____ Church: _____

Student's First Language: _____ Language(s) Spoken at Home: _____

Does student have special needs? (Check any that apply): No ADD, ADHD Dyslexia Other _____

Last school attended: _____

School Address: _____ City, /State / Zip: _____

Family Information

Father / Guardian

Please Print Neatly ... Thank You!

Last Name: _____ First: _____ Middle: _____ Preferred Name: _____

Relationship to Student: _____

Home Address: _____ City, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____ Type of Industry: _____

E-mail: _____

Please help us keep your records current.

Check all that apply: Legal custody Receives Correspondence Married Divorced Separated Widowed Single

Mother / Guardian

Last Name: _____ First: _____ Middle: _____ Preferred Name: _____

Relationship to Student: _____

Home Address: _____ City, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____ Type of Industry: _____

E-mail: _____

Please help us keep your records current.

Check all that apply: Legal custody Receives Correspondence Married Divorced Separated Widowed Single

Train up a child in the way he should go, and when he is old he will not turn from it. Proverbs 22:6

If my child has an illness or emergency and I cannot be reached by HCA at the phone number(s) on record, I authorize the staff of HCA to contact the following local individuals and allow them to pick up my child from school (please provide at least two emergency contacts):

1. Name: _____ Daytime Phone: _____
Relationship: _____ Cell Phone: _____
2. Name: _____ Daytime Phone: _____
Relationship: _____ Cell Phone: _____
3. Name: _____ Daytime Phone: _____
Relationship: _____ Cell Phone: _____

Briefly share what your reasons are for enrolling your child at HCA: _____

How did you find out about HCA? _____

Were you referred to us by an existing HCA family? Please list: _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR AGREEMENT:

- I agree to have my child at school on time and pick up my child immediately after the session.
- I hereby pledge that I will pay my financial obligations to Heritage Christian Academy on or before the first day of each month.
- I understand that, once my child is accepted for enrollment, I am obligated to pay the full month's tuition unless notification is given to the school no less than twenty-four (24) hours before the opening of school or the start of the month, that my child will not be attending.
- I agree to support the ministry of the school by volunteering at Heritage ten (10) hours each year per parent or guardian and to stay informed by attending at least quarterly the Parent Teacher Fellowship meetings.
- I understand that the school reserves the right to expel any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid after the date due.
- I understand that the standards of Heritage Christian Academy do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.
- I will work with the teacher to help my child learn and develop spiritually, academically, physically, and socially.

I have read the terms stated above and I agree. _____

Signature of Parent or Guardian

Date

GENERAL PERMISSION SLIP
For Students applying to Preschool and Kindergarten

Please read carefully and check the appropriate boxes. Thank you.

I am satisfied with the school's philosophy and program and agree to cooperate with the school in whatever way is reasonable as we mutually seek to educate my child.

Yes **No**

I give my permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises.

Yes **No**

I give my permission to have our names, address, home phone number and e-mail addresses published in the school directory.

Yes **No**

I give my consent for Heritage Christian Academy to photograph my child during any of the activities at school. These photographs may be copied and used by the school for promotions or advertisements at the discretion of the school. I understand that there will be no payment for this outside of a copy of the photograph.

Yes **No**

I give my consent to Heritage Christian Academy to obtain medical or surgical care for my child, should an emergency arise in which school officials deem such service necessary.

Yes **No**

No medication will be given without written permission from parents and the student's doctor. This includes all over-the-counter medication (Tylenol, cough drops, antacids, etc.). All medication brought to school must be turned in at the nurse's office in the original container, labeled with the name of medication, name of the student, and amount to be given. If the student is to be on medication for a prolonged time, parents will need to have the physician sign a medical form. Check with the nurse's office for this.

Date

Signature of Parent or Guardian

HERITAGE CHRISTIAN ACADEMY

2012-2013 SCHEDULE OF RATES



REGISTRATION FEE: New Students (Kindergarten – 9th Grade) \$230.00
 New Students (Preschool) \$180.00
 Reenrolling Students (Preschool – 9th Grade) \$150.00
 (The Registration Fee is due at the time of enrollment and is not refundable.)

