



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Office Use Only**

Date Received: \_\_\_\_\_  
Packet Complete (initials) \_\_\_\_\_  
\$50 Registration fee collected: YES/NO  
1st Week's Payment accepted: \_\_\_\_\_

# BUILDING BRIGHT FUTURES

**SCHOOL AGE CHILD CARE  
2019-2020 SCHOOL YEAR  
ENROLLMENT PACKET  
EOE/EOP**

**GREATER VALLEY YMCA  
EASTON/PHILLIPSBURG BRANCH**  
1225 West Lafayette Street  
Easton, PA 18042  
T 610-258-6158  
W [gv-ymca.org](http://gv-ymca.org)

Kristen Fisher  
Director of Child Care Services  
E [kristenfisher@gv-ymca.org](mailto:kristenfisher@gv-ymca.org)

Kristen Mayberry  
Childcare Services Business Manager  
E [kristenmayberry@gv-ymca.org](mailto:kristenmayberry@gv-ymca.org)



**CHILD INTAKE**

Thank you for choosing the Greater Valley YMCA, Easton/Phillipsburg Branch. We are happy to have you and your child with us. In order for us to serve your child's needs, we ask that you please complete the following form with information regarding your child's preferences.

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Grade \_\_\_\_\_

Has your child ever been in child care/camp before? If yes, where?  Yes  No

Yes  No

Are there any needs or fears you would like to let us know about?

What is your child's preference for social interactions

Is there any other information that we should know that will help your child transition into care?  Yes  No

Would you like a meeting with your child's teacher prior to him/her starting  Yes  Not at this time.

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? **If so, please attach it for our records**  Yes  No

Are there any behaviors you are aware of that your child may need assistance with from the staff? If yes, please list.  Yes  No

Are there people who you would like us to contact who have worked with your child? Name/Phone \_\_\_\_\_  
Name/Phone \_\_\_\_\_

**Permission For Release Of Information:** The Y has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

STAFF USE ONLY

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Age (as of September 1, 2019) \_\_\_\_\_ Grade \_\_\_\_\_

**CHILD ENROLLMENT**

<b>Before School</b>	<b>After School</b>	<b>Before and After School</b>
6:30 AM – 7:50 AM	2:40 PM – 6:30 PM	6:30 AM – 7:50 AM 2:40 PM– 6:30 PM
\$56 per week	\$85 per week	\$105 per week

**\$50 Registration Fee Per Family is due at time of Registration**

ALPHA PUBLIC SCHOOL                                                                 

- On planned School Closures, **no care** will be provided
- On planned Early Dismissal Days, the After-School Program will operate from 12:25pm-6:30pm
- On Inclement Weather Delayed Openings, the Before School Program will operate from 8:30am-10:30am
- On Inclement Weather Early Dismissal days, **no care** will be provided
- On Inclement Weather School closings, **no care** will be provided

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Financial Policy & Procedure – AGREEMENT FORM**

**Session Tuition includes:** Swimming, field trip admission, and transportation to field trips/swimming are included with weekly fee.

**Subsequent Weeks:** Subsequent weeks are required and must be automatic drafted by EFT or Debt/Credit via the Authorization Form in this packet and will be drafted Monday mornings at the start of the week.

**Payment Due Date:** Initial week payment due at time of registration. Any registration received after TUES. 6:00PM, prior to the registered week, will incur a \$25 late fee. Children will be placed on waiting list in the event that payment is not received and/or late.

**Late Payment/Registration Fee:** Any registration packet received after TUES. at 6:00 PM will incur a \$10.00 late fee.

**Returned Check /Bank Draft:** A \$35.00 fee per NSF bank draft will be assessed; future payments may be required in the form of cash.

**Declined Credit Card:** A \$10.00 fee will be applied each time a credit card is declined for any reason.

**Late Pick Up Fee:** \$20 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter.

**Change of Program Fee:** A \$15.00 fee will be assessed for any enrollment change (i.e. session or schedule change)

**Absences/Vacation Days/Holidays:** Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for days during the session not in attendance. No credit will be given for days registered, but unattended.

**Outstanding Balances:** If your child has an outstanding balance your child will be declined the ability to attend, register or attend a new session, transition to a new classroom/program, register at another YMCA, transfer records, or obtain end of year statements until the account balance is current or paid in full.

