

Hello and Welcome!

We would like to extend a warm welcome to you from Jolly Toddlers Early Education Center and thank you for choosing us to care for your child(ren). We have been serving Southampton and surrounding communities since 1984 and look forward to having you and your child(ren) become a part of our loving and caring family.

Jolly Toddlers has been Keystone Stars 4 STAR Center since 2005 and involved with Keystone Stars since its inception. This means that our Center has achieved the highest level that Pennsylvania recognizes based on cleanliness, classroom design, and the manner in which our teachers speak with the children. Our classrooms are designed to promote of socio-emotional, physical, and intellectual development. All rooms, including the infant rooms have furniture and toys designed in "centers" to encourage decision-making and independence. The room design and use of the "centers" does actually work and all the children can learn as they play!

All of the staff is trained in infant and child CPR as well as first aid. We have teachers who have been with us for over 20 years, those who have attained MA's, BA's, and specialized certifications through the benefits of our center, as well as those who have just begun their careers and education! Not only are our teachers educated and certified, they continue to grow and learn through continuing education courses and seminars. Most importantly though, our teachers love children! The director/owner, Nancy Thompson is an RN, teacher, and a counselor. She commits herself to the children, their development and education, the center, and her staff.

We incorporate the PA Learning Standards in each of our classrooms, which prepares our students for their entrance into elementary school. These are the same standards utilized by the Pennsylvania public school system. The idea is that the children become used to, and are comfortable with, this way of teaching which helps them enter school with a sense of confidence and familiarity! Specifically in the Pre-K room the children engage in this type of learning. Jolly Toddlers also incorporates Funshine Curriculum into the classrooms.

Additionally, our center utilizes Ages & Stages. Ages & Stages is an age-appropriate assessment tool designed to guide parents and teacher to the areas that a child need guidance, is on track, or excels. The tool is helpful because the teachers and parents are able to work together to develop a plan to best benefit the child. The teachers can use this in the classroom to design the curriculum to incorporate all the students' different abilities within an developmental theme and bring them to where they need to be when entering "the big schools"!

Sincerely,  
The Jolly Toddlers Staff

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
D I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

Parents may write immunization dates; health professional should verify and complete all data.

<b>DO NOT OMIT ANY INFORMATION</b> <b>This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.</b>						
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): D NONE						
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. D NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): D NONE						
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. D NONE						
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? D YES D NO IF NO, PLEASE EXPLAIN YOUR ANSWER:						
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://www.aap.org">WWW.AAP.ORG</a> )  D YES D NO			<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>			
			VISION (subjective until age 3)			
			HEARING (subjective until age 4)			
			LEAD			
<b>RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD</b>						
<b>IMMUNIZATIONS</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>COMMENTS</b>
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT		
ADDRESS:						
Date of Last Physical:				PHONE:		LICENSE NUMBER:
						DATE FORM SIGNED:

# EMERGENCY CONTACT/ PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124(a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>	
ADDRESS			
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		HOME NUMBER	
ADDRESS		CELL NUMBER	
BUSINESS NAME		EMAIL ADDRESS	
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		HOME NUMBER	
ADDRESS		CELL NUMBER	
BUSINESS NAME		EMAIL ADDRESS	
<b>EMERGENCY CONTACT PERSON(S)</b>		PHONE NUMBER WHEN CHILD IS IN CARE	
1			
2			
3			
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>		<b>ADDRESS</b>	
1		<b>PHONE NUMBER</b>	
2			
3			
<b>NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER</b>			<b>PHONE NUMBER</b>
PROVIDER ADDRESS			
SPECIAL DISABILITIES (IF ANY)		<b>ALLERGIES (INCLUDING MEDICATION REACTIONS)</b>	
MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION		MEDICATIONS/SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS			POLICY NUMBER (REQUIRED)
<b>PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>		<b>SWIMMING</b>	
<b>TRANSPORTATION BY FACILITY</b>		<b>WADING</b>	

\_\_\_\_\_  
SIGNATURE OF PARENT OF GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OF GUARDIAN

\_\_\_\_\_  
DATE

# VERBAL REQUEST FOR RELEASE OF CHILD

55 PA CODE CHAPTERS 3270.117(c) and 3280.117(c) and 3290.116(c)

**THIS FORM MUST BE COMPLETED TO DOCUMENT THE VERBAL REQUEST BY A PARENT FOR THE  
RELEASE OF A CHILD TO A PERSON(S) NOT INDICATED ON THE AGREEMENT**  
(CHAPTERS 3270.123(a)(5), 3270.124(b)(7); 3280.123(a)(5), 3280.124(b)(7); 3290.123(a)(5), 3290.124(b)(7)).

