



WELCOME TO SUMMER FUN!

Dear YMCA Camp Family,

Get ready for a summer that blends academics and adventure! The Missoula Family YMCA offers two state-licensed summer learning camps—Camp Horizon at Hellgate Elementary School and Camp Imagination at Russell Elementary School. **Camps are offered in month-long sessions** and designed to help children entering grades 1-5 strengthen their math and reading skills while keeping summer fun. Campers will explore engaging books, tackle math challenges, and discover patterns in nature—all while playing camp games, singing songs, and making new friends!

Through a partnership with the Phyllis J. Washington College of Education, the YMCA is recruiting camp program staff who are pursuing careers in elementary education. This partnership is designed to provide hands-on experience to future teachers while helping the Y continue to offer robust summer learning programs for Missoula youth.

Applications for the upcoming summer program are available annually in mid-February. Complete the attached packet and either drop it off at 3000 S. Russell St. or email it to schoolage@ymcamissoula.org. Packets must be fully completed to be considered. Once your packet has been reviewed, our team will reach out to you to finalize your registration. Please note that Camp Horizon and Camp Imagination are month-long camps. Both are licensed by the state of Montana and accept Best Beginnings. Y financial assistance is also available.

We can't wait to welcome your camper to the Y for another amazing summer! If you have any questions, please don't hesitate to reach out.

In health,

Eli Catton
"Ewok"
Sr. Dir. of Youth Development
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SUMMER LEARNING CAMPS

2025 APPLICATION

GREATER MISSOULA FAMILY YMCA

Welcome to the Missoula YMCA’s Summer Learning Camps! Our Summer Learning Camps are led by qualified and caring YMCA program staff who offer a fun, safe, and supportive environment for students entering grades 1–5. This program offers a true camp experience while preventing summer learning loss through its structured curriculum component.

YMCA Summer Learning Camp Fees:

YMCA Summer Learning Camp tuition is automatically drafted through a checking account or credit card one week prior to the start of each camp session. Campers may only attend once fees are paid. Withdrawal from the program requires written notice two weeks in advance of program start date. A one-time supply fee of \$55 will be charged upon enrollment. Best Beginnings and Financial Assistance are available for qualifying families. See the YMCA Summer Learning Camp Contract for details.

- One-time supply fee \$55 (\$75 for families enrolling 2+ siblings)
- June (starts June 16) \$627
- July..... \$1,254
- August (ends August 15) \$627

YMCA Summer Learning Camp Registration:

YMCA Summer Learning Camp offers month-long camp options for June, July, and August. This camp is open to children entering grades 1–5. To register, complete all forms in this packet and return the packet to the YMCA. As a licensed childcare provider, the Missoula YMCA is required by the State to collect forms annually. **Both new and returning YMCA Summer Learning Camp participants must fill out all forms.**

Application does not guarantee program admittance. All children are registered on a first-come, first-serve basis. Return your completed application to the YMCA. The Associate Director of School Age Programs will contact you about your application status.

What to Bring:

Please bring the following items—labeled with camper’s name—to each day of YMCA Summer Learning Camp:

- Weather-appropriate clothing, a swim suit, towel, and sunscreen
- Backpack and water bottle
- Comfortable walking/playing shoes—flip flops not recommended
- A good attitude

Leave all toys, cell phones, electronics, candy, money, and other valuables at home.

UPDATED: FEBRUARY 2025

YMCA Summer Learning Camp Locations & Daily Schedules:

YMCA Summer Learning Camp provides a structured, nurturing summer environment for children in grades 1–5. Daily camp activities may include STEM activities, field trips, swimming, group games, and more. The following is included for all YMCA Summer Learning Camp campers:

CAMP HORIZON

Check-In/Check-Out Location:
Hellgate Elementary Bldg #2 at 2385 Flynn Ln.

Check-In & Breakfast:
7:30–9:00 a.m.

Program Days & Times:
Monday–Friday from 9:00 a.m.–4:30 p.m.
Includes lunch and a snack

Check-Out:
4:30–5:30 p.m.
Photo ID is required for every pickup.
No exceptions.

