



# SCHOOL-AGE | ENROLLMENT PACKET

## SUMMER 2022

For more information, visit [www.ymcatricities.org](http://www.ymcatricities.org)

**KEEP THIS PAGE FOR YOUR RECORDS**

### WHAT YOU WILL NEED WITH YOU TO REGISTER

- Immunization records (must be transferred to required state immunization form provided in this packet)
- Child(ren)'s physician & dentist, name, address and contact number
- Emergency contact information (other than parent/guardian)
  - Name, address, Email, phone #, work #
- **DSHS families: authorization is required at time of registration**
  - Call the YMCA office to find out program site provider number
  - Call DSHS to become authorized
  - Contact the YMCA to confirm we've received your authorization

### WEBTIME

Webtime is the online platform to access your child's YMCA account. Webtime will allow you to conveniently log in to your child's account using the primary parent/guardian's email provided at time of registration. With Webtime, you're able pay your child care bill, register for sports and community events, update contact information, complete waivers and more!

### KID KIOSK

YMCA sites currently use **KidKiosk** to keep attendance.

- **KidKiosk PIN**
  - All authorized individuals will be issued a 4-digit PIN. This PIN is specifically linked to each person's email. ALL authorized persons dropping off AND picking up will be responsible for using their own PIN and electronic signature to check a child IN and OUT. *This PIN may not be shared.*
- **KidKiosk Parent Portal**
  - Only the primary parent/guardian's email is authorized to log into KidKiosk's Parent Portal using their email as the username and the 4-digit PIN as the password. To access the Parent Portal, go to [KidKiosk.com](http://KidKiosk.com) and click "login" then select the "Parent Tab" to log in.
  - The Parent Portal allows the parent to add/change check in and out authorizations. Any additional people that are needing to be authorized to check in/out a child will have to be added by the primary parent/guardian in KidKiosk.

### PARENT/GUARDIAN ROLES

**What does it mean to be the primary parent/guardian?**

- The primary parent/guardian will have access to WebTime and KidKiosk. Only the primary parent/guardian's email will be used to log into and access these programs.
- The primary and secondary parent/guardian will receive notification emails when another authorized person checks a child in and out.
- If parents are co-parenting, we recommend using a primary email that both parents have access to. Please keep in mind that the secondary parent/guardian must have their **own** email to receive their **own** personalized PIN.

**What does it mean to be the secondary parent/guardian?**

- The secondary parent/guardian will be able to access WebTime **BUT ONLY** if the primary parent share's their account log in information.
- The secondary parent/guardian will be added to KidKiosk and receive their personalized PIN via the email they provided during registration.
- The secondary parent/guardian will receive notification emails when another authorized person checks a child in and out.

### YMCA OFFICE LOCATIONS & WEBSITE

#### **RICHLAND YMCA**

1234 Columbia Park Trail  
Richland, WA 99352  
(509) 374-1908

#### **YMCA WEBSITE**

[www.ymcatricities.org](http://www.ymcatricities.org)

## Submitting School Age Child Care Registrations Via Email

1. Options:
  - a. Fill out the PDF, electronically sign, and submit via email at [childcare@ymcatricities.org](mailto:childcare@ymcatricities.org)
  - b. Print out registration packet, fill out ALL forms completely, scan and submit via email at [childcare@ymcatricities.org](mailto:childcare@ymcatricities.org) Must submit immunization records or registration will not be processed.
  - c. Print out registration packet, fill out ALL forms completely, lay each form on a flat surface, take clear photos of each page separately, and submit all pictures via email at [childcare@ymcatricities.org](mailto:childcare@ymcatricities.org)
  - d. You may also Fax registration packet to 509-374-9278 (if faxing, please call our office or email to confirm your fax was received)
2. Because deposits are due at the time of registration, once we have received your registration forms via email we will give you a call to collect payment over the phone.
3. *If going through DSHS, our office must receive an authorization via email from DSHS before we can process your registration. For DSHS authorization instructions follow this link:*  
[https://ymcatricities.org/wp-content/uploads/2021/07/REVISED-DSHS-Instructions\\_06-30-21.pdf](https://ymcatricities.org/wp-content/uploads/2021/07/REVISED-DSHS-Instructions_06-30-21.pdf)

# YMCA OF THE GREATER TRI-CITIES

School-Age Child Care Registration Form 2021-2022

The YMCA & Washington State licensing requires all documents included in the registration packet be completed prior to accepting a child into any licensed program. In the spaces below, write 'N/A' if not applicable.