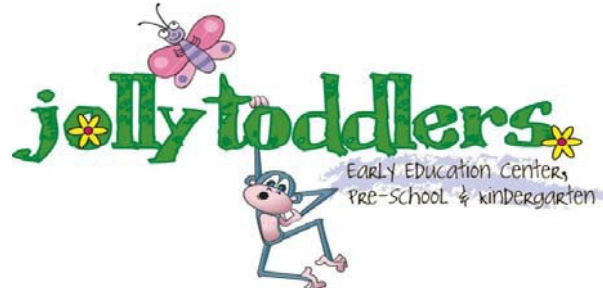
NAME OF CHILD	DATE	TIME
NAME OF REQUESTING PARENT	TELEPHONE NO. FROM WHICH PARENT IS CALLING	
NAME OF INDIVIDUAL TO WHO THE CHILD IS TO BE RELEASED		
TAKING THE CALL: NAME OF STAFF PERSON		

**CALL THE ENROLLING PARENT BACK TO CONFIRM THE INFORMATION IF POSSIBLE**

CONFIRMING PARENT	DATE
NAME OF STAFF PERSON CONFIRMING INFORMATION	TIME

_____	_____
NAME OF STAFF PERSON RELEASING CHILD	DATE

**BE SURE TO ASK FOR IDENTIFICATION WHEN THE INDIVIDUAL ARRIVES  
TO PICK UP THE CHILD**



## Child Care Agreement

This is a contract between \_\_\_\_\_ (herein called Parent(s)) and Jolly Toddlers Early Childhood Education Center (herein called Provider).

1. Services.

- a. Services will be provided by Jolly Toddlers for (name of child) \_\_\_\_\_ based on the following schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off					
Pick-up					

☐ Won't come during the summer Anticipated Last Day of School in 2025: \_\_\_\_\_

☐ Part Time Only: ☐ M ☐ T ☐ W ☐ TH ☐ F

- b. If there are any changes to be made to the hours or days provided above, two weeks written notice and approval is required before such changes may go into effect.
- c. Parent agrees to provide 2-week written notice of termination of the Childcare Contract. Parent(s) agree(s) that if the 2-week written notice is not given to Provider prior to withdrawal of the child from Jolly Toddlers, the fees for the final two weeks of services shall remain payable to Provider.

2. Fees.

- a. Jolly Toddlers accepts cash, check, money orders, cashier's checks, major credit cards (+2.9% fee), and ACH (+0.60 fee). We DO NOT accept debit cards or American Express—a *retroactive 2.9% will be applied to any debit*.
- b. A non-refundable \$165 registration fee and (1) one week security deposit are due upon registration.
- c. An annual \$50.00 activities fee is due each September.
- d. The tuition for childcare for your child/ren will be \$\_\_\_\_per week payable on the Friday prior to service being provided. Invoices are generated on the Wednesday prior to service. All payments are automatically drawn from the payment method on file. You are responsible for all payments from your account and will notify JOLLY TODDLERS of any changes to your account.
- e. Parent(s) must have a valid payment method on file in our billing system (Lillio) at all times.
- f. Parent(s) must sign PAD (Pre Authorized Debt) agreement on our billing system (Lillio).
- g. Provider has the right to increase tuition at anytime.
- h. Tuition must be paid regardless of absence, for any reason, including illness, an extended vacation, weather, power outage, forced closure, or Act of God.
- i. Jolly Toddlers does not credit nor refund for events considered outside of our control, which cause closure of services (weather, power outage, Act of God, COVID forced closure, etc.).
- j. For all cash and paper check payments, we suggest paying the Thursday prior to service being provided to avoid any late fees applied should you forget your Payment on Friday. Any payment not received by Friday at 6pm is considered late.