ADMINISTRATIVE FEE: For International Students \$200.00

MATERIALS & TECHNOLOGY FEE:
 Half-day Kindergarten – 9th Grade \$250.00
 Preschool – Pre-Kindergarten \$150.00
 (The Materials & Technology Fee has a cap of \$500, is due June 1st and is not refundable.)

TUITION RATES:

	1st CHILD Year (Month)	2nd CHILD Year (Month)	3rd CHILD Year (Month)	4th CHILD Year (Month)
<i>Secondary (Gr. 6-9)</i>	\$7,400 (740)	\$7,180 (718)	\$6,690 (669)	\$5,130 (513)
<i>All-day K – Gr. 5</i>	\$6,780 (678)	\$6,490 (649)	\$5,950 (595)	\$3,850 (385)
<i>1/2 Day Kindergarten</i>	\$3,790 (379)	\$3,670 (367)	\$3,390 (339)	\$2,940 (294)
<i>Pre-Kindergarten</i>	\$3,510 (351)	\$3,390 (339)	\$3,160 (316)	\$1,890 (189)
<i>5 day Preschool (All Day)</i>	\$6,780 (678)	\$6,490 (649)	\$5,950 (595)	\$3,850 (385)
<i>5 day Preschool (AM)</i>	\$3,510 (351)	\$3,390 (339)	\$3,160 (316)	\$1,890 (189)
<i>3 day Preschool (All Day)</i>	\$3,510 (351)	\$3,390 (339)	\$3,160 (316)	\$1,890 (189)
<i>3 day Preschool (1/2 day)</i>	\$2,320 (232)	\$2,250 (225)	\$2,070 (207)	\$1,320 (132)
<i>2 day Preschool</i>	\$1,840 (184)	\$1,710 (171)	\$1,560 (156)	\$1,090 (109)

ELL Program: Regular tuition plus \$3,150 per year paid monthly as long as needed to master English.

Tuition charges are by the year. If tuition is paid in full by August 1st, the family will receive a 3% discount. If not paid in full, 10 monthly payments may be made, with the first payment due *August 1st*, or at the time of enrollment if it is after August 1st. *Tuition payments are then due the first of each month through May.*

Tuition payments received after the first of each month are late. A late charge of 10% or \$50.00 (whichever is less) per family will be assessed if payment is not made by the 10th of each month. In the event that the 10th falls over a holiday or weekend, the late charge will be assessed if the tuition is not received by the preceding business day. To aid in this, we have installed a payment drop box. The payment will drop into a secure, locked box.

If a child in preschool is withdrawn during the year, the tuition obligation runs through the end of the month. If a child in kindergarten or grades 1 – 9 is withdrawn during the year, *the tuition obligation runs through the end of that quarter.*

THIS IS A FINANCIAL CONTRACT – Read carefully and sign. Keep a copy for your records.

Based on the above information, I realize that my application, registration, and building improvement fees are not refundable, and that the monthly tuition payments for my child are due on the first of every month, starting August 1st, and will be \$_____. I also realize if I withdraw my child from school during the year, I will be obligated to pay that full month's tuition in the case of preschool, or the remainder of the quarter's tuition in the case of kindergarten through ninth grade. The parties to this agreement respect that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of I Cor. 6:1-8, Matt. 5:23-24 and Matt. 18:15-20. Therefore, the parties agree that any claim or dispute arising out of or related to this agreement shall be settled by Biblically based mediation.

Parent or Guardian Signature

HCA SCHOOL GUIDELINES

A. Students are expected to:

1. Behave and work responsibly in the classroom and on the school campus, abiding by the standards set by the school.
2. Have a courteous, respectful, and cooperative attitude toward administration, teachers, and all students in the school.
3. Not use tobacco, alcoholic beverages or illegal drugs on or off campus. Use of these will result in expulsion from school.
4. Not gamble or use gambling devices, including playing cards at any function sponsored by Heritage Christian Academy.
5. Adhere to the dress code. There is a definite relationship between good work habits and proper school behavior. Good taste in dress is an important part of a wholesome school atmosphere.
6. Do your best and perform at a satisfactory level. Students who consistently perform at a below average level will be placed on academic probation.
7. Worship together with the student body once a week in chapel. Attendance is required.
8. Worship regularly with your parents in a local church of their choice. Heritage Christian Academy is in partnership with parents in the training of their children and, therefore, is not solely responsible for the Christian education of student, but rather this responsibility is shared with the home and the local church.
9. Be involved in the study of God's word, which is vital to the Christian life. Bible is a required class while in attendance at Heritage Christian Academy.

