

eastridge⁺ christian school

Welcome to Eastridge Christian School Preschool thru Kindergarten

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2018-19 PRESCHOOL REGISTRATION

Thank you for your interest in Eastridge Christian School! Attached you will find our program information and registration materials.

Please fill out all the pages in your packet completely, even if you are a returning student.

***YOUR CHILD'S IMMUNIZATION RECORD IS DUE AT THE TIME OF ENROLLMENT.
IT MUST BE INCLUDED WITH YOUR PAPERWORK TO ENROLL YOUR STUDENT.***

Registrations are accepted on a first-come, first-served basis and we require a \$125 non-refundable Registration Fee at the time of enrollment. The Registration Fee payment will be processed electronically at the time of enrollment. *Please note that if you withdraw your child, the Registration Fee is non-refundable.*

All Eastridge Christian School payments are processed electronically. **Please be sure to submit the appropriate Tuition Express form with your paperwork at the time of enrollment.**

If you have any questions, please call or email us at any time. Thank you again for your interest in Eastridge Christian School. We look forward to serving you in any way we can.

Our program provides quality Christian education and academic opportunities within a creative, nurturing environment. We emphasize the following age-appropriate developmental skills:

- ♥ **Preschool Academics**: Focus on school readiness and preparedness skills; focus on recognizing names, letters, sight words, numbers, colors, patterns, and shapes, and, additionally, our Young 4's and Pre-K classes practice writing names, letters, and numbers through the *Handwriting Without Tears Curriculum* and *10 Frame Number Sense*.
- ♥ **Small Motor Skills**: Develop fine motor skills through cutting with scissors, gluing, lacing, coloring, painting, different types of art materials, and *Weekly Task Boxes*.
- ♥ **Large Motor Skills**: Develop physical coordination with large muscle activities. A safe, private, outdoor, fenced playground is provided as well as two large indoor play areas.
- ♥ **Classroom Skills**: Learn how to transition, take turns, sit in circle time, listen to and follow instructions, and alternate days being the "*Little Miracle of the Day*" – Teacher's Helper!
- ♥ **Communication Skills**: Participate in show-and-tell, teacher-led class discussions, and dramatic play time.
- ♥ **Social Skills**: Learn how to interact well with classmates and teachers, how to solve problems in a positive way, and how to be thoughtful and courteous to one another.
- ♥ **Literature Appreciation**: Listen to stories and poems and explore new books in the classroom library.
- ♥ **Art Appreciation**: Experience various forms of artistic expression and mixed media. We provide both directed and free-form art projects.
- ♥ **Community Awareness**: Discover community helpers through class studies and field trips.
- ♥ **Awareness of the World Around Us**: Explore and learn about the environment, changing seasons, animals, our country, and engage in simple science discoveries.

Our Specialists:

- ♥ **Chapel**: Introduce foundational Biblical truths to the children through songs of worship and praise, Bible stories, scripture memory verses, and prayer.
- ♥ **Music**: Introduce new songs, finger plays, and rhythm band instruments; help develop tonal concepts (high-low, loud-soft) and rhythmic concepts (fast-slow patterns, repetition, and beat) as well as free musical expression.

Mommy & Me Class

This class is designed for children ages 18-30 months old. It is an opportunity for mommies and toddlers to sing, dance, and move together as well as to meet other families of young children. There will be center time activities which include some art and sensory experiences. This is a great class for developing social skills. Tuition is \$190 per quarter.

- For children born March 1, 2016 – March 1, 2017
- Class is held every Wednesday from 10:30-12:00 p.m. September through May
- Separate application form for this class is available in the office or on our website

Young 3's Class

Our goal for the Young 3's class is to provide an opportunity for 2-3/4 year-old children to have a positive beginning preschool experience. We will be painting, coloring, playing with play dough, learning to share, singing songs, and playing games. All of our activities are planned with their developmental needs in mind. All classes have two regular staff, and our class size is limited to 10. Children must be bathroom independent to enter the program.