- k. If your tuition payment is not made by the Friday prior to service being provided, a ten-dollar (\$10.00), per day, late fee will be added to your account. After one (1) late tuition payment, Jolly Toddlers requires payment going forward by credit card or bank account for the total amount past due, including late fees, and any convenience fees in accordance with the attached ACH/Credit Card Payment Authorization Form.
  - l. All cash payments must be put into the tuition lock box by the Friday prior to service. We suggest paying by Thursday to avoid late fees should you forget your payment on Friday. Your account will not be credited until your payment has formally been acknowledged and entered into the Jolly Toddlers tuition records. If you require a receipt, please indicate your request on your payment. All receipts will be available (1) one week after your written request for a receipt has been received.
  - m. If tuition is made via check and such check is returned for insufficient funds there will be a forty-five (\$45) dollar insufficient funds fee. After one (1) insufficient funds tuition payment, Jolly Toddlers requires payment going forward by credit card or bank account for the total amount past due, including late fees, insufficient check fees, and any convenience fees in accordance with the attached ACH/Credit Card Payment Authorization Form.
- 3. Term
  - a. Parent(s) agree(s) that if 7 days passes without payment made, childcare services may be terminated and the collection's process begun. Parent(s) agree(s) to pay all costs associated with collection of any unpaid debt to Provider.
  - b. Parent(s) agree(s) to provide all supplies requested by Provider. Parent(s) understand(s) if required items are not supplied, Jolly Toddlers may purchase them and Parent will reimburse Provider for the full cost.
  - c. Parent(s) agree(s) to be responsible for all payments from their account and will notify Jolly Toddlers of any changes to their account.
  - d. Parent(s) agree(s) to give authority to JOLLY TODDLERS to use the information provided or currently on file to charge their credit card or bank account for tuition due on the published due date.
- 4. Holidays
  - a. Jolly Toddlers will observe various holidays per year, which will be paid holidays, including, but not limited to: New Year's Eve and/or New Year's Day, the Friday before Easter, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve and/or Christmas Day, as well as, various paid In Service Days, usually in February, March/April, and October.
  - b. Each family will be permitted to take a non-paid vacation week per school year during the summer months only provided that (i) the child(ren) are attending full time (i.e., five (5) full days per week, including summers), (ii) tuition is paid in accordance with this Agreement, (iii) two week written notice is provided, (iv) the child(ren) have been enrolled full time and attending Jolly Toddler continuously for no less than 6 (six) months (v) vacation is 5 consecutive days.
- 5. Termination
  - a. If the 2-week written notice of termination of the Child Care Contract, as required by §1.c. above, is not given to Provider prior to withdrawal of the child from Jolly Toddlers, the fees for the final two weeks of services shall remain payable to Provider. Should Parent(s) fail to pay such fees, Jolly Toddlers reserves the right to (1) keep all or a portion of the security deposit paid upon registration, and/or (2) charge your credit card or payment method on file for the total amount payable, including late fees and convenience fees in accordance with the attached ACH/Credit Card Payment Authorization Form.
- 6. General
  - a. Parent(s) agree(s) to complete all forms required and given by Jolly Toddlers.
  - b. Parent(s) agree(s) to update personal information as it occurs.
  - c. Parent(s) understand(s) that child cannot remain in care without proper documentation on file.
  - d. Parent(s) agree(s) to update physicals, emergency contact information, an immunization information every 6months or sooner if applicable.

3. Waiver & Release

- a. In consideration of my/our participation in the activities of the JOLLY TODDLERS, I/we do hereby hold free from any liability JOLLY TODDLERS, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of JOLLY TODDLERS it's facilities, equipment or program activities.

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

Provider Signature\_\_\_\_\_ Date\_\_\_\_\_

# AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

☐ received complete written program information at the time of enrollment (§ 3270.121, 3280.121, 3290.121)

☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum (§ 3270.124, 3280.124, 3290.124)

\_\_\_\_\_  
SIGNATURE-OPERATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE-PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

DATE OF CHILD'S ADMISSION

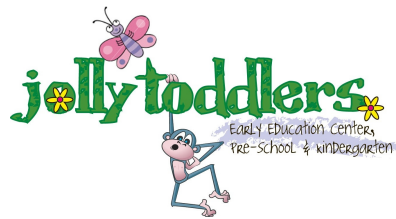
DATE OF WITHDRAWAL

PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE-PARENT OR GUARDIAN

\_\_\_\_\_  
DATE





## Consent for Child Care Program Activities

Name of Facility: Jolly Toddlers

Address of Facility: 275 Second Street Pike Southampton PA 18966

Name of Child: \_\_\_\_\_

**Consent is given for the items initialed below:**

### 1. **WALKING TRIPS**

\_\_\_\_\_  
INITIAL Walking trips to the following locations: Around the center's property.