B. Parents are asked to:

1. Encourage a courteous, grateful, respectful, cooperative and forgiving *attitude* along with proper restraint (self-control) in thoughts, word, actions and attitude.
2. Encourage *habits* of punctuality, thoroughness, neatness, honesty, resourcefulness, independent reading and study.
3. Encourage *participation* in school projects, programs, parties, or sports to develop skills and friendships.
4. Encourage completion of all homework and assignments and help the student develop effective study habits.
5. Encourage school personnel by your cooperation, prayer support, participation in school activities, and communication (in writing when possible).
6. Become familiar with the guidelines as listed in the Student and Parent's Handbook and support them.

C. You may expect your school to:

1. Clarify to all students our expectations, and to commend, counsel, or correct as occasion demands.
2. Cooperate with you in every way possible to encourage your child in the development of the above attitudes, habits, and skills.
3. Communicate with you regularly concerning the growth, needs, and accomplishments of your child.
4. Make the educational experience of your child as fulfilling, complete, and happy as possible.

D. Heritage Christian Academy Articles of Faith are:

1. We believe the Holy Bible was written by men divinely inspired and is the record of God's revelation of Himself to man. It is a perfect treasure of divine instruction. It has God for its author, salvation for its end, and truth, without any mixture of error, for its matter. It reveals the principles by which God judges us; and therefore is, and will remain to the end of the world, the true center of Christian union, and the supreme standard by which all human conduct, creeds, and religious opinions should be tried. The criterion by which the Bible is to be interpreted is Jesus Christ.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in salvation through His blood, in His bodily resurrection, and in His ascension to the right hand of the Father.
4. We believe that fallen man is sinful by nature and totally depraved and, of himself, utterly unable to remedy his lost condition.
5. We believe that salvation is by grace alone through faith, apart from works, by the merit of the shed blood of Christ, and that the born-again believer is eternally secure in Christ.
6. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
7. We believe God, in His own time and in His own way, will bring the world to its approximate end. According to His promise, Jesus Christ will return personally and visibly in glory to the earth; the dead will be raised; and Christ will judge all men in righteousness. The unrighteous will be consigned to Hell, the place of everlasting punishment. The righteous in their resurrected and glorified bodies will receive their reward and will dwell forever in Heaven with the Lord.
8. We believe that the church and state should be separate. The state owes to every church protection and full freedom in the pursuit of its spiritual ends. In providing for such freedom, no one ecclesiastical group or denomination should be favored by the state more than another. It is the duty of Christians to render loyal obedience thereto in all things not contrary to the revealed will of God. The church should not resort to the civil power to carry on its work. The gospel of Christ contemplates spiritual means alone for the pursuit of its end. The state has no right to impose taxes for the support of any form of religion. A free church in a free state is the Christian ideal, and this implies the right of free and unhindered access to God on the part of all men, and the right to form and propagate opinions in the sphere of religion without interference by the civil power.
9. We believe that in Christian education there should be a proper balance between academic freedom and academic responsibility. Freedom in any orderly relationship of human life is always limited and never absolute. The freedom of a teacher in a Christian school, college, or seminary is limited by the pre-eminence of Jesus Christ, by the authoritative nature of the scripture, and by the distinct purpose for which the school exists.

I have read the above guidelines and agree to abide by them as a student and support them as a parent.

Parent's Signature

Date

Please state any reservations you may have in regard to these guidelines:



Heritage Christian Academy

Medication Policy

Dear Parents,

In recognition of the many policies set by the State of Washington regarding medication, we recommend that all medication be taken at home. However, we recognize that in some cases it is essential that medication be administered during the school day. If school personnel need to be involved in the administration or supervision of medication at school, the following are needed:

1. A parent/guardian written request is required for school personnel to administer any medications. All medication needs a current medical order from the physician or dentist. Authorizations for Medication forms are available by contacting the school nurse.
2. All medications, must be delivered to the school in properly labeled prescription container or the counter container. Each prescription label must include clearly, the student's name, proper identification of the drug, dosage, and directions for administration.
3. The medication order is effective for the current school year only. The parent/guardian is responsible for notifying the school of any changes in the medication with authorization from the physician/dentist.
4. Medication that is to be administered for more than fifteen consecutive school days requires additional instructions from the physician/dentist. A quantity sufficient for one month only can be sent to school.
5. All medications will need to be picked up at the end of each school year. Any medication left in the building after the last day of school will be destroyed.

