

# S U M M E R C A M P 2 0 1 2

# Camp Greenwood

**General Information**


**Dates:** May 28-August 24

**Ages:** 5-12 years  
**Age Groups:** 5, 6, 7, 8-9, 10-12 years

**Times:**  
 Early Risers 7:30-8:00am  
 Pre-camp 8:00-9:00am  
 Breakfast Club 7:30-9:00am  
 Camp 9:00am-3:00pm  
 Blast Program 3:00-4:30pm  
 After Camp 4:30-6:00pm



**Camp Costs: LUNCH AND SNACKS INCLUDED**

	Daily	Weekly	Five Weeks	Ten Weeks	Twelve Weeks
<b>Previous Camper</b>	\$60	\$230	\$930	\$1530	\$1750 <b>*Register by April 13</b>
<b>Member</b>	\$65	\$240	\$990	\$1680	\$1950
<b>Non-Member</b>	\$70	\$290	\$1180	\$1940	\$2250
 <b>Daily Drop-in Rate</b>		Member-\$75/Non-Member	\$85		
<b>Breakfast Club</b>		Member and Non-Member	\$5		
<b>Early Risers</b>		Member and Non-Member	\$5		
<b>Pre Camp</b>		Member-\$7/Non-Member	\$10		
<b>Blast</b>		Member and Non-Member	\$15		
<b>After Camp</b>		Member-\$7/Non-Member	\$10		

**Previous Campers:** Register by 5:00 pm on **April 13, 2012** and receive a discount. This is for previous campers who have attended summer camp in 2008, 2009, 2010 or 2011.

There is a 10% FAMILY DISCOUNT on each additional child from the same family registered for Camp Greenwood

A 25% NON-REFUNDABLE DEPOSIT is due at the time of registration

**REFUNDS & MAKE-UP DAYS:** Deposits are non-refundable. Remaining balance refunds are not granted except by written request in extenuating circumstances such as relocation or hospitalization. Once camp begins, we **DO NOT** allow make-up days or refunds for any absences.

**NEW TO CAMP THIS YEAR**

**New Camp Start Time**

Camp will now be open every morning at 7:30am for all the early risers out there.

**Breakfast Club**

Now you can bring your child in to camp without even worrying about breakfast. We will be offering breakfast every morning from 7:30 - 9:00am ranging from cereal to bagels with cream cheese to all kinds of fruits and yogurts.

**Discounted 12 Week Camp Option**

This summer we will be offering a discount for campers that sign up for all 12 weeks of Camp Greenwood.

**Lunch Schedule**

Monday, Wednesday and Friday—Ink! Coffee  
 Tuesday—Please check calendar for restaurant  
 Thursday—Subway

**To find your place under the sun or for more information contact**

Julie Staley  
 Director of Youth Programs  
 303.770.2582 x287  
 303.850.9219  
 julies@GreenwoodATC.com



# CAMP Q&A



## WHAT ARE THE AGE GROUPS?

Ages 5, 6, 7, 8-9, 10-12 years

## WHEN DO I NEED TO SIGN UP FOR AFTER CAMP?

After camp is charged on a drop-in basis. If your child is at camp after 3:30pm you will be charged for after camp.

## WHAT IS THE DROP-IN RATE?

If you drop your child off and are not on the sign in sheet you will be charged the drop-in rate of \$70 Member/\$80 Non-Member.

## WHAT IS BLAST?

Blast is our new after camp program from 3:00-4:30pm. This helps parents who would like to work an extra hour or the kids who want to do more activities. Tennis and swimming lessons will be included in the BLAST program. The BLAST activity calendar will be out in May. You can register in May for each program.

## HOW FAR IN ADVANCE MUST I REGISTER?

Space in Camp Greenwood is limited. We recommend registering as early as possible. If space permits, you are always welcome to add days at any time during the ten weeks of camp or mini camps. You must have ALL paperwork included in your child's registration packet completed prior to enrollment. *Incomplete paperwork will not be accepted.*

## WILL I RECEIVE ANY FURTHER INFORMATION ABOUT CAMP?

A conformation email will be sent out to all families. We will be hosting a welcoming party on May 14, 2011 from 1:00-2:00pm for all campers and parents. This is a wonderful opportunity to meet the camp director and other campers.