### 2. **MOTOR VEHICLE TRANSPORTATION**

\_\_\_\_\_  
INITIAL Trips by the program in Yellow School Bus to the following locations:  
VEHICLE

Announced field trips for PreK in Fall or Campers in the Summer

\*\*Children will be restrained during vehicular transport by use of: Seatbelts

\*\*\*Special needs of the child during transport: ☐ No ☐ Yes, \_\_\_\_\_

### 3. **SWIMMING**

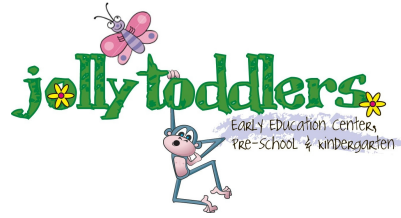
\_\_\_\_\_  
INITIAL Swimming and/or wading at/on: JT Playground/Property

### 4. **OTHER ACTIVITIES** (e.g. trips to neighborhood playgrounds, special trips)

\_\_\_\_\_  
INITIAL

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## **Consent for Administration of Medications or Special Dietary Needs**

Per 55 Pa Code § 3270.182 (4) signed parental consent for administration of medications or special dietary needs is required for a child's record.

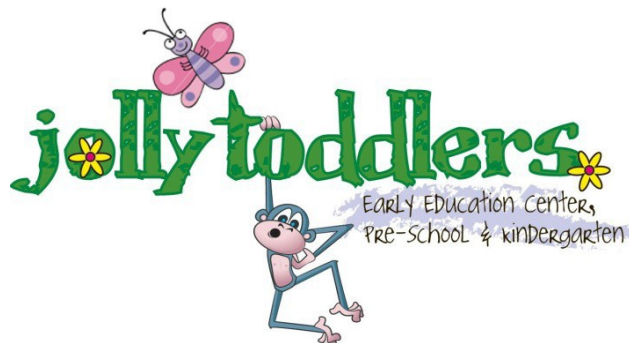
Jolly Toddlers is permitted to administer medications or special dietary needs to my child.

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Signature of Parent/Guardian

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Date



## ACH/Credit Card Payment Authorization Form

### Here's How Pre-Authorized Payments Work:

You pre-authorize charges to your ACH banking (+0.60) or credit card (+2.9%) for the total weekly tuition due, plus any late fees if tuition payment is not received by the Friday before the week of service. Late fee is \$10 per day +3%. A receipt will be printed and made available for your pick-up and the charge will appear on your statement. You agree that no prior-notification will be required.

### Please complete the information below:

I, \_\_\_\_\_, authorize JOLLY TODDLERS to charge my ACH/Credit Card indicated below each week for the payment of weekly tuition, daily late fees in the amount of \$10 per day, plus 3% if such payment has not been made in full on the Friday prior to services.

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Account Type: ☐ Credit Card ☐ ACH Bank #

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV (3 digit number on back of Credit Card) \_\_\_\_\_

FOR ACH:

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**\*\*NO DEBIT**

**CARD:**

You will be  
retroactively  
charged 2.9%

**\*\*NO**

**AMERICAN**

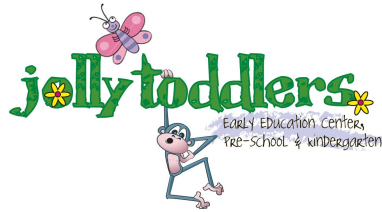
**EXPRESS:**

+2.9%

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the bank account or credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 14 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this bank account or credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.



Dear Families Paying by Cash or Paper Check each week:

**Please make a plan to pay on Thursdays.**

*We suggest paying the Thursday prior to services to avoid any late fees accrued should you forget your payment on Friday.*

Late payments = payment not received on Friday by 6pm. The fee is \$10 per day.

We cannot waive late fees as we have in the past. There is no grace period until Monday.