**Refunds/Credit Policy:** Deposit and/or first week's tuition is nonrefundable. All refund requests must be approved by Director and may be subject to a \$10 processing fee.

**Holiday Schedule**

The School Age Child Care Program will not operate on the following days:

- September 2<sup>nd</sup>, 2019
- November 7<sup>th</sup> & 8<sup>th</sup>, 2019
- November 27<sup>th</sup>-29<sup>th</sup>, 2019
- December 23<sup>rd</sup>-27<sup>th</sup>, 2019
- December 30<sup>th</sup> & 31<sup>st</sup>, 2019
- January 1<sup>st</sup>, 2020
- January 20<sup>th</sup>, 2020
- February 14<sup>th</sup>, 2020
- February 17<sup>th</sup>, 2020
- April 9<sup>th</sup> & 10<sup>th</sup>, 2020
- April 13<sup>th</sup>, 2020
- May 25<sup>th</sup>, 2020

**Prorates are not available during these weeks**

**Subsidy Provider Information**

- YMCA Financial Assistance \_\_\_ % Approved  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- State Subsidy (Current Agreement Form and/or Confirmation must be on file prior to tuition adjustment.)
- Bucks County CCIS  Other: \_\_\_\_\_
- Case Worker: \_\_\_\_\_
- Phone Number: \_\_\_\_\_  
 CCIS Copay: \$ \_\_\_\_\_  
 YMCA Copay: \$ \_\_\_\_\_

- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan for the Greater Valley YMCA, Easton/Phillipsburg Branch, School Age program and Camp. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.
- In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Greater Valley YMCA Easton/ Phillipsburg Branch to send my child to the nearest hospital: \_\_\_\_\_ (St. Lukes Warren Campus will be used if no location is designated)
- I agree to meet the Y Staff person at the hospital as soon as possible after being notified.
- I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Greater Valley YMCA Easton/Phillipsburg Branch to administer basic First Aid to my child.
- I have received, understand and agree to follow all procedures and policies stated in the Greater Valley YMCA of Easton/Phillipsburg Branch Child Care Parent Handbook.

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the YMCA's payment procedures and policies. I understand that my child will become ineligible for participation in camp sessions if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124).

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Grade 2019-2020: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Email address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Registrar/Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_ Billing Date: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT**

Child's Name	Birth Date
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Address (fully write out)	
---------------------------	--

Name of Legal Guardian (1)	Home Tel
----------------------------	----------

Address (fully write out)	Cell
---------------------------	------

Employer	Work Tel
----------	----------

Employer Address	
------------------	--

Name of Legal Guardian (2)	Home Tel
----------------------------	----------

Address (fully write out)	Cell
---------------------------	------

Employer	Work Tel
----------	----------

Employer Address	
------------------	--

Emergency Contact 1 Name	Tel
-----------------------------	-----

Address (fully write out)	
---------------------------	--

Emergency Contact 2 Name	Tel
-----------------------------	-----

Address (fully write out)	
---------------------------	--

Emergency Contact 3 Name	Tel
-----------------------------	-----

Address (fully write out)	
---------------------------	--

Child's Doctor (name/company and address)	Tel
--	-----

Special Disabilities (If Any)	
-------------------------------	--

Additional Information On Special Needs Of Child	
---	--

Medical Or Dietary Information Needed In An Emergency	Medication, Special Conditions
--	-----------------------------------

Health Insurance Coverage For Child Or Medical Assistance Benefits	Policy Number (Required)
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Parent or Guardian Signature	Date
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**CHILD RELEASE**

This form ensures that your child is released only to people who are authorized to pick up the child from the Y. Please indicate below all persons names that you authorize to pick up and sign out your child from child care. Anyone not on this list will NOT be allowed to pick up your child. In the event of an emergency please contact the School Age Child Care Director at 610-258-6158 x410 to inform them of who will be picking up your child.

- Please note that children will ONLY BE RELEASED to those listed below!
- Picture identification will be required before child is released!

I hereby give my permission to the Greater Valley YMCA Easton/Phillipsburg Branch, to release my child to the custody of only those persons listed below.

