



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BEST SUMMER EVER!



## 2020 YMCA SUMMER CAMP SLATE BELT BRANCH ENROLLMENT PACKET

### OPEN HOUSE

Saturday, April 18, 2020  
@ Slate Belt YMCA  
Healthy Kids Day  
10am-1pm

-Enter a raffle for a free week of camp

### HIGHLIGHTS

- Registration begins February 3, 2020
- Licensed by the Department of Human Services
- Keystone Stars Accredited
- Accepting Title XX (ELRC)
- Website: [www.gv-ymca.org](http://www.gv-ymca.org)
- Facebook: [www.facebook.com/slatebeltymca](https://www.facebook.com/slatebeltymca)

### Required for completed registration:

- Completed Registration Packet
- Updated Physical/Health Assessment with updated Immunization records.
- \$25 Check or Money Order for Registration Fee (One per family, except SACC)

Any application that does not include each of these items will not be placed on the list until all items are included. Registrations are processed by date all items are received.

OFFICE USE: Member or Non Member Reg. Fee received: YES or NO (Check # \_\_\_\_\_)

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Payment Amount Received \$ \_\_\_\_\_ (Check # \_\_\_\_\_)

**GREATER VALLEY YMCA SLATE BELT BRANCH**  
315 West Pennsylvania Avenue, Pen Argyl, PA 18072  
P) 610-881-4470 (F) 610-881-4474 (W) [gv-ymca.org](http://gv-ymca.org)

# 2020 GREATER VALLEY YMCA, SLATE BELT BRANCH SUMMER CAMP

## HOW TO REGISTER

To register, simply complete the attached registration packet, physical, shot record and return it to the Greater Valley YMCA, Slate Belt Branch, 315 West Pennsylvania Ave, Pen Argyl, PA 18072 with a \$25 per family non-refundable reg. fee (excluding 2019-20 S.A.C.C.).

Registration deadline is the Tuesday prior to the week you are registering for. Late registration is subject to Director's approval and a \$25 late registration fee.

## CONFIRMATIONS

- Incomplete paperwork will delay the registration process.
- Waiting List Status will be notified by phone.
- If all is complete, a confirmation will be sent VIA email.

## PAYMENT INFORMATION

- Registration Fee, \$25 per family. Registration fee is paid at initial enrollment.
- The first week's tuition payment and registration fee is due the Monday prior to the week attending.
- Tuition payments are due on the start day of the service period; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a \$10.00 late fee.
- **Electronic Credit Card Payment:** 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.
- **Checks:** Checks payable to Greater Valley YMCA and due the Friday prior to the payment due date.
- **Transactions completed in person or by phone:** For families who do not have a checking account and/or credit card, money order payments will be accepted. Approval must be obtained by the Director, prior to picking this option. A \$5.00 fee will apply to each payment. Additionally, a \$5.00 fee may apply to credit card transactions processed in person or by phone.

## ACCOUNT STATEMENTS

Statements will be printed as per parent's request.

## SNACK CARD

Children enrolled in the program located at the YMCA will have the opportunity to purchase a snack card. You can pre-pay any amount to make a punch card for your child. Each snack/drink is \$0.50. Please see a Camp Staff for a paper to fill out. Thank you.

## ENROLLMENT CHECKLIST

NAME: \_\_\_\_\_

**PARENTS: (HIGHLIGHTED SECTIONS ARE INCOMPLETE. PLEASE UPDATE AND RESUBMIT DOCUMENTS TO COMPLETE YOUR REGISTRATION PACKET.)**

- Child Getting to Know You Form: Signature and date required
- Camper Enrollment: Signature and date required
- Agreement Form: Signature & date required
- Field Trip/General/Statement of Understanding: Signature & date required
- Emergency Contact Form: Signature & date required
- Discipline Policy: Signature & date required
- Illness/Allergy Policy: Signature & date required
- Emergency Operations Manual: Signature & date required
- Tuition Express Enrollment Form: Signature & date required
- Payment Information: Signature & date required
- Health Appraisal and Shot Record: Must be received 30 days from start date. Due as follows:
  - Birth thru 23 months – Twice Annually
  - Age 2 thru 5 – Annually
  - Age 6 and older - Every other year
- Registration Fee (\$25) per family. (Both registration fee and the first week's tuition are non-refundable).