CAMP IMAGINATION

Check-In/Check-Out Location:
Russell Elementary at 3216 Russell St.

Check-In & Breakfast:
7:30–9:00 a.m.

Program Days & Times:
Monday–Friday from 9:00 a.m.–4:30 p.m.
Includes lunch and a snack

Check-Out:
4:30–6:00 p.m.
Photo ID is required for every pickup.
No exceptions.

Absences and Holidays:

YMCA Summer Learning Camp is offered Monday–Friday. Hours of care vary depending on the camp and are listed above. Registration is by month only and full time registration is required. There is no camp on July 4 in observance of Independence Day. YMCA Summer Learning Camps are licensed programs that follow State of Montana requirements. Best Beginning scholarships are reimbursed based on camper attendance. **Best Beginnings** participants authorized for 30+ hours of care per week and are required to attend full time. Excessive absences may result in the participant's family paying any costs not covered by Best Beginnings.

Camper Drop Off and Pick Up:

Breakfast is provided from 7:30–8:45 a.m. with camp activities starting promptly at 9:00 a.m.

Camp activities and programming run Monday–Friday from 9:00 a.m.–4:30 p.m. Schedules change daily and may include trips to parks, the library, and other offsite locations. Please make prior arrangements with the Camp Director or call the Y Welcome Center at 721-9622 should you need to pick your child up before 4:30 p.m. Welcome Center staff will be able to direct you to the camp's current location.

YMCA Summer Learning Camps will make every effort to return to their designated check-out locations by 4:30 p.m. A photo ID is required for every pickup, every time. Campers must be picked up at the time listed above. A \$30 late fee will be charged for pickups after the designated time. Police will be notified after 30 minutes should a child not be picked up and should Missoula Y staff be unable to reach parents/guardians/emergency contacts.

Participant Safety and Expectations:

Missoula YMCA Summer Learning Camps are a welcoming, educational, group environment for students entering grades 1–5. All participants are expected show the YMCA's core values of honesty, caring, respect, and responsibility in both their actions and words. Behavior that disrupts programming, endangers self or others, disrespects property, is not in accordance of the Missoula YMCA mission, or requires repeated one-on-one attention may result in program suspension or expulsion. Should a behavioral issue occur, YMCA Summer Learning Camp counselors will fill out a Behavior/Incident Report that parents/guardians are required to sign and return. Parents/guardians can request a copy for their records.

Participant Safety and Expectations: (continued)

YMCA staff may work with participants on behavior changes through action plans, behavior contracts, and parent/guardian meetings. Ongoing behavior issues will result in a meeting with YMCA staff, parents, and the YMCA Summer Learning Camp director.

Best Beginnings Child Care Scholarship:

Financial assistance is available for qualifying YMCA Summer Learning Camp participants. The Best Beginnings Childcare Scholarship is a state program that provides assistance to qualifying families in need of childcare. Best Beginnings scholarship applications must be completed and turned in to Child Care Resources. Applications and information about Child Care Resources can be found online at <https://www.childcareresources.org/families/paying-for-child-care/>. Copays are due one week prior to the start date of each camp session. Campers may only attend after copays are paid.

Missoula YMCA Financial Assistance:

Families who do not qualify for Best Beginnings scholarships or who need additional assistance with their co-payment may qualify for Missoula YMCA Financial Assistance. Submit a Best Beginnings scholarship application to Child Care Resources prior to seeking Missoula YMCA Financial Assistance.

To apply for Missoula YMCA Financial Assistance, fill out a financial assistance application available at the Welcome Center or online at ymcamissoula.org/financial-assistance. Forms and all required documentation must be received a minimum of 14 days prior to the start of camp in order to be considered. For more information on financial assistance, please call the Missoula YMCA at 721-9622.

Application Process:

Camp fees and the following items must be completed, returned to, and approved by the Associate Director of School Age Programs prior to the first day of YMCA Summer Learning Camp attendance. Refer to the list below to help as you fill out your application. Please note that all **REQUIRED** forms must be fully completed and be submitted together. Incomplete packets will not be accepted.

