

Received by: _____ Date/Time: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST SUMMER EVER!™

**2021 YMCA SUMMER CAMP
NAZARETH BRANCH CAMP
ENROLLMENT PACKET**

**GREATER VALLEY YMCA
NAZARETH BRANCH
33 S Main St
Nazareth, Pa 18064
T 610-759-3440
W gv-ymca.org**



CAMPER INTAKE

Thank you for choosing the Nazareth 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 Not Specified _____

Grade Next Fall _____

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

Are there any needs or fears you would like to let us know about? Yes No

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

Would you like a meeting with your child's counselor 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.

Guardian Signature _____ Date _____

STAFF USE ONLY

CAMPER ENROLLMENT	EARLY BIRD	DAY CAMP	NIGHT OWL
	6:00-9 AM	9 AM-4 PM	4-6:00 PM
Member	\$24/wk	\$150/wk	\$24/wk
Non Member	\$30/wk	\$175/wk	\$30/wk
SESSION			
#1 Kick off Week June 14-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2 Friendship Week June 21-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3 STEM Week June 28- July 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4 Holiday Week July 5- 9 No Camp July 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5 Spy Week July 12- 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6 Decade Week July 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7 Olympic Week July 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#8 Arts and Crafts Week Aug 2-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#9 Ocean Week Aug 9-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#10 Mystery Week Aug 16-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#11 Highlights Week Aug 23-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **\$25 Registration fee for all participants NOT enrolled in SACC**
- Initial camp week payment due at time of registration! Any registration packet received after Thursday at 6:00 PM, the week prior to registered week will incur a \$25 late fee.

Guardian Signature _____ Date _____

Director Signature _____ Date _____

Camper's Name _____ Guardian Initials _____

Financial Policy & Procedure – AGREEMENT FORM

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

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 Mondays.

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 **MONDAY, the week prior to the start of the camp session.**

Late Payment/Registration Fee: Any registration packet received after **MONDAY at 6:00 PM, prior to the registered camp week, will incur a \$25.00 late fee.** Any payment received after **Monday will incur an additional \$15.00 late fee.**

Returned Check /Bank Draft: A \$35.00 fee per NSF bank draft will be assessed; future payments of money order may be required.

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 YMCA, transfer records, or obtain end of year statements until the account balance is current or paid in full.

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

NO CAMP JULY 5, 2021

Reminder- Registration is Due Monday
Payments are Due Monday

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: \$ _____

- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan and Statement of understanding for the Nazareth Branch 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 Nazareth Branch to send my child to the nearest hospital:
_____ (Hospital 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 Nazareth Branch to administer basic First Aid to my child.
- I have received, understand and agree to follow all procedures and policies stated in the Nazareth Branch Child Care Parent Handbook.

I, the guardian of _____, 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, 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). I understand that the YMCA will be observing the holiday on Monday, July 5, 2021.

Guardian Name (printed): _____ Guardian Signature: _____ Date: _____

Parent/Guardian Email address: _____ Phone: _____

Expected time of: Arrival _____ Departure _____ Confirmation Sent: _____ Enroll Date: _____ Withdrawal Date: _____

Director’s Signature: _____ Date: _____

Camper’s Name _____ Guardian Initials _____

2021 Greater Valley YMCA Nazareth Branch Summer Camp Program

EMERGENCY CONTACT / GUARDIAN CONSENT FORM

CHILD'S NAME		BIRTH DATE
ADDRESS		
GUARDIAN 1		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS		
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)
PREFERRED HOSPITAL IF NEEDED (DEFAULT IS EASTON HOSPITAL)		

SIGNATURE OF GUARDIAN 1

DATE

SIGNATURE OF GUARDIAN 2

DATE

Camper's Name _____ Guardian Initials _____

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 in order to attend the field trip.

In giving my permission, I understand that the Nazareth Branch will be providing transportation to and from all field trips. I accept full responsibility and release the Nazareth Branch, 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 Location / Times
ALL FIELD TRIPS VITRUAL			
<i>*Field Trips Subject to Change*</i>			

Guardian Signature _____ Date _____

GENERAL PERMISSIONS

By initialing below, I indicate my permission 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 YMCA events, ONLY within the YMCA or Child Care Center
		Staff to apply sunscreen/lotion to my child 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 YMCA vehicles or vehicle contracted by the YMCA
		Permission to post my child’s allergies in their classroom or binders.