## WHEN DO I GET BILLED?

25% Deposit - charged at the time of registration  
Balance - charged the third week of June  
After Camp/Blast Program - charged at the end of each month  
Drop in - charged the day you drop in

## WHEN DO THE KIDS NEED TO WEAR THEIR CAMP SHIRTS?

Fridays for field trips

## WHEN DO THE KIDDOS RECEIVE THEIR CAMP SHIRTS?

The first week they attend camp

## WHAT SHOULD MY CHILD BRING TO CAMP?

Please pack a swimsuit, sunscreen and drinks every day. We provide water for additional beverages, lunch and snacks. Campers must wear their complimentary shirt on field trip days of camp. Campers can pick up their shirt during the first week of camp. PLEASE LABEL ALL OF YOUR CHILD'S BELONGINGS. PLEASE DO NOT SEND YOUR CHILD TO CAMP WITH ANY TOYS, MONEY, ETC. WE ARE NOT RESPONSIBLE FOR LOST OR MISPLACED ITEMS.

## WHAT DOES A TYPICAL DAY LOOK LIKE?

8:00-8:45am - Pre Camp  
8:45-9:15am - Check in  
9:15-9:30am - Bonsai Groups (ages specific groups)  
9:30-10:00am - Group Activity  
10:00-11:00am - Activity A  
11:00am-12:00pm - Activity B  
12:00-12:30pm - Lunch  
12:30-12:45pm - Change for swimming  
12:45-2:15pm - Swimming  
2:15-2:30pm - Change  
2:30-3:00pm - Snack  
3:00-4:30pm - Blast Program  
4:30-6:00pm - After Camp

## WHAT IS INCLUDED IN THE LUNCH?

What is included in the lunch?  
Lunch Schedule  
Monday, Wednesday and Friday - Ink! Coffee  
Choice of cream cheese bagel, butter bagel, turkey and cheese bagel or turkey wrap  
Lunches include Goldfish, string cheese, Fruit Roll Up and Capri Sun  
Tuesday - Please check calendar for restaurant  
Thursday - Subway  
Choice of turkey, ham, roast beef or veggie  
Lunches include Sun Chips, chocolate chip cookie and juice box



## Summer 2012 Camp Greenwood Registration Form

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_ Gender \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parents Name #1: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Parents Name #2: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Circle child's shirt size: Child S M L XL Adult S M L XL  
 Child's Membership Status (please check) Member \_\_\_\_\_ Non-Member \_\_\_\_\_

### Pricing and Payment Options

	Daily	Weekly	Five Weeks	Ten Weeks	12 Weeks	
<b>Previous Camper</b>	\$60	\$230	\$930	\$1530	\$1750	*Register by April 15
<b>Member</b>	\$65	\$240	\$990	\$1680	\$1980	
<b>Non-Member</b>	\$70	\$290	\$1180	\$1940	\$2250	
<b>DAILY DROP IN RATE</b>	(Register day of child attending)			Member-\$75	Non-Member-\$85	

Please select payment method:

**Non-members must provide a credit card number for our files, even when paying by cash or check**

House Charge \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Credit Card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

- \*There is a 10% SIBLING DISCOUNT on each additional child from the same family (First child must pay full amount)
- \*A 25% NON-REFUNDABLE DEPOSIT is due at the time of registration
- \*We do not allow refunds or make-up days for any absences
- \*Must register by April 15 at 5:00pm to receive the previous camper discount

### Circle Week & Day Choices

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1	5/28	5/29	5/30	5/31	6/1
2	6/4	6/5	6/6	6/7	6/8
3	6/11	6/12	6/13	6/14	6/15
4	6/18	6/19	6/20	6/21	6/22
5	6/25	6/26	6/27	6/28	6/29
6	7/2	7/3	NO CAMP	7/5	7/6
7	7/9	7/10	7/11	7/12	7/13
8	7/16	7/17	7/18	7/19	7/20
9	7/23	7/24	7/25	7/26	7/27
10	7/30	7/31	8/1	8/2	8/3
11	8/6	8/7	8/8	8/9	8/10
12	8/13	8/14	8/15	8/16	8/17

