Child's Name:_____ DOB: _____

Vaccinations

_____ I am following the recommended AAP immunization schedule as per my child's physician's recommendation.

_____ I am using religious exemption for the following vaccinations (please list all and attach). Parents must attach a written note stating they are exercising religions exemption, dated, and signed in order to stay enrolled.

_____ I am using strong personal objections and belief to exempt my child from the following vaccinations (please list and attach). Parents must attach a written note stating they have strong personal objection and beliefs, dated, and signed in order to stay enrolled.

_____ My child has a medical exemption from the following vaccination (please list and attach). Must attach a doctor's note listing the medical reason, dated, and signed by doctor to stay enrolled. Parents cannot make medical exemption.

_____ My child is on a delayed or late immunization schedule because of a medical reason, religious belief, or strong personal opinion or objection. Must attach a written note from a doctor for medical reason, or a written note from parents for religious or strong personal belief or objection. Note must include reason, dated, and signed to stay enrolled.

_____ My child is receiving vaccinations on a temporary delay due to an unforeseen medical reason. Please include doctors note with reason, dated, and signed. The child must be up to date within 30 days of note or submit another note from their physician as per PA Code § 27.77 a.2

***** The Art of Play, per DHS licensing, does NOT Require a note for the exemption of the following vaccines:**
Influenza
COVID
RSV

Parents Name: _____Contact Number: _____

Parent Signature: _____ Date: _____

Pediatrician's Signature: _____ Date: _____

Pediatrician's Information's (physician's name, practice name, address, phone, and license #)

_____

_____

_____

Art of Play
Early Learning Center