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Age	Gender
Address		Apt	City	State	Zip	

## PRIMARY PARENT OR GUARDIAN

Legal First Name	Legal Last Name	Does Child Live With You?				
Address (If same as child, write 'same as child')		Apt	City	State	Zip	
Primary Number	Cell Phone	Work Phone	Employer			
Email <small>Must provide valid email. This primary Email is used for KidKiosk, Webtime and communication purposes</small>						

## SECONDARY PARENT OR GUARDIAN

Legal First Name	Legal Last Name	Does Child Live With You?				
Address (If same as child, write 'same as child')		Apt	City	State	Zip	
Primary Number	Cell Phone	Work Phone	Employer			
Email <small>Must provide valid email. Email is used for KidKiosk and communication purposes</small>						

**Additional authorized persons dropping off AND picking up MUST be added to KidKiosk at [kidkiosk.com](http://kidkiosk.com)**

## EMERGENCY & INSURANCE INFORMATION

Emergency Contact (not parent/physician)	Address	Phone Number	Work Number
Email <small>We do not share or sell your information.</small>			

**If no physician or dentist, you must provide the YMCA with a written plan of action in the event of an emergency.**

Child's Physician or Name of Facility	Address	Phone Number
Child's Dentist or Name of Facility	Address	Phone Number

**It is the responsibility of every individual, their parent or legal guardian, to provide their own accident and health coverage while participating in all YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.**

Medical Insurance Company	Policy Number
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## PARENT STATEMENT OF UNDERSTANDING For the safety and protection of your child, please read the following information:

<i>Initial here</i>	I understand I am not to leave my child at the YMCA site unless a YMCA staff is there to receive & supervise my child.
<i>Initial here</i>	I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.
<i>Initial here</i>	I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed in KidKiosk and given their PIN as well as have photo ID.
<i>Initial here</i>	I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol staff may have no recourse but to contact the police.
<i>Initial here</i>	I understand as a mandated reporter, YMCA staff are required to report any suspected case of child abuse or neglect to the proper authorities for investigation.
<i>Initial here</i>	I understand I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I will monitor volunteer/staff interactions with my child and ask specific questions about program activities and volunteer/staff relationships with my child.
<i>Initial here</i>	I understand for the safety of my child, staff may not relate to my child outside of approved YMCA activities. YMCA staff are not permitted to have contact with participants they met through employment with the YMCA (baby-sitting, birthday parties, sleep-over, etc.). Any exceptions must be approved in advance by the Executive Director. Immediate disciplinary action will be taken by the YMCA toward staff/volunteers if this procedure is not followed.

**SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS**

Date of Last Physical/Doctor Visit		Date of Last Dentist Visit
Depending upon your child's need, additional paperwork and a meeting with a YMCA Director may be required prior to your child's start to ensure your child can best be accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program. In the space below, write "none" if none.		
Dietary Modifications/Allergy	Chronic/Recurring Illness	Operations/Serious Injury
Physical Disability	Developmental Delays	Behavioral Disorder
Does your child have an IEP (Individualized Education Program) through the school district? If yes, please provide a copy of the IEP for the YMCA at registration. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Medication - Does your child take regular medication? If yes, please specify. <input type="checkbox"/> YES <input type="checkbox"/> NO		
A completed Medical Authorizations Form is required for each school year when children will be taking medication during program hours (including no school days, holidays and vacation break weeks).		Medical Authorization Form is completed for the 2021-2022 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO

**YMCA POLICIES**

**Everyone is Welcome:** The YMCA is a membership organization open to all people.

**Financial Assistance:** If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

**Personal Safety Discussions:** Staff will engage children in discussions to help them understand how they can set their own personal safety & touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, & encourage children to tell if someone touches them in a way that makes them feel uncomfortable. The YMCA respects the rights of the individuals it serves.