- Contract: REQUIRED**
 - Includes all information needed by the YMCA to complete registration for our program.
 - Includes information important for families to understand regarding program billing, policies, and procedures.

- Payment Authorization: REQUIRED**
 - Includes billing information. Regardless of whether families are paying the full bill or a copay, a billing method is required for scheduled payments.

- Best Beginnings Scholarship: ONLY REQUIRED FOR FAMILIES USING BEST BEGINNINGS SCHOLARSHIP**
 - Formal acknowledgment of the family's responsibilities regarding billing and Best Beginnings copayments.

- Multimedia Waiver: OPTIONAL**
 - The YMCA utilizes local photos and videos in most of our marketing. This waiver gives consent to allow the YMCA to feature your child in our marketing materials in the future.

- Inherent Risk Waiver: REQUIRED**
 - Standard legal waiver required to participate in any YMCA program or membership.

(continues on next page)

- CACFP Income Eligibility Form: REQUIRED**
 - To participate in the state's Child and Adult Care Food Program, we are required to maintain and submit records of income eligibility for all participants in licensed programming.
 - Should you prefer NOT to disclose this information, the form is still required. A signature and date on Part 7 on the reverse side of the form allows you to opt out of sharing information.

- Emergency Contact and Consent: REQUIRED**
 - As a state licensed program we are required to maintain records annually. The state mandates signatures from the current year on all paperwork.
 - Watch for the easy to miss signature and date line on the bottom of the page.

- Over the Counter Medication Authorization: REQUIRED**
 - As a state licensed program we are required to maintain records annually. The state mandates signatures from the current year on all paperwork.

- Certificate of Immunizations: REQUIRED**
 - Included immunization form must be completed and signed by a health department representative, a health care professional, school nurse, or our child care personnel.
 - If completed and signed by our child care personnel, supporting documentation must be included (Immunization Records, MyChart, etc.).
 - Certification of Immunization may be emailed to the program director at schoolage@ymcamissoula.org.

We are so excited to have you join us for YMCA Summer Learning Camp! Please call the YMCA with any questions you may have about YMCA Summer Learning Camp. We look forward to a safe, fun, and educational summer with you and your family.

Have the best summer ever!

Missoula YMCA YMCA Summer Learning Camp
406-721-9622

PLEASE KEEP THIS PACKET FOR YOUR REFERENCE

YMCA Summer Learning Camp Contract (continued)

Please read the following statements and **initial**, indicating that you understand and agree to comply.

- _____ I understand that there is a supply fee of \$55 (\$75 for multiple children) that is due upon submission of application/contract. I understand that this fee is non-refundable.
- _____ I hereby give my consent for my child to participate in water activities.
- _____ I hereby give my consent for my child to be transported by Greater Missoula Family YMCA staff to or from camp locations and on weekly field trips.
- _____ In the event of a medical emergency, I hereby authorize the Greater Missoula Family YMCA staff to administer First Aid, CPR, and/or seek out the appropriate, necessary medical attention.
- _____ I understand that if my child needs medication that I must fill out the appropriate medication permission forms and provide them, any medication (in its original container), and appropriate administration instructions to the Y staff.
- _____ I have reviewed and agree to abide by Greater Missoula Family YMCA policies.
- _____ I have received and read the Greater Missoula Family YMCA Summer Camp Family Handbook.
- _____ I agree not to hold the Greater Missoula Family YMCA liable if my child is injured while participating in Greater Missoula Family YMCA childcare activities.
- _____ I understand my child's participation in the program may be temporarily or permanently discontinued without refund if their behavior becomes uncontrollable or violent.
- _____ I completed the entire emergency form and have provided all available contact information.
- _____ I understand that my child will not be released to anyone whose name is not listed on the emergency form. I understand proper identification must be presented at every pickup.
- _____ If a parent of a child is not allowed custody or personal information of any kind, I will notify the Greater Missoula Family YMCA in writing and with proper court documentation.
- _____ I understand that camp fees and co-payments must be paid one week prior to each camp session start date, and that I am required to have a method of payment on file.
- _____ I understand that a written notice is required two weeks (14 days) in advance for all contract changes and/or cancellations.
- _____ By signing this application, I certify that I am allowing the YMCA to procure information from other services in regards to my family to allow for a wraparound approach to care.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name (please print): _____