### Terms and Conditions

I request that my child be admitted to Camp Greenwood. I understand that my deposit is non-refundable. Remaining balance refunds are not granted except by written request in extenuating circumstances such as relocation or hospitalization. I agree to assume full risk and to waive, relinquish and release all claims I and/or the participant may have against, indemnify, hold harmless and defend Greenwood Athletic Club Metropolitan District and JAG Management Group, LLC. This includes as well its officers, agents, all personal medical insurances and that as a participant must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact can not be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Greenwood Check List

Camp Greenwood Registration Form \_\_\_\_\_

Activity Information Form \_\_\_\_\_

Medical Information Form \_\_\_\_\_

Camp Calendar Permission \_\_\_\_\_

Immunization Records \_\_\_\_\_

\*Can be faxed by Doctor's Office\*

Greenwood Athletic and Tennis Club must have **ALL** forms in order to register for Camp Greenwood. Space is limited so make sure all forms are included.

## Ways to return Registration

1. Bring to the Activities Desk
2. Bring to Kids' Club
3. Bring to Julie Staley
4. Email to Julie Staley, [julies@greenwoodATC.com](mailto:julies@greenwoodATC.com)
5. Fax 303-850-9219

For additional information contact

Julie Staley

Director of Youth Programs

303-770-2582 x287

[julies@GreenwoodATC.com](mailto:julies@GreenwoodATC.com)

**Camp Greenwood  
Activity Information Form**

Camper \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Field Trip Activity Consent:**

Outdoor activities are planned for your child's enjoyment during our summer camp. In order for your child(ren) to participate in these activities, ***this form must be completed, signed and returned to Greenwood Athletic and Tennis Club prior to their camp session.***

Our outdoor activities will take place behind the club and outside the club. Your written consent is necessary for your child(ren) to participate in camp.

We will be going on field trips throughout the summer to various locations in the Denver Metro area. Transportation will be provided by Coach America, a bus company. Please see calendar events for scheduled field trip locations.

Activities Participation - I/We give permission for my/our child(ren) to participate in all camp activities and field trips with the following exceptions:

\_\_\_\_\_

**Medical Emergency Consent:**

I/We, being the parent(s)/guardian(s) of the above mentioned, give consent for emergency medical and/or surgical treatment in a licensed medical facility and by a licensed physician should my child(ren)'s condition require it in my absence. I/We understand that in such a case, reasonable attempts would first be made to contact us with time and conditions permitting.

As long as the medical and/or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved. I/We impose no specific prohibitions regarding treatment unless stated here:

\_\_\_\_\_

My son/daughter has the following medical condition(s) that may require emergency care including allergies and/or drug allergies:

\_\_\_\_\_

I/We confirm to Greenwood Athletic and Tennis Club that my child(ren) is in good health and that his/her participation does not pose a hazard to his/her health or that of other participating campers.

I/We have read this release and understand all its terms and hereby execute it voluntarily with full knowledge and understanding of its significance.

**Sunscreen Consent:**

I/We, being the parent(s)/guardian(s) of the above mentioned, \_\_\_\_\_ **give consent** \_\_\_\_\_ **do not give consent**, for the use of **Body Eclipse SPF 30+** to be applied to my child(ren) in the event their sunscreen is left at home.

**Video Consent:**

I/We, being the parent(s)/guardian(s) of the above mentioned, \_\_\_\_\_ **give consent** \_\_\_\_\_ **do not give consent**, for the viewing of age appropriate, "**G**" and "**PG**" **rated videos** in the event of inclement weather.

**Photo Release Consent:**

I/We, being the parent(s)/guardian(s) of the above mentioned, hereby consent that photographs taken by Greenwood Athletic and Tennis Club may be used by GATC for GATC promotional materials, including the GATC website. I understand that these photos will be used only for promotional purposes, and will not be given to other parties for any purpose other than to promote the club. I may also request that GATC cease from using any particular photo in future materials or promotions, by providing written notification to the GATC General Manager or Director of Marketing. Materials that are already in existence or production at the time I provide such written notice may continue to be used until supplies are exhausted. GATC includes these photos for purposes of marketing the club, in order to showcase the club and allow members and non-members to see the variety of services and activities available at the club.