Guardian Signature _____ Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Families,

At the Nazareth 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 Nazareth Branch can produce a receipt for payment or you can receive instant email notification by signing up at 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.
- **CASH:** For families who do not have a checking account and/or credit card, cash payments will be accepted. Approval must be obtained by Child Care Director prior to picking the CASH option.

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 Nazareth Branch.

Payment Plan Weekly Tuition Payments Paid in Full

Method of Payment Credit Card Draft Bank Draft

Bank Draft: (Please attach a Voided Check and complete Tuition Express Forms)

EFT as per my Payment Option: \$ _____

\$ _____ (Monthly: 4 Monday) \$ _____ (Monthly: 5 Monday)

Credit Card (Please complete Tuition Express Forms)

Master Card Visa Discover

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

\$ _____ (Monthly: 4 Monday) \$ _____ (Monthly: 5 Monday)

Signature: _____ Date: _____

Camper's Name _____ Guardian Initials _____

GREATER VALLEY YMCA 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)

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 an Early Drop Off or Late Pick-Up fee is billed, 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 _____

Camper's Name _____ Guardian Initials _____



Nazareth Branch Discipline Policy

The Nazareth Branch staff would like your child to have the best experience possible while at our childcare. Thus, all participants must understand and follow the camp guidelines and rules. These guidelines and expectations are in place to ensure the safety of your child and staff.

Toys/Electronics from Home

we do not allow children to bring personal items from home (including but not limited to electronic devices, cell phones, sharp objects, weapons, firearms, explosives etc.). We are not responsible for any of these items should a child make the choice to bring them. Damages and theft of personal items are possible and the YMCA assumes no liability for said items. If participants are caught with any of the above items the staff reserves the right to confiscate them.

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 benefit is participation and enjoyment of planned activities. In cases of negative or inappropriate behavior, the follow process will be adhered to.

- 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.
- Behavior reports: When the child is not successful in correcting the behavior, or the behavior is of a serious nature, a behavior report will occur. This report will be discussed with the child and parent, and requires a parent signature. *If a child receives three behavior related write-ups a parent conference is required and or the center has the right to suspend or expel child from care.*

Suspension/Expulsion

In the event that a child engages in behavior which poses a threat of bodily harm to them, others, staff or facility property, an immediate meeting with the parent(s), or guardian may be called. If such behavior warrants it, an immediate suspension or expulsion may result.

-Situations that will result in an automatic Behavior report are: stealing, use of profanity, excessive violence (hitting, kicking, biting, etc.) and property damage.

- If a child commits a malicious and or violent act against another person or property it is within our right to suspend care until a complete and thorough investigation into said incident can be completed.

I have read and understand the Nazareth Branch Behavior policy.

Guardian Signature: _____

Date: _____

Camper's Name _____ Guardian Initials _____

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 Camp Director's office at 610-759-3440 x906.
- 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.

Camper's Name _____ Guardian Initials _____

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 Nazareth Branch. If there is an emergency in the playground area, children will be evacuated to the Nazareth Branch; 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 camp may become necessary if there is a danger in the area. Day Camp will relocate to Nazareth Branch, 33 S MAIN ST, NAZARETH, PA, 18064, 610-759-3440, as a primary site; Moravian Church, 4 S MAIN ST, NAZARETH, PA 18064, 610-759-3163, as a secondary. If necessary, transportation will be provided by Jennings Bus Company.

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

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit www.wfmz.com, www.gv-ymca.org, rained out text alerts, or www.facebook.com/NazarethYMCA 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 camp to close, please do not attempt to bring your child to camp. 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 the Emergency contact/consent form]

Camper's Name _____ Guardian Initials _____

PAGE LEFT INTENTIONALLY BLANK

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 WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	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.
	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: ADDRESS:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

CD 51 09/08

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

Camper's Name _____ Guardian Initials _____