

Colorado law requires students who attend a licensed childcare program to be vaccinated against many of the diseases vaccines can prevent. Your student must be vaccinated against:

- diphtheria, tetanus & pertussis (DTaP, DTP)
- polio (IPV)
- measles, mumps, rubella (MMR)
- hepatitis B (HepB)
- haemophilus influenzae type b (Hib)
- pneumococcal (PCV)
- varicella (chickenpox)

Vaccines are recommended for rotavirus, hepatitis A and influenza, but are not required.

YPLC follows the number, timing and spacing of the required vaccine doses set by the American Academy of Pediatrics (AAP) which is the gold standard of pediatric care in the U.S. You can view a parent-friendly version of the current AAP vaccine schedule for children 0 - 6 years of age [here](#). We have also attached a copy. As of 1/2026 the CDC is recommending an alternative immunization schedule and requirements, however school and child care immunization requirements have not changed.

- Please bring us a copy of your child's updated vaccine record to school every time he or she receives a vaccine.
- If your child cannot get vaccines because of medical reasons, you must submit an official Immunization Medical Exemption Form to your school, signed by a health care provider licensed to give vaccines. You can get the form at www.colorado.gov/vaccineexemption.
- ***We DO NOT accept personal or religious exemptions for children enrolled in our program.***
- You may want to talk to a health care provider licensed to give vaccines or the Larimer County Health Department about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at www.colorado.gov/cdphe/immunization_education.
- If you need help finding a health care provider, or finding free or low-cost vaccines, call the state health department's Family Health Line at 1-303-692-2229 or by contacting the Larimer County Health Department at 970-498-6700.

By signing below, you acknowledge that you have read and understand this document and will comply with all the above agreements.

Guardian Name

Signature

Date

Child's Printed Name(s) _____

AAP Recommended Immunization Schedule

Children Birth Through 6 Years Old

	Birth	1 month	2 months	4 months	6 months	8 months	12 months	15 months	18 months	19-23 months	2-3 years	2-6 years
RSV	✓											
HepB	✓	✓										
RV					✓	✓	✓	✓	✓	✓	✓	✓
DTaP					✓	✓	✓	✓	✓	✓	✓	✓
Hib						✓	✓	✓	✓	✓	✓	✓
PCV						✓	✓	✓	✓	✓	✓	✓
IPV												
COVID-19												
Influenza												
MMR												
Varicella												
HepA												

1 dose during RSV season

✓ 1 dose during RSV season for those at high risk*

As recommended**

Recommended for age group

Yearly

Dose 2: 6 months after dose 1

For more information, visit [healthychildren.org/immunizationschedules](https://www.healthychildren.org/immunizationschedules).

*<https://www.healthychildren.org/RSV>

**<https://www.healthychildren.org/covid-19>