



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Office Use Only**

Date Received: \_\_\_\_\_

Packet Complete (initials) \_\_\_\_\_

Member of YMCA            YES    or    NO

Registration Fee Accepted: \_\_\_\_\_

First Week's Payment Accepted: \_\_\_\_\_

# BEST SUMMER EVER!

## **2021 EASTON/PHILLIPSBURG BRANCH DAY CAMP ENROLLMENT PACKET**

**AGES: 5\* - 13** (\*Completed Kindergarten)

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



**CAMPER 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.

Camper’s Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

Grade Next Fall \_\_\_\_\_

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 camp?  Yes  No

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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

STAFF USE ONLY

<b>CAMPER ENROLLMENT</b>	<b>EARLY BIRD</b> 6:30 AM - 9:00 AM	<b>DAY CAMP</b> 9:00 AM – 4:00 PM	<b>NIGHT OWL</b> 4:00 PM – 6:30 PM
	Member Non-Member	\$24/wk \$30/wk	\$150/wk \$175/wk
<b>SESSION</b>			
#1 Aloha Summer! Jun 14-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2 Outdoor Exploration Jun 21-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3 STEMulation Jun 28-Jul 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4 All-star Athletes Jul 5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5 Kids of the Future Jul 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6 Invention Convention Jul 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7 Myths and Legends Jul 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#8 Edible Creations Aug 2-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#9 Under the Sea Aug 9-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#10 Lights, Camera, Action Aug 16-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#11 Greatest Hits Week Aug 23-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **\$25 Registration Fee Per Family is due at time of Registration** (*excluding families who are currently enrolled in SACC*)
- Initial camp week payment due at time of registration! Any registration packet received after TUE. at 6:00 PM, the week prior to registered week will incur a \$25 late fee.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**Financial Policy & Procedure – AGREEMENT FORM**

**Session Tuition includes:** Swimming, field trip admission, transportation to field trips/swimming, presenters, free lunch (optional) are included.

**Subsequent Weeks:** Subsequent weeks identified on this registration form must be automatic drafted by EFT or Debt/Credit via the Authorization Form in this packet and will be drafted Monday mornings.

**Payment Due Date:** Initial camp week payment due at time of registration. Any registration received after **Monday 6:00PM**, prior to the registered camp week, will incur a \$25 late fee. Campers will be placed on waiting list in the event that payment is not received and/or late. Payment for Summer Camp must be completed by the **Monday** prior to the start of the camp session. There is a \$25 Registration Fee per family not currently enrolled in our SACC program due at the time of registration.

**Late Payment/Registration Fee:** Any registration packet received after **Monday at 6:00 PM** will incur a **\$25.00 late fee**. Any payment received after Monday will incur a \$15.00 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 \$25.00 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 Y, transfer records, or obtain end of year statements until the account balance is current or paid in full.

**Refunds/Cancellation Policy** First week’s tuition is nonrefundable. Cancellation of the weeks signed up for must be received by Wednesday prior to the week in question; a **\$50.00 nonrefundable fee will be charged for improper cancellations**. Cancellations must be received in writing. All refund requests must be approved by Director and may be subject to a \$10 processing fee.

**PAYMENT SCHEDULE**

<u>Camp Week</u>	<u>Payment Due Date</u>
Session 1 June 14–18	Monday, June 7 <sup>th</sup>
Session 2 June 21–25	Monday, June 14 <sup>th</sup>
Session 3 June 28-Jul 7	Monday, June 21 <sup>st</sup>
Session 4 July 5-9	Monday, June 28 <sup>th</sup>
Session 5 July 12-16	Monday, July 5 <sup>th</sup>
Session 6 July 19-23	Monday, July 12 <sup>th</sup>
Session 7 July 26-30	Monday, July 19 <sup>th</sup>
Session 8 Aug 2-6	Monday, July 26 <sup>th</sup>
Session 9 Aug 9-13	Monday, Aug 2 <sup>nd</sup>
Session 10 Aug 16-20	Monday, Aug 9 <sup>th</sup>
Session 11 Aug 23-27	Monday, Aug 16 <sup>th</sup>

**Reminder-** Registration is Due Monday\*

Payments are Due Monday\*

\*The week prior to registered camp week

**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.)

Northampton County CCIS  Bucks County CCIS

Lehigh 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 and Statement of understanding for the Easton Y Camp. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.
- 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 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, Easton 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 Y’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).