BEST BEGINNING FAMILIES ONLY

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BEST BEGINNINGS SCHOLARSHIPS

GREATER MISSOULA FAMILY YMCA

Welcome to YMCA Summer Learning Camps! Financial assistance is available to qualifying families. There are two types of assistance available: Best Beginnings Childcare Scholarships and Missoula Y Financial Assistance.

Best Beginnings Child Care Scholarships

The Best Beginnings Childcare Scholarship is a state program that provides assistance to qualifying families in need of childcare. Best Beginnings scholarships must be completed and turned into Child Care Resources (CCR). Applications and information about CCR can be found at www.childcareresources.org/families/paying-for-child-care/. Families are responsible for a co-payment as well as any fees not covered by the Best Beginnings scholarship.

Missoula Y Financial Assistance:

Families interested in Missoula Y Financial Assistance **must apply** for Best Beginnings first. Families who do not qualify for Best Beginnings scholarships may qualify for Missoula Y Financial Assistance. Please submit a Best Beginnings scholarship application to Child Care Resources prior to seeking Missoula Y Financial Assistance.

To apply for Missoula Y Financial Assistance, please fill out a financial assistance application available at the Welcome Center or online at ymcamissoula.org/financial-assistance. Forms and all required documentation must be received a minimum of 7 days prior to the start of camp in order to be considered. For more information on financial assistance, please call the Missoula Y at 721-9622.

The following information applies only to families receiving Best Beginnings scholarships.

_____ I understand that I am responsible for setting up and paying all co-pays that Child Care Resources (CCR) and/or the Greater Missoula Family YMCA establishes for any YMCA Summer Learning Camp.

_____ I understand that I am responsible for completing and returning all required paperwork to CCR prior to my child(ren) starting any YMCA Summer Learning Camp.

_____ I understand that my Greater Missoula Family YMCA co-pay may be higher than the co-pay listed on my Best Beginnings authorization plan.

_____ I understand that my co-pay will increased if my child's attendance does not meet the amount of approved hours on my authorization plan.

_____ I understand there is a fee for each child should they be absent from the program and Best Beginnings does not cover my camp bill.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name (please print): _____



REQUIRED

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PAYMENT AUTHORIZATION FORM

GREATER MISSOULA FAMILY YMCA

The adult listed on this form will be responsible for payments and will be the Missoula Y's point of contact for all payment-related correspondence.

Participant's Name: _____ Program: _____

Primary Adult: _____ Date: ____/____/____
Last First M.I.

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Payment Method: (Please choose one)

_____ Monthly EFT/ Bank Draft (Please attach a voided check.)

_____ Monthly Credit/Debit (Please complete the information below.)

Type of Card: _____ Number: _____ Expiration Date: ____/____

Payment Authorization:

_____ I authorize my financial institution to honor drafts drawn by the Greater Missoula Family YMCA on my account. Drafts from my account will be deducted as scheduled. The amount drafted will be the current amount due on my account.

_____ I understand that EFT/ bank drafts (if paying by voided check) are administered by a third-party company, Daxko, and that any unsuccessful draft will be charged a non-refundable fee of up to \$30. If Daxko is unable to collect dues from my account after 30 days, it is my responsibility to make payment to the YMCA for all fees due, including any fee not covered by my financial institution.

_____ I understand that credit card drafts are administered by a third-party company, Daxko, and that any unsuccessful draft attempts will incur a non-refundable fee of up to \$30. It is my responsibility to settle any past-due balances and incurred fees with the YMCA or Daxko upon notice.

_____ I understand that I will be notified of any monthly program rate changes. I understand all deposits are non-refundable.

_____ I understand that I must give the Greater Missoula Family YMCA a 30-day written notice for any changes to my account name, account number, and/or financial institution, and two weeks' written notice for changes to program enrollment status and/or termination of services.