**Paperwork must be updated every six months and/or when changes have occurred, as per DHS regulations.**

## CONTACT

**Dena Tomsic**  
[DenaTomsic@gv-ymca.org](mailto:DenaTomsic@gv-ymca.org)  
610-881-4470

## QUICK FEE LIST

Registration Fee- \$25 per family (except 2019-20 S.A.C.C.) Non-Refundable

Camp Member Rate- \$145 a week due the Monday prior to week attending (money order or check payments due Friday prior to payment date) First week is Non-Refundable

Camp Non-Member Rate- \$170 a week due the Monday prior to week attending (money order or check payments due Friday prior to payment date) First week is Non-Refundable

Early Bird Member Rate-\$22 a week due with payment

Early Bird Non-Member Rate-\$28 a week due with payment

Night Owl Member Rate-\$22 a week due with payment

Night Owl Non-Member Rate-\$28 a week due with payment

Late Registration Fee- \$25 when signing up after Tuesday prior

Late Payment Fee- \$10 per week if not paid by Monday prior to registered week

Returned/Declined Payment- \$25 each time (after 3 times, Money Orders will be required)

Late Pick Up Fee- \$20 for the first 15 mins, \$1 every minute after

Change of Program Fee- \$15 each time

Week Cancellation Fee- \$50 if done by Wednesday the week prior

Registered but Not Attended Fee- Full price will be charged if not canceled by Wednesday prior

Refund Request Processing Fee- \$10 each time

Transactions completed in person or by phone Fee- \$5 each payment

**GREATER VALLEY YMCA, SLATE BELT BRANCH  
SUMMER CAMP 2020  
GETTING TO KNOW YOU FORM**

Thank you for choosing the Greater Valley YMCA-Slate Belt 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. I understand and agree to the contents of this page.

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

- 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- Slate Belt Branch to send my child to the nearest hospital: \_\_\_\_\_ (Easton 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 Greater Valley YMCA-Slate Belt Branch to administer basic First Aid to my child.

<b>CAMPER ENROLLMENT</b>	<b>EARLY BIRD</b>	<b>DAY CAMP</b>	<b>NIGHT OWL</b>
	6-9 AM	9 AM-4 PM	4-6 PM
Member	\$22/wk	\$145/wk	\$22/wk
Non Member	\$28/wk	\$170/wk	\$28/wk
<b>SESSION</b>			
#1 SPLASHtacular Jun 8-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2 Decades of Fun Jun 15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3 Discover What's Under Your Feet Jun 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4 America the Beautiful Jun 29- Jul 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5 Beach Party Jul 6-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6 Spirit Week Jul 13-17 *Field Day*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7 Slate Belt's Got Talent Jul 20-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#8 Animal Planet Jul 27-31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#9 Express Yourself Aug 3-7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#10 Fun and Fitness Aug 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#11 Camp Luau Aug 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#12 FUNtastic Finale Aug24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Any registration packet received after TUE. at 6:00 PM, the week prior to registered week will incur a \$25 late fee.

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

**\*\*All weeks subject to change\*\***

Expected Time of: Arrival \_\_\_\_\_ Departure \_\_\_\_\_

*Parent/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 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 Monday mornings.

**Payment Due Date:** Initial camp week payment due at time of registration. Any registration received after **TUESDAY 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 of the start of the camp session.

**Late Payment:** Any payment received after Monday the week prior will incur a \$10.00 late fee.

**Transactions completed in person or by phone:** For families who do not have a checking account and/or credit card, money order payments will be accepted. Approval must be obtained by the Director, prior to picking this option. A \$5.00 fee will apply to each payment. Additionally, a \$5.00 fee may apply to credit card transactions processed in person or by phone.

**Registration Fee:** \$25 registration fee if not enrolled in 2019-20 S.A.C.C

**Returned Check /Bank Draft:** A \$25.00 fee per NSF bank draft will be assessed; future payments may be required in the form of money order.