Name & Address	Relationship to Child	Tel
1		
2		
3		
4		
5		

**GENERAL PERMISSIONS**

By initialing below, I indicate my permission preferences for the child named above:

YES	NO
	Use my child’s photograph in any official publicity pieces. Publicity pieces include, but are not limited to, news releases, social media, publications and web use
	Permission to use photographs of my child taken during the program or YMCA events, ONLY with the YMCA or Childcare Center
	Staff may apply sunscreen/lotion to my son/daughter that I will provide
	To use hand sanitizer to supplement hand washing
	Go for walks around Y property (offsite location-Alpha Public School)
	Swim or wade in outdoor and/or indoor pools
	Be transported by Y vehicles or vehicle contracted by the Y
	Post my child’s allergies in their classroom or binders (check one even if no known allergies)

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Email Address \_\_\_\_\_

Child’s Name \_\_\_\_\_ Birth Date \_\_\_\_\_



Dear Families,

At the Greater Valley YMCA- Easton Branch, we are constantly looking at ways to improve on the service we provide to you and your children. With this in mind, we use a **mandatory** automated tuition and fee payment option.

Tuition Express, part of our ProCare Software management system, allows us to process tuition and fee payments safely, quickly and efficiently. In a matter of minutes we will accomplish what has taken us hours to complete—leaving us more time to spend with your children.

Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically and on a schedule that we both agree upon. The Y can produce a receipt for payment or you can receive instant email notification by signing up at [www.tuitionexpress.com](http://www.tuitionexpress.com).

Your personal account information is safe with Tuition Express—safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft. Please look over the attached Frequently Ask Questions. There you will find answers to questions you may have about Tuition Express or automated payments in general. If you have further questions don't hesitate to ask.

Tuition Express offers various payment options that meet the needs of all families:

- **Electronic Credit Card Transfer:** Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer:** Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **On-Line Payments:** On-line parent access to Tuition Express website to make a payment.

All NEW families will need to complete the Tuition Express Registration Form, Parent Agreement Form and applicable Payment Enrollment Form (Credit/Bank Draft) and submit to the Accounting Office prior to enrollment at the Y.

**Payment Plan**  Weekly Tuition  Bi-Weekly Tuition

**Method of Payment**  Credit Card Draft

Bank Draft  Parent On-Line Payment

**Bank Draft:** (Attach a Voided Check and complete Tuition Express Forms)

EFT as per my Payment Option: \$ \_\_\_\_\_

**Credit Card** (Please complete Tuition Express Forms)

Master Card  Visa  Discover

Electronic Credit Card Transfer as per my payment Option: \$ \_\_\_\_\_

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

Questions Regarding Payment and Registration, please contact:

**Kristen Mayberry**

Child Care Business Manager

(P) 610 258 6158 ext.414

1225 West Lafayette Street

Easton, Pa 18042

(E) [kristenmayberry@gv-ymca.org](mailto:kristenmayberry@gv-ymca.org)

**GREATER VALLEY YMCA EASTON/PHILLIPSBURG BRANCH**

1225 West Lafayette Street, Easton, PA 18042

(P) 610-258-6158 (W) [gv-ymca.org](http://gv-ymca.org)



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**Automated Payment Processing**  
**Safe – Convenient – Easy**



## PROCESSING TIMELINES

### Tuition Express POS Processing Timeline

Point of Sale credit card transactions – card swipes – immediately hit the customer’s card and funds should deposit into the center’s account on the second business day.

- Monday POS transactions deposit to your account on Wednesday.
- Tuesday POS transactions deposit to your account on Thursday.
- Wednesday POS transactions deposit to your account on Friday.
- Thursday POS transactions deposit to your account on Monday.
- Friday POS transactions also deposit to your account on Monday.

### Tuition Express Online Payment Processing Timeline

Day 0	Day 1	Day 2	Day 3	Day 4
Payments processed and customer’s credit cards debited at 1pm Pacific. Payments ready for posting at 2pm. Failed credit card notifications emailed.	Customer bank accounts’ debited at banks’ discretion. Most ACH and credit card transactions deposited into center’s account.	Any remaining ACH and credit card transactions deposited into center’s account.	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).

Parents may schedule online payments up to 14 days in advance.

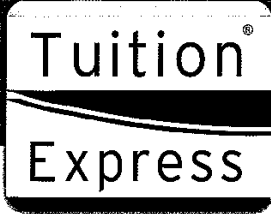
### Tuition Express Batch Processing Timeline

Day 0	Day 1	Day 2	Day 3	Day 4
Center runs Tuition Express by 1pm Pacific, receives email confirmation. Customer credit cards debited and center notified of failed credit card transactions.	Customer bank accounts’ debited at banks’ discretion. Most ACH and credit card transactions deposited into center’s account.	Any remaining ACH and credit card transactions deposited into center’s account.	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).