**GENERAL AUTHORIZATIONS**

**Participation**  
I give permission for my child to participate in all activities, including field trips, swimming, movies rated G or PG, and to be transported as authorized by the YMCA or authorized provider. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

**Photo Release**  
The applicant hereby gives permission for the YMCA of the Greater Tri Cities to use, without limitation or obligation, photographs or other media that may include the members' image or voice to promote or interpret YMCA programs.

If there is a reason why you would prefer not to have your child photographed, please explain below. This does not alter or negate the photo release, however the Y will attempt to avoid including your child in any photos. \_\_\_\_\_

**Medical Treatment:** I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health. \*I prefer my child be taken to:

- TRIOS HEALTH                       LOURDES MEDICAL CENTER                       KADLEC REGIONAL MEDICAL CENTER

\*The hospital utilized will be based on location at the time of emergency.

**Property Loss:** I understand that the YMCA is not responsible for personal property lost, damaged or stolen while participating in these activities.

**Insurance:** I understand it is my responsibility to provide for my child's accident and health coverage while participating in these programs and I further understand that the YMCA does not provide this coverage.

**Release from Liability:** Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the YMCA of the Greater Tri-Cities, its employees, volunteers, independent contractors, directors, members or guests from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in YMCA programs.

**I HAVE READ & UNDERSTAND THE ABOVE INFORMATION AND HAVE COMPLETED THIS FORM TO THE BEST OF MY ABILITY.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**YMCA OFFICE LOCATIONS & WEBSITE**

<b>RICHLAND YMCA</b> 1234 Columbia Park Trail, Richland, WA 99352	<b>PHONE:</b> (509) 374-1908	<b>YMCA WEBSITE</b> www.ymcatricities.org
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# YMCA OF THE GREATER TRI-CITIES

YMCA Member Summer Day Camp Registration Form 2022

Member | \$175/week

Community | \$185/week

\*For Summer School or Part-Time rates please contact the office

This registration form needs to be returned to the YMCA office; it cannot be accepted at child care sites. Completed forms can be turned into the office in person, emailed or faxed.

You can email the form to: [childcare@ymcatricities.org](mailto:childcare@ymcatricities.org) or Fax to 509-374-9278. If you choose to email or fax the form, a phone conversation will follow to confirm registration and collect payment.

Child's Name (First & Last) \_\_\_\_\_ Current Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your child completed Kindergarten?  Yes  No  
*State licensing requires children to have completed Kindergarten in order to attend Summer Camp.*

**What swim level is your child?**

Beginner: Red - stays in the 3ft. pool.  
 Intermediate: Yellow - can go into the shallow end of the big pool.  
 Advanced: Green - Is able to swim in the deep end, and go off the diving board.

**We are doing a tie-dye T-shirt project week 2. Please indicate your child T-shirt Size:**

YS YM YL AS AM

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
<b>INSTRUCTIONS:</b> Please indicate ALL weeks your child will be attending	June 20-24	June 27-July 1	July 5-8 (Closed July 4 <sup>th</sup> )	July 11-15	July 18-22	July 25-29	Aug 1-5	Aug 8-12	Aug 15-19	Aug 22-26
Canyon View Elementary										
Fuerza Elementary										
Lincoln Elementary										
Sunset View Elementary										

Please see reverse side for policies and signatures

## PAYMENT & REFUND POLICIES

<i>Initial here</i>	A non-transferrable, non-refundable deposit of \$20 per child, per week will reserve their space at camp for the weeks they will attend. This fee is due at the time of registration.
<i>Initial here</i>	Final payment must be received at the YMCA office no later than <b>the Monday prior</b> to the start of each session your child will attend. If payments are not received by the due date, your session will be cancelled and deposit will be forfeited. A \$20 fee will be assessed for any returned/declined payment transactions.
<i>Initial here</i>	YMCA reserves the right to withdraw your child from all future programs until past due balance is paid in full or payment arrangements have been made with YMCA office.
<i>Initial here</i>	Summer Day Camp programs operate from 6:30am-6:00pm. Late fees will be charged for arrivals after 6:00pm at the rate of \$2 per minute (\$10 minimum per child). Staff use the clock on the iPad where the program operates for "official" time. Late fees will be reflected on your account. Repeated tardiness will result in termination from our program.
<i>Initial here</i>	Credit will not be issued for days that were missed by your child.
<i>Initial here</i>	For cancellations, we require notice no later than <b>the Monday prior</b> to the start of the session to be eligible for a refund (less deposit). Deposits are non-refundable.