2-Day Young 3's Class

- For children born September 1, 2015 – December 31, 2015
- Class meets Tuesdays & Thursdays from 9:00 – 12:00 p.m.
- Tuition is \$290 per month

Three's Classes

Our 3's classes are perfect for both the first-time preschooler and for children who have previously been in a co-op or other preschool setting. The classrooms are rich and stimulating, and offer learning opportunities for all learning styles. All classes have two regular staff, and our class size is limited to 14. Children must be bathroom independent to enter the program. **NO PULL-UPS OR DIAPERS.**

2-Day 3's Class

- For children born September 1, 2014 – October 31, 2015
- Class meets Tuesdays & Thursdays from 9:00 – 12:00 p.m.
- Tuition is \$290 per month

The 3-Day 3's class is another option for families of 3-year-olds. This class will offer the same rich, stimulating, and engaging learning opportunities as the 2-Day classes.

3-Day 3's Class

- For children born September 1, 2014 – October 31, 2015
- Class meets Monday/Wednesday/Friday from 9:00 – 12:00 p.m.
- Tuition is \$330 per month

Young 4's Classes

Our 3-day Young 4's classes are the follow-on to our 3's classes. The curriculum is designed for children who need another year of preschool before attending a Pre-K class and will not be attending kindergarten the following year. All classes have two regular staff, and our class size is limited to 14.

3-Day Young 4's Class

- For children born September 1, 2014 - December 31, 2014
- Class meets Monday/Wednesday/Friday from 9:00 – 12:00 p.m.
- Tuition is \$330 per month

Pre-Kindergarten Classes

Our Pre-K classes are a follow-on to our 3's and Young 4's classes. There is a stronger academic curriculum that emphasizes Kindergarten Readiness Skills in our Pre-K classes since many of these children will attend kindergarten the following year. This is also an option for older children coming out of the 3's class if they meet the birth date requirement. All classes have two regular staff, and our class size is limited to 16.

3-Day Pre-K Class

- For children born September 1, 2013 – August 31, 2014
- Class meets Monday/Wednesday/Friday from 9:00 – 12:00 p.m.
- Tuition is \$330 per month

4-Day Pre-K Class

- For children born September 1, 2013 – August 31, 2014
- Class meets Monday thru Thursday from 9:00 – 12:00 p.m.
- Tuition is \$435 per month

5-Day Pre-K Class

- For children born June 1, 2013 – February 28, 2014
- Class meets Monday thru Friday from 9:00 – 12:00 p.m.
- Tuition is \$495 per month

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A ministry of Eastridge Church
24205 SE Issaquah-Fall City Road, Issaquah WA 98029
425.270.6329

FOR OFFICE USE ONLY

Class: _____
Start Date: _____
Tuition Amount: _____
Immun. Form: _____
Tuition Express: _____

PRESCHOOL REGISTRATION SCHOOL YEAR 2018-19

Welcome!

Welcome to Eastridge Christian School (ECS)! We are honored that you are considering our school for your child. Here at ECS, we make it our mission to partner with you as the parent or guardian to give your child a meaningful and rich preschool experience. ECS is an extension of Eastridge Church, a place where families like yours gather to worship God, grow in their faith, and serve others. We are committed to giving children a safe and loving environment where they can learn and grow in all areas of their lives.

The questions, consents, disclosures, and liability waiver below are important for you to answer and understand, and are required to be completed in order for your child to be enrolled at ECS. We want you to feel comfortable with your child here at ECS, so if you have any questions about the registration process, please ask and we would be happy to help you.

IMMUNIZATION RECORDS ARE DUE AT TIME OF ENROLLMENT AND MUST BE INCLUDED WITH THIS PACKET IN ORDER TO ENROLL YOUR STUDENT.

Child's Name _____ Gender: Boy Girl

Child's Name to be called at school _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

How did you learn about our school?

