FUM Child Learning Center (FUMCLC)
Annual Immunization Record Update Notice

Dear Parent/Guardian,

To ensure the health and safety of all children in our care, **FUM Child Learning Center** requires updated immunization records for each child annually, in accordance with state licensing and health guidelines.

Please complete **one** of the following each year:

1. **Submit Updated Immunization Records**
   Provide a current copy of your child's immunization record if they have received any new vaccinations since the last submission.

OR

2. **Confirm No Changes**
   If your child has **not received any new vaccinations** since the last update, please sign below to verify that their immunization record on file remains current and accurate.

Child's Name: _____

Date of Birth: _____

☐ My child has received new immunizations. I have attached an updated record.

☐ My child has **not** received any new immunizations since the last record submitted, and the current record on file is accurate.

☐ I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):

_____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Please return this form and/or updated records by: _____

If you have any questions or need assistance obtaining your child's immunization records, please contact us at **Office@fumclc.com**.

Thank you for your cooperation in helping us maintain a safe and healthy environment for all children.

Sincerely,
FUM Child Learning Center Administration