I/We have read this release and understand all its terms and hereby execute it voluntarily with full knowledge and understanding of its significance.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Camp Greenwood Medical Information Form

**Camper** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**In the event of an emergency, contact the following:**

Parent/Guardian #1 \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Cell Number \_\_\_\_\_  
Work Number \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Cell Number \_\_\_\_\_  
Work Number \_\_\_\_\_

**Name and phone number of person other than parent/guardian who is authorized to approve emergency medical treatment:**

Emergency Contact #1 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Cell Number \_\_\_\_\_  
Work Number \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Cell Number \_\_\_\_\_  
Work Number \_\_\_\_\_

In the event that reasonable attempts to contact parents/guardians mentioned above or other person(s) named above, full consent is given to emergency medical or hospital services that may be rendered by an accredited hospital or by an appointed physician(s), in the event that the administration of any treatment is deemed necessary by a duly licensed physician or medical practitioner.

**Specific Medical Information**

List any communicable diseases, serious illnesses and/or surgeries which your child(ren) has had: \_\_\_\_\_

List any known drug allergies and/or drug reactions which your child(ren) has: \_\_\_\_\_

Describe any special diets your child(ren) must follow: \_\_\_\_\_

List any known food allergies: \_\_\_\_\_

List any prescriptive and/or non-prescriptive medications which your child(ren) must take:

Medication	Dosage	Frequency	Prescribing Physician
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Must complete the Medical Authorization Form – Contact Julie at 303.770.2582 x287 or julies@GreenwoodATC.com\*

**Name and phone number of preferred medical personnel**

Child's Physician _____	Child's Dentist _____	Hospital Preference _____
Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____

**Medical Emergency Consent**

I/We, being the parent(s)/guardian(s) of the above mentioned, give consent for emergency medical and/or surgical treatment in a licensed medical facility and by a licensed physician should my child(ren)'s condition require it in my absence. I/We understand that in such a case, reasonable attempts would first be made to contact us with time and conditions permitting. As long as the medical and/or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved. I/We impose no specific prohibitions regarding treatment unless stated here:

My son/daughter has the following medical condition(s) that may require emergency care including allergies and/or drug allergies:

I/We confirm to Greenwood Athletic and Tennis Club that my child(ren) is in good health and that his/her participation does not pose a hazard to his/her health or that of other participating campers.

I/We have read this release and understand all its terms and hereby execute it voluntarily with full knowledge and understanding of its significance.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# MAY/JUNE 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27 <i>KUNG FU WEEK</i>	28 Better watch your back, it's time for Ninja Attack.	29 Come with us and play, Red Robin will complete your day.	30 It's the middle of the week, let's play Ninja hide and seek.	31 No one can stay away because it's camp day.	1 Hip-hip-hooray!!! Surprise field trip today!	2
3 <i>CAMP KICK-OFF CELEBRATION</i>	4 The Summer is here to stay, the camp kick-off CARNIVAL will start it the right way.	5 Get ready for HOT DOGS and COTTON CANDY, won't that just be dandy.	6 We're going to have a lot of fun for SAFETY DAY, where we'll learn to have fun and play the safe way.	7 Wear your CRAZIEST HAT today, then join everyone else as we play.	8 Get excited, PUMP IT UP is where we'll be sighted.	9
10 <i>FUN IN THE SUN</i>	11 Get ready for some fun, Today we're going to RUN, RUN, RUN!!! TAG DAY	12 Today you're in for a treat, we're getting QDOBA to eat.	13 Don't let your confidence sway, time to show your skills at our camp greenwood FIELD DAY.	14 No better way to enjoy your stay, then having a CRAZY HAIR DAY.	15 Get ready to enter, the magnificent PEPSI CENTER.	16
17 <i>WIDE WORLD OF CAMP GREENWOOD</i>	18 Get ready for an awesome show as our guests perform some amazing TAE KWON DO.	19 Now everyone knows, today we're eating TOKYO JOE'S.	20 PASQUINI'S TAKE AND BAKE, all the toppings you want, none of the ones you don't.	21 YAD SDRAWCAB!!! It's BACKWARDS DAY, wear your clothes inside out or backwards when you come to play.	22 To the WILD LIFE EXPERIENCE we go, let's hope it doesn't snow!!!	23
24 <i>WET, WILD, &amp; WACKY WEEK</i>	25 I sure hope it doesn't rain, setting up this SLIP-N-SLIDE was a pain.	26 NOODLES is a great place to eat, we're bringing it to you, isn't that neat?	27 You brought your WATER GUN right? Today it's time for a WATER FIGHT.	28 On TROPICAL DAY the beach is right within our reach.	29 One fish, two fish, red fish, blue fish, we'll see them all at the DOWNTOWN AQUARIUM.	30