**Camper’s Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade Completed June 2021:** \_\_\_\_\_

**Parent/Guardian Name (printed):** \_\_\_\_\_

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

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

Expected time of: Arrival \_\_\_\_\_ Departure \_\_\_\_\_

**Registrar/Director’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Confirmation Sent:** \_\_\_\_\_

**Billing Date:** \_\_\_\_\_ **Enroll Date:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

## 2021 EASTON/PHILLIPSBURG BRANCH SUMMER CAMP EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME	BIRTH DATE
ADDRESS	
PARENT/GUARDIAN #1	HOME TELEPHONE NUMBER
ADDRESS	CELL NUMBER
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	
PARENT/GUARDIAN #2	HOME TELEPHONE NUMBER
ADDRESS	CELL NUMBER
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	
EMERGENCY CONTACT PERSON - NAME (1)	DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (2)	DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (3)	DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (1)	DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (2)	DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (3)	DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	
SPECIAL DISABILITIES (IF ANY)	ALLERGIES INCLUDING MEDICATION REACTION
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY	MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Camper's Name

Birth Date

**FIELD TRIP PERMISSION**

I give my consent for the above camper to attend the field trip associated with their week of camp. Please note that the camper must be enrolled in that Session Week to attend the field trip.

In giving my permission, I understand that the Greater Valley YMCA, Easton/Phillipsburg Branch will be providing transportation to and from all field trips. I accept full responsibility and release the Y of all liability. I understand that field trip days are subject to change based on session enrollment.

I will provide my child with a bag lunch on field trip days (no glass or cans please).

Session	Camp Dates	Field Trip Planned*	Field Trip Date
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*At this time there are no set field trips planned. We are continuing to monitor the Covid-19 pandemic and making the best decisions to keep your children, your families, and our staff safe. If/when field trips are decided on, families will be notified via email. We appreciate your understanding.*

- 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: \_\_\_\_\_ (Easton Hospital will be used if no location is designated)

**GENERAL PERMISSIONS**

By initialing below, I indicate my permission for field trips and preferences for the camper 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 Y events, <b>ONLY</b> within the Y or Child Care Center
	Staff to apply sunscreen/lotion to my son/daughter that I will provide
	To use hand sanitizer to supplement hand washing
	Go for walks
	Swim/wading in outdoor and/or indoor pools
	Be transported by Y vehicles or vehicle contracted by the Y
	Field Trips (listed above)
	Permission to post my child's allergies in their classroom or binders.

Parent/Guardian Signature

Date

Parent/Guardian EMAIL address:

# GREATER VALLEY YMCA, EASTON/PHILLIPSBURG BRANCH

## CREDIT CARD/EFT AUTHORIZATION FORM

**CHILD(REN) NAME(S)** \_\_\_\_\_

**START DATE** \_\_\_\_\_

Changes to your credit/debit account should be submitted in writing to the Greater Valley YMCA. Any changes to your child's enrollment must be submitted in writing with a 2 week minimum notice. You are responsible for all program fees accrued during child's enrollment.

- FREQUENCY**
- Weekly – (Monday, the week before)
  - Bi-Weekly – (Monday, the week before)
  - Monthly - (The 1<sup>st</sup> Monday of each month)

**OPTION 1- Credit/Debit**    Type of Card     Visa/Debit     Visa     MC     Discover     AmEx

For split billing (two parties will each pay) make a copy of this form and complete for the second payer.

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

Complete Billing Address That Statements Are Mailed To \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPTION 2 – EFT/Bank Draft**    Attached a Voided Check

**AUTHORIZATION**

By signing below, I indicate my permission to charge the above account.

I hereby authorize the Greater Valley YMCA to initiate and continue auto transactions to my account as indicated above. I understand that I must submit a 15 day written notice to cancel my membership and associated billing.