## CAMP POLICIES

<i>Initial here</i>	I understand that the YMCA and campers will be using hand sanitizer and/or hand wipes with alcohol as a supplement to hand washing when running water and soap are unavailable. All hands will be washed or sanitized before eating and after toilet use.
<i>Initial here</i>	I authorize the YMCA to share information about my child with professionals such as social workers, teachers, counselors, etc. Additionally, I authorize these professionals to share information with the YMCA.
<i>Initial here</i>	I understand that I am responsible for providing my child with sunscreen labeled with my child's name for use during camp hours.
<i>Initial here</i>	I hereby authorize the YMCA to apply sunscreen/lotion (to be provided by the parent/legal guardian) to my child for protection against the sun's harmful rays as deemed appropriate by the YMCA staff.
<i>Initial here</i>	I hereby give my child permission to participate in all activities at YMCA camp, including the use of a portable wading pool.
<i>Initial here</i>	I hereby authorize the YMCA to transport my child to and from specified field trips throughout the duration of summer camp including the use of public transportation. I also give my child permission to attend all YMCA field trips, including public pools, parks, and movies rated G or PG.
<i>Initial here</i>	I verify that all contact information is up to date including but not limited to name, phone, address, emergency information, immunization record and additional authorized pick-up.

**I have read and initialed the above information and I fully understand all policies of YMCA Summer Day Camps. By signing below, I acknowledge I have read and understand all YMCA Policies as listed above and in the Parent Handbook.**

**CHILD NAME** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

## COVID-19 Policies and Procedures

At this time, DCYF and the Department of Health have specific guidelines for childcare to follow to help prevent the spread of COVID-19.

Children in our School-Age Child Care program will be required to wear face coverings while in our care during transportation to and from our planned field trips.

When entering the YMCA, children will be required to do a health screen before entering the program area. Staff will check the child's temperature and ask basic health questions such as "Has your child been in close contact with anyone with suspected or confirmed COVID-19?", "Has your child had a temperature over 100.4 degrees?", "Has your child/youth had any medication to reduce a fever before coming to care?". Please answer these questions honestly.

If your child has a fever or other symptoms, they are not able to attend YMCA childcare until they are fever free for 24 hours and after symptoms have significantly improved or receive a negative COVID-19 test result. Please assist us in keeping all of the children in our care safe.

As we continue to work through COVID-19, DCYF and Department of Health guidance may change. We will update this form with all updated guidance.

If you have any questions or concerns, please email us at [childcare@ymcatricities.org](mailto:childcare@ymcatricities.org) or call us at 509-374-1908.

Thank you,

YMCA School-Age Childcare Team

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



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YY):</b>	<b>Sex:</b>
_____	_____	_____	_____	_____

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.



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

I certify that the information provided on this form is correct and verifiable.



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

◆ Required for School and Child Care/Preschool

● Required Only for Child Care/Preschool

**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**

◆ <b>DTaP / DT</b> (Diphtheria, Tetanus, Pertussis)						
◆ <b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
◆ <b>Td</b> (Tetanus, Diphtheria)						
◆ <b>Hepatitis B</b> <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● <b>Hib</b> ( <i>Haemophilus influenzae</i> type b)						
◆ <b>IPV / OPV</b> (Polio)						
◆ <b>MMR</b> (Measles, Mumps, Rubella)						
● <b>PCV / PPSV</b> (Pneumococcal)						
◆ <b>Varicella</b> (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](mailto: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 (IIV)	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	Measles, Mumps, 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	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	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		