# July 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 <i>SUPERHERO WEEK</i>	2 Get ready for fame, today we play some <b>SUPERHERO</b> games.	3 Even superheroes need to eat, in this case <b>RED ROBIN</b> can't be beat.	4 <b>HAPPY 4TH OF JULY NO CAMP</b>	5 Captain America says do not fear, <b>FAVORITE COLOR DAY</b> is here.	6 Get ready to fly through the sky, at <b>JUMPSTREET</b> everyone will be saying my oh my.	7
8 <i>5 DAYS OF AMAZING HOLIDAYS</i>	9 Get ready for an <b>EASTER EGG HUNT</b> , no this isn't a publicity stunt.	10 <b>PANERA BREAD</b> on <b>ST. PATTY'S DAY</b> , just in case you're hungry before you play.	11 No better way to celebrate the <b>WINTER HOLIDAYS</b> then making <b>GINGER BREAD HOUSES</b> .	12 We hope no one will intervene, today we celebrate <b>HALLOWEEN</b> .	13 We're going to the <b>DENVER BOTANIC GARDENS</b> to celebrate <b>VALENTINE'S DAY</b> .	14
15 <i>Sports-tacular</i>	16 We'll play all types of <b>SPORTS</b> on all sorts of courts.	17 Get ready to eat a ton, here comes <b>QDOBA</b> and we can't stop until we're done.	18 ***** <b>COLORADO ROCKIES BASEBALL GAME</b> *****	19 Wear your favorite <b>JERSEY</b> to camp, I sure hope your muscles don't cramp.	20 We're going on a tour of <b>SPORTS AUTHORITY FIELD</b> , I just can't keep my lips sealed.	21
22 <i>SAFARI SPECTACULAR</i>	23 Take pictures of what you find, keep your <b>SCAVENGER HUNT</b> items in mind.	24 <b>TOKYO JOE'S</b> is on your plate, better control your heart rate.	25 <b>ICE CREAM</b> is on the way, <b>CJ'S FROZEN CUSTARD</b> is here to stay.	26 Get right out of bed and come to play, it's <b>PAJAMA DAY</b> .	27 Continue our safari at <b>JUNGLEQUEST</b> , isn't it the very best?	28
29 <i>SHAKE, RATTLE, &amp; ROLL DECADES WEEK</i>	30 It's time to dance your shoes off, at our <b>CAMP GREENWOOD DANCE-OFF</b> .	31 Eating <b>NOODLES</b> is groovy, we might even watch a sweet movie.				

# August 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
5 <i>CAMP SEND OFF CELEBRATION</i>	6 Camp has been so much fun, let's see how much we remember as we're almost done. <i>CAMP TRIVIA</i>	7 Let's end the summer in style, a <i>PIZZA PARTY</i> should make you smile.	8 The summer is coming to an end, let's see how much you and a friend can bend. <i>CAMP TALENT SHOW</i>	9 You've made friends all summer, <i>DRESS LIKE EACH OTHER</i> so the day won't be such a bummer.	10 The last day of summer and you'll all be missed, let's watch a <i>MOVIE</i> with a crazy twist.	11
12 <i>PIRATE WEEK</i>	13 A great game we will play, <i>PORT AND STARRRRRRRRBOARD</i> is here to stay.	14 A pirate loves to eat, but there's nothing better than <i>CHIPOTLE'S</i> meat.	15 Who knows what might unfold, today we play <i>CAPTURE THE GOLD</i> .	16 The ship is parked in the bay, all the Pirates are at Greenwood today. <i>DRESS LIKE A PIRATE</i>	17 Let's take a trip to <i>HAPA</i> , the fun at Greenwood just won't stop	18
19 <i>BACK TO SCHOOL WEEK</i>	20 Get out your paper and pencil, today you take notes on how to play <i>ERASER TAG</i> .	21 For lunch in the cafeteria today we will be offering from your all time favorite <i>RED ROBIN</i> .	22 Get ready for a fun filled day of recess, as we spend the entire day <i>OUTSIDE</i> .	23 Wear your clothes that match the change in color of the leaves.	24 Camp is ending, have fun at school, you'll all be missed, but we'll see you soon.	25
26	27	28	29	30	31	

**Field Trip Activity Consent:**

Outdoor activities are planned for your child's enjoyment during our summer camp. In order for your child(ren) to participate in these activities, this form must be completed, signed and returned to Greenwood Athletic and Tennis Club prior to their camp session.