- Friend/referral (Name: _____)
- Website
- Sign
- Attend Eastridge Church
- Other: _____

If you attend church, what church do you attend?: _____

Are you interested in learning more about Eastridge Church? Yes ___ No ___

May we add your name, address, and phone number to "My Classmates" list?

This list will be shared with the other families in your child's class. Yes ___ No ___

Please let us know if you wish only partial information listed by checking only the items you wish to include:

- Child's name Parents' names Phone number Address Email

Parent/Guardian Information

Parent/Guardian #1

Last Name _____ First Name _____

Relationship to Child: Mother Father Step-parent Grandparent Other: _____

Mark all that apply: Child lives with Emergency contact Authorized to pick-up

Marital Status: Married Divorced Separated Widowed Other: _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Occupation/Employer _____

Parent/Guardian #2

Last Name _____ First Name _____

Relationship to Child: Mother Father Step-parent Grandparent Other: _____

Mark all that apply: Child lives with Emergency contact Authorized to pick-up

Marital Status: Married Divorced Separated Widowed Other: _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Occupation/Employer _____

Cell Phone Provider _____

We request this information as part of our emergency communication procedure in case we need to send out an all-school text in the event of emergency.

Emergency Information and Medical Consent

Child's Name _____ Birth Date _____

Parents'/Guardians' Names _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone (Dad) _____ (Mom) _____

Work Phone (Dad) _____ (Mom) _____

*Food Allergies _____

*Other Allergies _____

*Health Issues/Concerns _____

Regular Medication _____

*** IMPORTANT NOTE: You must fill out a yellow Allergy Alert Form if any of these apply (available in the office).**

Health Insurance Information: Insurance Company _____

Group Number _____ Subscriber Number _____

Subscriber Name _____ Child's Physician _____

Hospital Preference _____

If there is a serious or life-threatening emergency, do you authorize Eastridge Christian School staff to call 911? Yes _____ No _____

Note: It is understood that the parent/guardian assumes all financial responsibility of expenses incurred as a result of accident or medical emergency. In the event of an emergency requiring treatment for any child under the age of 18, hospitals are required by law to reach you for authorization to medically treat your child except in life-threatening cases. Only a parent or legal guardian may give this authorization. If you are not available to sign the consent and cannot be reached within a reasonable amount of time, you can insure emergency treatment for your child by completing this Emergency Information and Medical Consent page. In the event of a medical emergency, this record will accompany your child to the hospital so that prompt emergency treatment can be given.

.....

I, _____, (parent/guardian) authorize all medical, surgical, diagnostic, and hospital procedures may be performed or prescribed by a treating physician as deemed medically necessary for _____ (child's name) if I cannot be reached in the case of an emergency.

Parent/Guardian Signature _____

Emergency Contacts and Authorized Pickup Information

Contact #1

Last Name _____ First Name _____ Gender: Male Female

Relationship to Child: Grandparent Care Giver Family Friend Neighbor Other: _____

Emergency contact Authorized to pick up ONLY with parent confirmation

Authorized to pick up any time without a call to the parents

City _____ State _____

Phone: Home _____ Cell _____ Work _____

Contact #2

Last Name _____ First Name _____ Gender: Male Female

Relationship to Child: Grandparent Care Giver Family Friend Neighbor Other: _____

Emergency contact Authorized to pick up ONLY with parent confirmation

Authorized to pick up any time without a call to the parents

City _____ State _____

Phone: Home _____ Cell _____ Work _____

Contact #3 (optional)

Last Name _____ First Name _____ Gender: Male Female

Relationship to Child: Grandparent Care Giver Family Friend Neighbor Other: _____

Emergency contact Authorized to pick up ONLY with parent confirmation

Authorized to pick up any time without a call to the parents

City _____ State _____

Phone: Home _____ Cell _____ Work _____

Contact #4 (optional)

Last Name _____ First Name _____ Gender: Male Female

Relationship to Child: Grandparent Care Giver Family Friend Neighbor Other: _____

Emergency contact Authorized to pick up ONLY with parent confirmation

Authorized to pick up any time without a call to the parents

City _____ State _____

Phone: Home _____ Cell _____ Work _____

Who DOES NOT have permission to pick up your child? *If applicable, a copy of supporting court documents must be on file.*

Last Name _____ First Name _____ Gender: Male Female

Reason _____

Parent/Guardian Signature _____

Parental Consent

I understand that my child, as a part of my child's school experience, may participate in field trips away from the school campus and that information regarding these field trips will be provided prior to the field trip. Further, I understand that transportation will be my responsibility to and from these events.