I agree to all terms and conditions listed above.

Primary Adult Signature: _____ Date: ____/____/____

Office Use Only:

Date of First Draft: ____/____/____ Date Entered in Daxko: ____/____/____ Staff Initials: _____

Financial Assistance: Yes, Family Yes, Individual No

UPDATED: APRIL 2022



REQUIRED

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CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Institution or Facility Name:

Part 1. Name of Child(ren) Enrolled:

CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)
* IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.

Full names of all household members

Part 2. Benefits: If any member of your household received [SNAP], [FDPIR] or [TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, a migrant, or a runaway, call the State agency for instructions.

Part 4. Total Household Gross Income—You must tell us how much and how often (whole dollar amounts, please)

Total number in household: _____	B. Gross income and how often it was received (if \$0, please write \$0. Any field left blank will be accepted as representative of "no income")			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All other income
A. Name (List only household members with income) (Example) Jane Smith	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

This section required for all forms listing income in Part 4:
Last four digits of Social Security Number: X X X - X X - _____ I do not have a Social Security Number

Part 5. Signature (Adult must sign)

An adult household member must sign this form.

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
Date: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip Code: _____

Emergency Contact and Consent



This form must accompany staff when children are away from the childcare site

REQUIRED

Child's Name (First, Last)

Date of Birth

ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.

Parent or Guardian Contact Information

Name (First, Last)	Relationship
---------------------------	--------------

Home Address (Street, City, Zip)

Primary Phone	Email Address
---------------	---------------

Address (Street, City, Zip)	Work Phone
-----------------------------	------------

Name (First, Last)	Relationship
---------------------------	--------------

Home Address (Street, City, Zip)

Primary Phone	Email Address
---------------	---------------

Address (Street, City, Zip)	Work Phone
-----------------------------	------------

Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
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Name (First, Last)	Phone	Relationship
--------------------	-------	--------------

Name (First, Last)	Phone	Relationship
--------------------	-------	--------------

Required Medical Information

Primary Medical Care Provider	Phone
--------------------------------------	-------

Health Concerns (Please explain)

--

Allergies

--

Parent or Guardian Authorization

In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.

Parent/Guardian Signature	Date
----------------------------------	-------------

<i>(This form must be completed and signed annually)</i>
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**NON-INGESTIBLE
OVER THE COUNTER MEDICATION
AUTHORIZATION FORM**

TO BE COMPLETED BY PARENT

Child's Name _____ Date of Birth ____/____/____

Program Name _____

**I give permission for the administration of the following non-ingestible over the counter medications
(mark all that apply):**

Diaper Rash Cream/Ointments _____

Insect Repellent _____

Sunscreen _____

Cortisone/Anti-Itch Creams/Ointments _____

Medicated Lip Treatments _____

OTC Antibiotic Creams/Ointments _____

Burn Creams/Sprays _____

Other Non-Ingestible OTC's: (Please Specify) _____

To administer a non-ingestible over the counter medication:

- The medication must be brought to the day care facility from the parent;
- The medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions _____ Refrigeration? _____

Parent/Guardian Signature (required) _____ **Date:** ____/____/____

*** This document must be updated on an annual basis.**

Unused Medication: (check one) Returned to Parent Y N Discarded appropriately Y N

By: _____ **Date:** ____/____/____

***Keep in the child's file when medication is finished.**

**STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL
CERTIFICATE OF IMMUNIZATION**

REQUIRED

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I **PLEASE PRINT CLEARLY**

Child/Student's Name	Birth Date	Sex	Primary Provider	
Name of Parent/Guardian	Address		City	Telephone Home Work

SECTION II **IMMUNIZATION HISTORY**

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)					
Booster Dose Tdap required prior to 7 th grade entry					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					
Measles/Mumps/Rubella (MMR)					
or					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has documentation of disease					
Hepatitis B					
Pneumococcal Conjugate vaccine (PCV13)					

ACIP* Recommended Vaccines <small>*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention</small>	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Rotavirus					

NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION

If filled out by health department or health care provider:

If filled out by school or child care personnel:

To the best of my knowledge, this child has received the above immunizations.