The parent/guardian can delegate the responsibility for self-administration to their child in the case for students carrying inhalers and EPI-Pens. We need written permission to self-medicate signed by the parent/guardian. This will release the school from any obligation to supervise or monitor the student.

The student is to carry only one-day supply of the medication in the original container. Self-administered medication that is taken for more than fifteen consecutive days requires a current medical order signed by the physicians and parent/guardian.

Thank you for your support and cooperation in making Heritage Christian Academy a safe and healthy environment for learning.

School Nurse



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:

Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

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

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

Symbols below:
 Required for School and Child Care/Preschool
 Required for Child Care/Preschool Only

Parent/Guardian Name (please print): _____

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4 ▶				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			
Office Use Only: Immunization information updated and verified with parent/guardian permission:				
Printed Staff Name		Date	Printed Staff Name	
Printed Staff Name		Date	Printed Staff Name	

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

1) Chickenpox disease verified by printout from CHILDP Profile Immunization Registry
 Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by Health Care Provider (HCP)
 If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP signed here and print name below:

Licensed health care provider (HCP) Signature _____ Date _____
 HCP Printed Name: _____

3) Chickenpox disease verified by school staff from CHILDP Profile Immunization Registry
 If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)

4) Chickenpox disease verified by parent*
 If you choose this box, fill in the date or child's age when he or she had the disease: _____
 Age/Date of disease: _____
 *Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. **Signed lab report(s) MUST also be attached.**

Diphtheria Mumps Other: _____
 Hepatitis A Polio
 Hepatitis B Rubella
 Hib Tetanus
 Measles Varicella

Licensed health care provider (HCP) Signature _____ Date _____
 HCP Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.

#1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD Profile and your child's information will fill in automatically. Be sure to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below): **EXAMPLE**

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:
 1) If your child's CIS is printed directly from the CHILD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
 2) If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
 3) If school staff access the CHILD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
 4) If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfr/immunize/schools/vaccine.htm>

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

#8 If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order (For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Inpol	IPV	Pentavalente	DTaP + Hep B + Hib	TriHIBit	DTaP + Hib
Adacel	Tdap	Infamrix	DTaP	Pneumovax	PPSV or PPV23	Tripedia	DTaP
Afluria	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Twimrix (Twmrx)	Hep A + Hep B
Boostrix	Tdap	Menactra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vaqta	Hep A
Cervarix	HPV2	Menomune	MPSV or MPSV4	Quadracel (Qdrcel)	DTaP + IPV	Vartivax	Varicella
Comvax (Cmvs)	Hep B + Hib	Pediarix (Pdirx)	MPSV or MPSV4 DTaP + Hep B + IPV	Recombivax HB	Hep B		
Daptacel	DTaP	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Pentacel (Pntcl)	DTaP + Hib + IPV	Rotateq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order (For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus, acellular Pertussis	Hep A (HAV)	Hepatitis A	Meningococcal	Meningococcal
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	Polysaccharide Vaccine	Polysaccharide Vaccine
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	Measles, Mumps, Rubella / with Varicella	Td
Flu (TIV or LAIV)	Influenza	HPV	Human Papillomavirus	Oral Poliovirus Vaccine	Tdap
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	Pneumococcal Conjugate Vaccine	TIG
		MCV or MCV4	Meningococcal Conjugate Vaccine	Pneumococcal Polysaccharide Vaccine	VAR or VZV
				Polysaccharide Vaccine	Rotavirus
				Polysaccharide Vaccine	Tetanus, Diphtheria
				Polysaccharide Vaccine	Tetanus, Diphtheria, acellular Pertussis
				Polysaccharide Vaccine	Tetanus immune globulin
				Polysaccharide Vaccine	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