I understand that my child may be photographed while at school or on field trips for use on hallway and classroom bulletin boards and occasionally in art projects. I understand that individual and class pictures will also be offered two times per year. My child may be asked to participate in video productions to be used as ministry advertisement within the school or church. I understand that my child's name will not be attached to any photo or to the Eastridge Christian School/Eastridge Church website without my consent (**signature below gives your consent**).

I understand that it is my sole responsibility for any medical expenses associated with injuries or sickness sustained while at school or while participating in school events. I agree to hold Eastridge Christian School, Eastridge Christian Assembly, its directors and employees harmless for claims of liability while my child(ren) is/are at the school or in the care of the school's staff.

Eastridge Christian School requires a 30-day written notice to withdraw enrollment. I agree to notify the school office via email of my child's withdrawal no less than 30 days prior to the withdrawal date. Tuition refunds will not be issued for partial months of attendance or for early departure in May or June.

Parent/Guardian Signature _____

Class Placement

Please mark your first and second class preferences. We will do our best to accommodate your request but cannot guarantee it. Eastridge Christian School makes every effort to place children according to parental preferences **and** classroom balance.

Young 3's	
2-Day 3's	
3-Day 3's	
Young 4's	
3-Day Pre-K	
4-Day Pre-K	
5-Day Pre-K	

Tuition Rates and Payment Processing

<u>Classes</u>	<u>Tuition Rates</u>
2-3/4 year olds @ 2 days/week (T/Th)	\$290 per month
3 year olds @ 2 days/week (T/Th)	\$290 per month
3 year olds @ 3 days/week (M/W/F)	\$330 per month
4 year olds @ 3 days/week (M/W/F)	\$330 per month
Pre-K @ 3 days/week (M/W/F)	\$330 per month
Pre-K @ 4 days/week (M-Th)	\$435 per month
Pre-K @ 5 days/week (M-F)	\$495 per month

The tuition rate structure is based on **ten equal payments (August – May)**. Tuition is **prepaid** monthly on the 1st of each month (i.e., September is due August 1st, January is due December 1st, June is due May 1st, etc.).

A 20% discount is available for families with more than one student enrolled in our program. The lowest tuition amount is discounted. Refunds or credits will not be given for absences, illness, vacations, or school closures due to weather or emergency situations.

All school fees (including, but not limited to: tuition, Lunch Bunch, field trips, special events) are processed electronically through Tuition Express, a service of Procure. *Payments are not accepted in the office.* Through Tuition Express, we can process your payment by automated bank drafts through your checking account or by credit card (Visa, MasterCard, or Discover only). Credit card payments require an additional processing fee of 3% while bank drafts require no additional fee. Please make your selection using one of the included forms.

Pre-payments will be processed electronically on the 1st of each month. If other arrangements need to be made, please contact the office immediately. *Please note that a \$35 fee will be assessed on all returned or declined payments.*

Tuition refunds will not be issued for partial months of attendance or for early departure in May or June.

Financial Agreement:

I understand that tuition is due on the 1st of each month and that a fee of \$35 will be assessed on all returned or declined payments.

I agree to pre-pay monthly tuition of \$_____ on the 1st of each month during my student's enrollment at Eastridge Christian School. I understand the Registration Fee (**\$125 for all classes**) will be processed electronically upon enrollment with Eastridge Christian School and is **non-refundable**.

I also understand that all applicable school fees are added to my account as they are incurred and processed electronically on a monthly basis along with the tuition payment.