Our outdoor activities will take place behind the club and outside the club. Your written consent is necessary for your child(ren) to participate in camp. We will be going on field trips throughout the summer to various locations in the Denver Metro area. Transportation will be provided by Coach America, a bus company. I agree to all field trips listed on this calendar.

Parent/Guardian Signature: \_\_\_\_\_

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

**COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION**

Vaccine	Enter complete date each immunization was given					
Hep B	Hepatitis B					
DTaP/Tdap	Diphtheria, Tetanus, Pertussis					
DT/Td	Tetanus, Diphtheria					
Hib	<i>Haemophilus influenzae</i> type b					
IPV/OPV	Polio					
PCV7	Pneumococcal Conjugate					
MMR	Measles, Mumps, Rubella					
Varicella	Chickenpox			Healthcare Provider Documentation Date _____		Lab Verification Date _____

Vaccines recorded below this line are recommended. Recording of dates are optional.

HPV	Human Papillomavirus					
Rota	Rotavirus					
MCV4/MPSV4	Meningococcal					
Hep A	Hepatitis A					
TIV/LAIV	Influenza					
Other						

To the best of my knowledge, the person named above has received the above immunizations.

**DO NOT SIGN UNLESS ALL IMMUNIZATION REQUIREMENTS ARE MET**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (Physician, nurse, or school health authority)

**Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION**

Vaccine <sup>a</sup>	Level of School/Age of Student											
	Child Care 2 to 3 mos	Child Care 4 to 5 mos	Child Care 6 to 7 mos	Child Care 8 to 11 mos	Child Care 12 to 14 mos	Child Care 15 to 17 mos	Child Care 18 to 23 mos	Preschool 2 to 4 yrs	K Entry 4 to 6 yrs	Grades K to 5 5 to 10 yrs	Grades 6 to 12 11 to 18 yrs	College
Pertussis/Tetanus/ Diphtheria	1	2	3	3	3	4	4	4	5/4 <sup>b</sup>	5/4 <sup>b,c</sup>	6 <sup>c,d</sup>	
Polio <sup>e</sup>	1	2	3	3	3	3	3	3	4/3 <sup>f</sup>	4/3 <sup>f</sup>	4/3 <sup>f</sup>	
Measles/Mumps/ Rubella <sup>g</sup>					1	1	1	1	2 <sup>h</sup>	2 <sup>h</sup>	2 <sup>h</sup>	2 <sup>h,i</sup>
<i>Haemophilus influenzae</i> type b (Hib) <sup>j</sup>	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1				
Pneumococcal Conjugate <sup>k</sup>	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2					
Hepatitis B <sup>l</sup>	1	2	2	2	3	3	3	3	3	3	3	
Varicella <sup>m</sup>					1	1	1	1	2 <sup>n</sup>	2 <sup>n</sup>	2 <sup>n,o</sup>	
Meningococcal												p

**a:** Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

**b:** Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.

**c:** For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required. Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given > 6 months after the 2nd dose.

**d:** The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.

**e:** For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

**f:** Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Four valid doses are a complete series regardless of age at completion.

**g:** For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

**h:** The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.

**i:** Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.

**j:** The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given ≥ 15 months, the Hib vaccine

requirement is met. For students who began the series < 12 months, 3 doses are required of which at least 1 dose must have been administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.

**k:** The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered on or after the 1st birthday; (ii) 7 to 11 months, 2 doses are required at 6 to 14 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday; (iii) 12 to 23 months, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required.

**l:** For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

**m:** For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

**n:** The second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the year of implementation for the second dose of varicella; for school year 2007–2008, the second dose of varicella is only required for kindergarten entry.

**o:** If the 1st dose of varicella vaccine was administered at ≥ 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.

**p:** Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.