Batch processing may be scheduled up to 14 days in advance.

Federal Bank Holidays may affect processing timelines

Merchant is responsible for verifying funding of bank accounts.



**Automated Payment Processing  
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We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at [www.tuitionexpress.com](http://www.tuitionexpress.com)

**TUITIONEXPRESS.COM REGISTRATION**

As a customer of \_\_\_\_\_ (business name), I (we) wish to register at [www.tuitionexpress.com](http://www.tuitionexpress.com) for the purpose of making Online Payments using a credit card.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

\_\_\_\_\_  
Cardholder Name Phone #

\_\_\_\_\_  
Cardholder Address City State Zip

\_\_\_\_\_  
Cardholder Signature Date

Website Registration Code: \_\_\_\_\_ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)  
4 digits

<b>For Official Use Only</b>
Date Received
Employee Signature

A service of





**Automated Payment Processing  
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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 \_\_\_\_\_ (business name) 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.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

\_\_\_\_\_  
Cardholder Name Phone #

\_\_\_\_\_  
Cardholder Address City State Zip

\_\_\_\_\_  
Account Number Expiration Date

\_\_\_\_\_  
Cardholder Signature Date

Check if you wish to make online payments

<b>For Official Use Only</b>
Date Received
Employee Signature

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**Automated Payment Processing  
Safe – Convenient – Easy**

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 \_\_\_\_\_ (business name) 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 \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking  Savings

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check if you wish to make online payments

**For Official Use Only**

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <u>Attach Voided Check Here</u> \$ _____		
Deposit slips not accepted _____ Dollars		
12345678901	18003361*	0226
Routing Number	Account Number	Check Number

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SOFTWARE®

**STATEMENT OF UNDERSTANDING**

The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the Y. A copy will be placed in your child's file.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be of the age required by this Y. Any other arrangements must be made by calling the Y Childcare Services office at 610-258-6158 x 410.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y program. Immediate disciplinary action will be taken by the Y toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for Y staff or volunteer to receive and supervise the child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers, and that I should report this to a supervisor if they do.

I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

Parent or Guardian Signature

Date

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## **EMERGENCY OPERATIONS PLAN**

The Y recognizes safety as our first priority for all children attending Y programs. With this in mind, the Y has developed a comprehensive Emergency Operations Plan (EOP) that provides for a response to all types of emergencies. The specifics of the plan are located in the School Age Child Care Office and can be viewed at any time upon request.

Depending on the circumstances of the emergency, children may be relocated to a different part of the facility and/or off site to a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up have been established. Once children are in a safe location and/or emergency has been cleared parents will be contacted.

**Immediate Evacuation:** If there is an immediate evacuation of the school, children will be taken to the farthest point of the field closest to Park Ave.

**In-Place Shelter:** Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. School Age Child Care will take cover in the Girl's Locker Room.

**Evacuation:** Total evacuation of the facility may become necessary if there is a danger in the area. School Age Child Care will relocate TBD (you will receive an updated EOP form via email when a location has been confirmed) as a primary location spot; Easton/Phillipsburg YMCA, 1225 W Lafayette St, Easton PA 18042, 610-258-6158, as a secondary site. Transportation will be provided by B&K Darlymple Bus Company or a Y vehicle.

**Modified Operation:** This may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in instances of a winter storm or building problems (such as utility disruptions) that make it unsafe for students.

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit [www.wfmz.com](http://www.wfmz.com), [www.qv-ymca.org](http://www.qv-ymca.org) or [www.facebook.com/YMCAofEaston](http://www.facebook.com/YMCAofEaston) for updates.

We do ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls. We will call you to let you know if we have taken one of the precautions listed here and/or when it is safe for you to pick up your child at the Y or the relocation site. The designated persons to pick up your child during an emergency is listed on the Emergency Contact Form included in the registration packet.

If an emergency forces school to close, please do not attempt to bring your child to the Y.

We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are able and available to pick up your child in the event of an emergency.

In order to assure the safety of your child and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the School Age Child Care Office.

[Receipt of this document acknowledged on Emergency Contact and Authorization form and page 4]

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**Exam Date:**

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:                      DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.