Parent or Legal Guardian Signature: _____ Date: _____

Eastridge Christian School welcomes students of any race, color, and national or ethnic origin.

Student Questionnaire

Please answer all questions. A copy of this section will be given to your child's teachers to help them get to know your child better.

Child's Name _____ Birth Date _____

Projected school for kindergarten _____

Siblings?

Name: _____ Age: _____ Gender: [] Male [] Female

Name: _____ Age: _____ Gender: [] Male [] Female

Name: _____ Age: _____ Gender: [] Male [] Female

Name: _____ Age: _____ Gender: [] Male [] Female

Primary language spoken at home: _____

Children must be restroom independent. At our school, this means that they are able to tell a teacher they need to use the restroom, get their clothes off and on by themselves to use the toilet, and wash their hands independently. **NO PULL-UPS OR DIAPERS.** Does your child take total responsibility for their restroom needs? _____

My child has participated in the following preschools, schools, and/or programs: _____

My child receives the following outside services, i.e., speech therapy, occupational therapy, etc: _____

Does your child have an IEP (Individualized Education Program)? If yes, explain: _____

Does your child have food or other allergies? Explain _____

How do you view your child's behavior? _____

What form of discipline do you use at home? _____

Additional information you feel we should know to better understand and work with your child: _____



TUITION EXPRESS

Automatic Payment Processing Safe — Convenient — Easy

Eastridge Christian School is excited to offer you the convenience of Tuition Express — an automated payment processing system to pay tuition and fees electronically.

Tuition Express is a Payment Card Industry Level 1 Service Provider and it is the premier payment processing solution in the child care/early education industry.

- Check your balance online
- Free email payment statements
- Over 12 million safe transactions since 2003

Since 2003, Tuition Express has safely and conveniently processed billions in tuition and fee payments. Your account information is safe. Write checks no more. And easily have your payment made on time, every time.

Through Tuition Express, we can process your payment by automated bank drafts through your checking account or by credit card (Visa, MasterCard, or Discover only). Credit card payments will require an additional 3% processing fee while bank drafts require no additional fee.

Payments are processed on the 1st of each month. If you need to make other arrangements, contact the office.

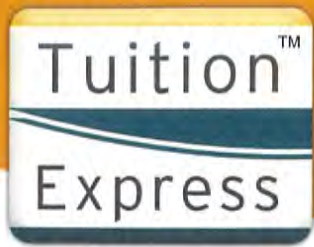
Please note that a \$35 "Non-Sufficient Funds" fee will be assessed on all returned payments.

A two-week notice is needed to change your checking account or credit card information.

Please note that we will not be accepting any payments in the office.

We encourage you to create an account on the Tuition Express website at www.TuitionExpress.com to view your monthly balance (tuition, any applicable Lunch Bunch fees, field trip fees, etc.) before it is processed.





Automated Payment Processing
Safe – Convenient – Easy

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We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize **Eastridge Christian School** to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

For Official Use Only

Date Received _____

Employee Signature _____



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Automated Payment Processing
Safe – Convenient – Easy

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We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize **Eastridge Christian School** to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. **Furthermore, I understand that a three percent (3%) credit card fee will be assessed and added to the tuition payment made on my credit card.**

We accept Visa, MasterCard, and Discover for payments made by credit card.

Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date	Card Type (Visa/MasterCard/Discover)	
Cardholder Signature		Date	

For Official Use Only

Date Received

Employee Signature

A service of





Washington State Department of Health

Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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 Washington Immunization Information System.

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (MM/DD/YY):** _____ **Sex:** _____
 I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record. Yes No
Parent/Guardian Signature Required _____ **Date** _____
Parent/Guardian Signature Required _____ **Date** _____

	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae</i> type b)						
◆ IPV / OPV (Polio)						
◆ MMR (Measles, Mumps, Rubella)						
● PCV / PPSV (Pneumococcal)						
◆ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).
 laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name _____

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

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides 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**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements.**

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinnix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Pprevnar®	PCV	Vaqt®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).