Please note: If you forget payment one (1) time, we will require all payments going forward to be by credit card or bank account.

Thank you for your understanding.

Please let us know if you have any questions!

Sincerely,

The Jolly Team

# Enforced Autopay Pre-Authorized Debit (PAD) agreement with [\_\_\_\_\_]

Welcome to the Enforced Autopay system. To set up your Enforced Autopay, please review and accept the PAD agreement terms below, authorizing [JOLLY TODDLERS] (the "Center") to automatically debit the tuition fee from your account as per the agreed schedule. If you have any questions or concerns, please contact the Center.

## **Agreement:**

The Payer hereby authorizes the Center to debit Payer's account for costs associated with their child's attendance and additional services rendered, such as after-school care or special programs based on the terms and conditions explained in the registration documents provided by the Center. These agreed upon amounts will be debited on a pre-determined schedule, which has been communicated in the registration and/or parent handbook. This agreement will commence from [\_\_\_\_\_] (the "start date") and will continue for the duration of the child's enrolment at the Center, unless terminated by methods below, or until such time that the Payer has fully paid for all services rendered during the period of the child/children's enrolment.

**Dispute and Refund:** In case of an error or dispute about a debit, the Payer should contact the Center directly and promptly to lodge a dispute and seek potential reimbursement. The Payer is responsible for any fees incurred by the Center in cases of erroneous disputes or holds.

**Non-sufficient Funds:** If a transaction fails due to non-sufficient funds, the Payer will be responsible for any charges or penalties incurred, including any penalties incurred by the Center which may be passed on by the Center to the Payer.

**Changes to the Agreement:** The Center reserves the right to change the terms of this Agreement at any time, provided that the Payer is notified at least 10 business days in advance of such changes.

**Termination:** The Payer may terminate this Agreement at any time by contacting the Center in writing. Termination will take at least 3 business days to become effective. The Center may terminate this Agreement at any time, provided the Center gives notice on how to render payment for monies owed prior to termination.

**Account Information:** The Payer is responsible for providing complete and accurate bank account and/or payment card information. The Payer is responsible for promptly updating all payment information to avoid interruption of service. If the Payer wishes to remove their payment information, they must contact the Center directly. If the Payer wishes to change payment methods they must also contact the Center directly.

The undersigned Payer is acknowledging and accepting the terms of the PAD agreement and agreeing to HiMama's terms of service.

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Signature of Payer

If you wish to decline your child's vaccination schedule pursuant to 55 PA Code Ch. 3270 §131. For Pennsylvania, any vaccination *recommended* by the ACIP, is ***required*** by the State of Pennsylvania. Child Care Provider's DHS licensing is contingent upon correctly tracking this information. At this time, you will only need to provide us with his letter one time throughout your enrollment. Thank you for your cooperation.

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

Dear Jolly Toddlers,

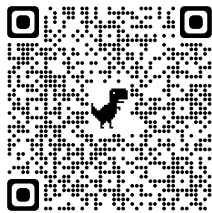
We, \_\_\_\_\_, being the legal guardian(s) of \_\_\_\_\_, object to the immunization requirements as outlined in 55 PA Code Ch. 3270 on the basis of my/our strong personal, moral, or ethical convictions as outlined in §131(e)(2)(i)(ii) This notice serves as our objection in writing as required by PA law.

Sincerely,

\_\_\_\_\_

#### FAQ:

1. Q: I only want to decline some vaccinations.  
A: That is 100% fine; just write us a letter like the one above.
2. Q: I only want to delay vaccination.  
A: You will need to provide a catch-up schedule. Provide us a letter like above and you won't need to worry about this.
3. Q: Where can I find this law?  
A: 55 PA Code Ch. 3270 §131



# Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES  
**2024**

## Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule\*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus™
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	1vCOV-mRNA	Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine Spikevax®/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	DEN4CYD	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T)	ActHIB® Hiberix®
	Hib (PRP-OMP)	PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II® Priorix®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo®
	MenACWY-TT	MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C	Bexsero®
	MenB-FHbp	Trumenba®
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya™
Mpox vaccine	Mpox	Jynneos®
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance™
	PCV20	Prevnar 20®
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	Ipol®
Respiratory syncytial virus vaccine	RSV	Abrysvo™
Rotavirus vaccine	RV1	Rotarix®
	RV5	RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
	Td	Tenivac® Tdvax™
Tetanus and diphtheria vaccine	VAR	Varivax®
Varicella vaccine	VAR	Varivax®
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadracel®
	DTaP-IPV-Hib-HepB	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