I understand that if my credit card transaction is declined, I will be assessed a fee of \$25 per transaction plus the total tuition. Returned checks/EFT will be assessed a \$35 fee per transaction plus the total tuition.

I understand that if any fees need to be added as per the signed Financial Policy and Procedures Agreement, it will be charged to the above account for each instance.

**ACCOUNT HOLDER IS RESPONSIBLE FOR ANY UNPAID CHILD CARE FEES**

**CARDHOLDER NAME** \_\_\_\_\_

**CARDHOLDER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

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

**Easton/Phillipsburg Branch  
Behavior Management Policy**

**Philosophy**

The Y always strives to maintain a positive approach to managing children’s behavior. “Discipline” is the process of teaching self-control and the ability to live within limitations and agreed upon guidelines. The staff and children in the program establish expected behavior guidelines. Positive behavior is self-rewarding and allows for program activities to occur. When children choose to behave outside the guidelines, some consequence is required to avoid future problems. The overall safety of all children in the program is our highest priority.

**Children’s Rules**

It is our intent that each child enjoys the planned activities by understanding that they are responsible for their actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline and to understand that we are here to assist her or him and that we expect them to succeed. Rules for behavior are posted in all of our classrooms. Character Development is an important part of our program.

**Process**

When positive behavior is displayed, the consequence is participation and enjoyment of planned activities. In cases of negative or inappropriate behavior, the follow process will be employed.

- **Redirection:** Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child-to-child, every effort will be made to have them reason together face-to-face with staff facilitating.
- **Removal from the Specific Activity:** When redirection has been pursued and behavior has not changed, removing the child from the activity involved for an appropriate amount of time is necessary. The removal time will be age appropriate. Other duty-oriented consequences suitable to the inappropriate behavior may also be utilized at this stage.
- **Write-ups:** When the child is not successful in correcting the behavior, or the behavior is of a serious nature, a behavior write-up will occur. This write-up will be discussed with the child and parent, and requires a parent signature. If a child receives three behavior related write-ups within a two week span a parent conference is required.
- **Removal from the Program:** If the above process has not resulted in corrected behavior, the child may be asked to leave the program.

**Zero Tolerance Policy**

For the safety of your child and all program participants, Y School Age Child Care/Day Camp will not tolerate any of the following by a child, Y staff, member or Parent or caregiver:

- Offensive, threatening language or any type of verbal abuse
- Bullying
- Physical Violence
- Possession or use of any illegal substances, alcohol, tobacco, lighters, matches, or knives, (including pocket knives), or any instruments that can be construed as a weapon.

Any of the above actions will require immediate expulsion from the School Age Child Care/Day Camp Program; no refund will be given.

**I have read and understand the Easton/Phillipsburg Branch Behavior policy.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**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 records.

- 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 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.

[Receipt of this document acknowledged on page 4]

## **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 Childcare Services 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 Y, children will be evacuated to the 3rd level parking lot; children in the Playground area will remain there. If there is an emergency in the playground area, children will be evacuated to the 3rd Level Parking lot; children in Y building will remain there.

**In-Place Shelter:** Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. Day Camp will take cover in the Women's Locker Room (Adult 18 & Over section).

**Evacuation:** Total evacuation of the facility may become necessary if there is a danger in the area. School Age Child Care/Day Camp will relocate to Forks Township Community Center, 1606 Sullivan Trail, Easton PA 18040, 610-250-2260, as a primary site; Nazareth Branch, 33 South Main Street, Nazareth PA, 18064, 610-759-3440, as a secondary site. Transportation will be provided by Jennings 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.gv-ymca.org](http://www.gv-ymca.org), or [www.facebook.com/FamilyYMCA](http://www.facebook.com/FamilyYMCA) 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.

If an emergency forces school to close, please do not attempt to bring your child to the Y. The designated persons to pick up your child during an emergency is listed on the Emergency Contact Form included in the registration packet.

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 camper and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the School Age Child Care/Day Camp Office.

[Receipt of this document acknowledged on page 4]

# 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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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/ID						
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.