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(School or Child Care Official and Title) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(School or Child Care Official and Title) Date

Health Department or Physician

1. For medical exemption purposes, a physician is a person licensed to practice medicine in any jurisdiction of the U.S. or Canada. This does not include chiropractic or naturopathic doctors, nurse practitioners or physician assistants.
2. In Section II, please include vaccine doses with month, day and year for each administered dose. Immunization dates, as specified in the administrative rules, are necessary. Please sign and date the form.
3. **If the child is completing a vaccine series**, a Conditional Attendance form can be used. The physician or health department will determine the date of each dose to be administered and put the schedule on the Conditional Attendance form. Please sign the Conditional Attendance form, and return to the school or child care facility.
4. Immunization forms can be obtained directly from the local health department or the Montana Immunization Program at www.immunization.mt.gov.

School and Child Care Official

1. **Prior to attending**, all students and child care facility attendees must have either **a)** the required immunizations **and documentation** or **b)** have completed the appropriate exemption or conditional attendance documentation. This includes transfer students.
2. **Documentation** must meet the criteria of the Administrative Rules of Montana. This is **limited** to other school health records and certain documents from health departments and physicians.
3. **Transferring information from supporting documentation to this form** must be done by a school or child care official. The school or child care official must then sign and date the form (Section II) and attach the supporting documentation.
4. **Conditional Attendance** form, once completed and attached to this document, allows attendance so long as immunization continues as scheduled.
5. **School Transfer Students.**

There is no transfer period allowed. Transfer students must provide adequate documentation of immunization **PRIOR** to attending school.

- a) **Transferring In:** Students who transfer into Montana from out of state must have their immunization information recorded on this form (*See number 2 above regarding acceptable documentation.*) Students must meet Montana immunization requirements.
- b) **Transferring Out:** If students transfer out of your school, a **copy** of this record should be maintained for one year following the transfer. The Montana law requires schools to forward the original Certificate of Immunization to the school to which students transfer.
- c) **Homeless Students:** All homeless students must be immediately enrolled in a Montana school to ensure compliance with the McKinney-Vento Act. Students should be assigned a liaison who can assist them in obtaining either appropriate documentation of immunization or in obtaining the required immunizations.

Parent

1. Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools and child care facilities.
2. **ONLY school, child care and health officials can complete this form.** School and child care officials need documentation from physicians or health departments as described by the Administrative Rules of Montana (*examples: A completed Montana Certificate of Immunization; A signed Immunization record card*). **It is the parent's responsibility to provide these documents to the school or child care facility.**
3. **Religious exemption and conditional attendance** may be used in accordance with the Immunization Law and Administrative rules. The Religious Exemption may be used in school settings and must be renewed annually. Religious exemption for child care only applies to Haemophilus influenzae type b (Hib), and must be renewed annually.
4. Montana law prohibits children from attending any Montana school or child care facility **prior** to meeting immunization requirements.
5. If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. However, the original Certificate of Immunization must be provided to the new school within 30 days of transfer in order for the child to attend.

SECTION IV**EXEMPTIONS**

Please refer to the form HES101A at

<http://www.dphhs.mt.gov/publichealth/immunization/documents/NewMedicalExemptionForm08132012.pdf>

SECTION V**LEGAL REFERENCES****Montana Codes Annotated**

20-5-101 - 410: Montana Immunization Law
52-2-735: Day Care Certification

Administrative Rules of Montana

37.114.701-721: Immunization of K-12, Preschool and Post secondary Schools
37.95.140: Day Care Center Immunizations
Group Day Care Homes – Health
Family Day Care Homes – Health

If you have any questions about: 1) the use of this form; 2) obtaining copies of immunization forms, laws, or rules; or 3) whether or not a person meets attendance requirements, please contact your local health department or the Montana Immunization Program, DPHHS, Cogswell Building, Helena, MT 59620. Phone (406)444-5580.

www.immunization.mt.gov