\*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

## How to use the child and adolescent immunization schedule

- 1** Determine recommended vaccine by age (**Table 1**)
- 2** Determine recommended interval for catch-up vaccination (**Table 2**)
- 3** Assess need for additional recommended vaccines by medical condition or other indication (**Table 3**)
- 4** Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)
- 5** Review contraindications and precautions for vaccine types (**Appendix**)
- 6** Review new or updated ACIP guidance (**Addendum**)

Recommended by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip)) and approved by the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), American Academy of Pediatrics ([www.aap.org](http://www.aap.org)), American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)), American College of Nurse-Midwives ([www.midwife.org](http://www.midwife.org)), American Academy of Physician Associates ([www.aapa.org](http://www.aapa.org)), and National Association of Pediatric Nurse Practitioners ([www.napnap.org](http://www.napnap.org)).

### Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

### Questions or comments

Contact [www.cdc.gov/cdc-info](http://www.cdc.gov/cdc-info) or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays



Download the CDC Vaccine Schedules app for providers at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html)

### Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- ACIP Shared Clinical Decision-Making Recommendations: [www.cdc.gov/vaccines/acip/acip-scdm-faqs.html](http://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html)
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Vaccine information statements: [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): [www.cdc.gov/vaccines/pubs/surv-manual](http://www.cdc.gov/vaccines/pubs/surv-manual)



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# Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes				1 dose (8 through 19 months), See Notes													
Hepatitis B (HepB)	1 <sup>st</sup> dose	←----- 2 <sup>nd</sup> dose -----→			←----- 3 <sup>rd</sup> dose -----→													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			←----- 4 <sup>th</sup> dose -----→				5 <sup>th</sup> dose						
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes			← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes →										
Pneumococcal conjugate (PCV15, PCV20)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			←----- 4 <sup>th</sup> dose -----→										
Inactivated poliovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	←----- 3 <sup>rd</sup> dose -----→							4 <sup>th</sup> dose					See Notes	
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)													
Influenza (IIV4)					Annual vaccination 1 or 2 doses									Annual vaccination 1 dose only				
<div>or</div> Influenza (LAIV4)											Annual vaccination 1 or 2 doses		<div>or</div>	Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes		←----- 1 <sup>st</sup> dose -----→					2 <sup>nd</sup> dose						
Varicella (VAR)							←----- 1 <sup>st</sup> dose -----→					2 <sup>nd</sup> dose						
Hepatitis A (HepA)					See Notes		2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose				
Human papillomavirus (HPV)															See Notes			
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1 <sup>st</sup> dose		2 <sup>nd</sup> dose		
Meningococcal B (MenB-4C, MenB-FHbp)															See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy, See Notes				
Dengue (DEN4CYD; 9-16 yrs)														Seropositive in endemic dengue areas (See Notes)				
Mpox																		

**Table 3** Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2024

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions are often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count <sup>a</sup>		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on Dialysis	Chronic liver disease	Diabetes
			<15% or <200mm	≥15% and ≥200mm						
RSV-mAb (nirsevimab)		2nd RSV season	1 dose depending on maternal RSV vaccination status, See Notes				2nd RSV season for chronic lung disease (See Notes)	1 dose depending on maternal RSV vaccination status, See Notes		
Hepatitis B										
Rotavirus		SCID <sup>b</sup>								
DTaP/Tdap	DTaP									
	Tdap: 1 dose each pregnancy									
Hib		HSCT: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19		See Notes								
IIV4										
LAIV4							Asthma, wheezing: 2–4 years <sup>c</sup>			
MMR	*									
VAR	*									
Hepatitis A										
HPV	*	3 dose series. See Notes								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration, See Notes									
Dengue										
Mpox	See Notes									

Recommended for all age-eligible children who lack documentation of a complete vaccination series

Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease

Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.

Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction

Contraindicated or not recommended  
\*Vaccinate after pregnancy, if indicated

No Guidance/ Not Applicable

a. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html) and Table 4-1 (footnote J) at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

b. Severe Combined Immunodeficiency

c. LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months