

Initial Registration Date- \_\_\_\_\_ Child- \_\_\_\_\_  
 Re-Registration Date- \_\_\_\_\_ Program- \_\_\_\_\_  
 Membership Expiration- \_\_\_\_\_ Received by- \_\_\_\_\_

**REGISTRATION PACKET CHECK LIST**

Form	Date	Initial
1. USMA Registration/ Emergency Contact Form	_____	_____
2. Special Needs	_____	_____
3. Up to Date Immunization Records- See Schedule Below	_____	_____
4. Up to date Physical- Within the last year	_____	_____

**SCHEDULE FOR IMMUNIZATION**

<b>AGE</b>	<b>IMMUNIZATION</b>
Birth	Hepatitis B
2 Months	DPT, OPV, Hib**, Hepatitis B
4 Months	DPT, OPV, Hib**
6 Months	DPT, Hib**, Hepatitis B
15 Months	MMR, Hib**, Varicella
18 Months	DPT, OPV
4-6 Years	DPT, OPV, MMR
11-12 Years	Td (Tetanus/Diphtheria)

\*\*Hib: Hemophilus Influenza B series is required for children between the ages of 6 weeks to 3 years. Children between the ages of 3 to 5 years are required to have at least one Hib vaccination. Children over 5 years are not required to receive Hib vaccination.