**Declined Credit Card:** A \$25.00 fee will be applied each time a credit card is declined for any reason; future payments may be required in the form of money order.

**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 registered 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 cancellations. Improper cancellations will be charged full price. Cancellations must be received in writing. All refund requests must be approved by Director and may be subject to a \$10 processing fee.

**Subsidy Provider Information- TXX (ELRC)**

- 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: \$ \_\_\_\_\_

**PAYMENT SCHEDULE**

<u>Camp Week</u>	<u>Payment Due Date</u>
Session 1 June 8-12	Monday, June 1st
Session 2 June 15-19	Monday, June 8th
Session 3 June 22-26	Monday, June 15th
Session 4 June 29- July 3	Monday, June 22nd
Session 5 July 6-10	Monday, June 29th
Session 6 July 13-17	Monday, July 6th
Session 7 July 20-24	Monday, July 13th
Session 8 July 27-31	Monday, July 20th
Session 9 Aug 3-7	Monday, July 27th
Session 10 Aug 10-14	Monday, Aug 3rd
Session 11 Aug 17-21	Monday, Aug 10th
Session 12 Aug 24-28	Monday, Aug 17th

**Reminder-** Registration is Due Tuesday prior or will be charged a \$25 late fee.  
Payments are Due Monday prior or will be accessed a \$10 late fee

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

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

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

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

**Registrar/Director's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Confirmation Sent:** \_\_\_\_\_ **Billing Date:** \_\_\_\_\_

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

**Slate Belt Branch Handbook Understanding**

I have read and understand the SBY handbook and policies.

**Parent/Guardian Sig.:** \_\_\_\_\_

**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 in order to attend the field trip.

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

\*Field trips TBA except for Bangor Pool and Field Day\*

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

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

**GENERAL PERMISSIONS**

By initialing below, I indicate my permission for field trips and preferences for the camper named above: (If checking no to walks, swimming, transportation or field trips, other arrangements will need to be made by the parent or guardian for times these things occur.)

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*** \_\_\_\_\_

**STATEMENT OF UNDERSTANDING/YMCA CHILD ABUSE POLICY**

The following information is important for the safety and protection of your child. Please read the information, and sign the permission form indicating your understanding. 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 18 or older. Any other arrangements must be made by calling the Child Care office at 610-881-4470.
- 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 Signature*** \_\_\_\_\_

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

# 2020 SLATE BELT SUMMER CAMP EMERGENCY CONTACT / PARENTAL CONSENT FORM

(ALL LINES MUST BE COMPLETED – WRITE N/A IF NOT APPLICABLE)

CHILD'S NAME	SHIRT SIZE	BIRTH DATE	GENDER
ADDRESS			
PARENT'S NAME/LEGAL GUARDIAN	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER (Will be added to ClassDojo for updates)	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
PARENT'S NAME/LEGAL GUARDIAN	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		BIRTHDATE
ADDRESS		CELL NUMBER (Will be added to ClassDojo for updates)	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
EMERGENCY CONTACT PERSON NAME:	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER
ADDRESS:			
EMERGENCY CONTACT PERSON NAME:	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER
ADDRESS:			
EMERGENCY CONTACT PERSON NAME:	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER
ADDRESS:			
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- DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS			<u>POLICY NUMBER (REQUIRED)</u>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
OBTAINING EMERGENCY MEDICAL CARE (initial)		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES (initial)	
WALKS AND TRIPS (initial)		SWIMMING (initial)	
TRANSPORTATION BY THE FACILITY (initial)		WADING (initial)	

(If no initial to walks, swimming, wading, transportation or field trips, other arrangements will need to be made by the parent or guardian for times these things occur.)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) Greater Vallev YMCA  to initiate credit card charges to the below referenced credit card account (Section A) OR,  initiate debit entries to my (our) Checking or Savings Account, indicated below (Section B). 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. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name			
Bank or Credit Union Address	City	State	Zip
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Transit Number (see sample below)		Account Number (see sample below)	

#### For Official Use Only

Date Received
Employee Signature



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*\*If you have TXX (ELRC) or Financial Aid, please fill in box on page 5 and let the director know upon registration. Failure to do so may result in a full charge payment.\**

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

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

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