



Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BUILDING BRIGHT FUTURES

SCHOOL AGE CHILD CARE  
2021-2022 SCHOOL YEAR  
ENROLLMENT PACKET

GREATER VALLEY YMCA-NAZARETH BRANCH  
33 South Main St.  
Nazareth, PA 18064  
(P) 610-759-3440 ext 906  
(W) [gv-ymca.org](http://gv-ymca.org)

Skylar Lynn  
Childcare Director  
[skylarlynn@gv-ymca.org](mailto:skylarlynn@gv-ymca.org)

**Required for completed registration:**

- Completed Registration Packet
- Updated Physical/Health Assessment with Immunization records.
- \$50 Registration Fee (One per family)

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.

Student Name: \_\_\_\_\_

Guardian Initials: \_\_\_\_\_

## CHILD INTAKE

Thank you for choosing the Greater Valley YMCA Nazareth Branch. We are happy to have you and your child with us. 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 \_\_\_\_\_

Going into Grade \_\_\_\_\_

Has your child ever been in childcare 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 care?

Yes  No

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation?

**If yes, 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 \_\_\_\_\_

Permission for Release of Information: The YMCA 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 \_\_\_\_\_

Student Name: \_\_\_\_\_

Guardian Initials: \_\_\_\_\_

## 2021-2022 Nazareth Branch Child Care Agreement Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Age (as of September 1, 2021) \_\_\_\_\_ Grade (21/22) \_\_\_\_\_

### REGISTRATION FEE: \$50/Family

#### CHILD

#### ENROLLMENT

**Monday-Friday**  
 AM \$59/week/child  
 PM \$86/week/child  
 AM/PM \$123/week/child

**Holiday Care**  
 \$28/day/child  
 (plus weekly rate)

**Closed**  
 There will be no care  
 provided on the following  
 dates.

SCHOOL			
BUTZ Elementary	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM	Sign-ups will be put out 2 weeks in advance for holiday care days. 12 students total are needed in order to remain open for that day.	New Year's Day Presidents Day Good Friday Memorial Day Independence Day Labor Day Columbus Day Thanksgiving Day Black Friday Christmas Day
Holy Family	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM		
LNES	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM		
NAIS	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM		
Shafer Elementary	<input type="checkbox"/> AM <input type="checkbox"/> AM/PM <input type="checkbox"/> PM		

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

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

Student Name: \_\_\_\_\_

Guardian Initials: \_\_\_\_\_

**Financial Policy & Procedure – AGREEMENT FORM**

**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 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. Payment for child must be completed by **MONDAY, the week prior to the start of the week.**

**Late Payment/Registration Fee:** Any registration packet received after **MONDAY at 6:00 PM, prior to the registered 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 \$25.00 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:** \$30 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.

**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: \_\_\_\_\_ (closest 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 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 the childcare program 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). **I agree to a two-week written notice to the Child Care Director prior to my child's last day in the program.** The YMCA will not provide care on holiday/in-service days listed above.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Grade 2021-2022: \_\_\_\_\_

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

6 month update Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Guardian Initials: \_\_\_\_\_

# SCHOOL AGE CREDIT CARD/EFT AUTHORIZATION FORM

CHILD'S NAME \_\_\_\_\_

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

FREQUENCY  Weekly – MONDAYS  Bi-Weekly – MONDAYS

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

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

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

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

CVV Code \_\_\_\_\_

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

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

OPTION 2 - EFT      Attached a Voided Check

## AUTHORIZATION

By initialing, I indicate my permission to charge the above account

- I give permission to the Greater Valley YMCA to make a charge to the above credit card/EFT weekly or bi-weekly as stated above.
- I understand that if my transaction is declined, it will be assessed a fee of \$25 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.

GUARDIAN NAME \_\_\_\_\_

GURDIAN SIGNATURE \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Guardian Initials: \_\_\_\_\_

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

Guardian's Initials: \_\_\_\_\_

# EMERGENCY CONTACT / GUARDIAN CONSENT FORM

NAME OF CHILD		BIRTHDATE		
CHILD ADDRESS				
GUARDIAN 1		BIRTHDATE		
ADDRESS		HOME/CELL NUMBER		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER		
BUSINESS ADDRESS				
GUARDIAN 2		BIRTHDATE		
ADDRESS		HOME/CELL NUMBER		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER		
BUSINESS ADDRESS				
EMERGENCY CONTACTS	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	PHONE
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	PHONE
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	PHONE
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	PHONE
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

\*Please write N/A if section is not applicable, all boxes must be completed.

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

Guardian's Initials: \_\_\_\_\_

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

Birth Date \_\_\_\_\_

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

Guardian's Initials: \_\_\_\_\_



**Nazareth YMCA Branch  
Child Care Discipline Policy**

The Nazareth YMCA Child Care staff would like your child to have the best experience possible while in the center. Thus, all participants must understand and follow the childcare 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/him and that we expect them to succeed. Rules for behavior are posted in all 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 following process will be adhered to.

- Redirection: Every effort will be made to help the child understand the inappropriateness of his/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.*

- **Suspension/Expulsion**

In the event that a child engages in behavior which poses a threat of bodily harm to himself, 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 complete and thorough investigation into said incident can be completed.

I have read and understand the Nazareth YMCA Child Care Behavior Policy.

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

Child’s Name: \_\_\_\_\_

Guardian’s Initials: \_\_\_\_\_

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

Guardian's Initials: \_\_\_\_\_

STATEMENT OF UNDERSTANDING

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The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the Greater Valley YMCA Nazareth Branch. 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 YMCA and must be of the age. Any other arrangements must be made by calling the YMCA Childcare Director 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 must make this judgment call.
- I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the childcare program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for YMCA staff or volunteer to receive and supervise my child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA 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 their YMCA 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.

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

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

Guardian's Initials: \_\_\_\_\_

**EMERGENCY OPERATIONS PLAN**

The Greater Valley YMCA recognizes safety as our priority for all children attending our programs. The Greater Valley YMCA has developed a comprehensive Emergency Operations Plan (EOP) that provides for a response to all types of emergencies. The specifics of the plan are in the School Age Child Care/Day Camp Office and on our parent bulletin board. They 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 pick-up have been established. Once children are in a safe location and/or emergency has been cleared, guardians will be contacted.

Immediate Evacuation: If there is an immediate evacuation of the Nazareth Branch YMCA, children will be evacuated to the Nazareth Circle on Main St.

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 gymnasium.

Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. School Age Child Care primary evacuation is NAZARETH MORAVIAN CHURCH, 4 South Main St. Nazareth PA 18064 and as a secondary site, SHAFER ELEMENTARY School, 49 Liberty St. Nazareth PA 18064.

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 children.

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/nazarethymca](http://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 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 Nazareth Branch YMCA.

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 Childcare Director.

[Receipt of this document acknowledged on page 5]

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

Guardian's Initials: \_\_\_\_\_

## Child Abuse Prevention Training and Parent Statement of Understanding

The following information is important for the safety and protection of your child.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my young child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child. \*Note: Most YMCA's have a policy that defines the specific age.

I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor, if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the YMCA and must be of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.

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 must make this judgment call.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA 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.

I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

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

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

Guardian's Initials: \_\_\_\_\_

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

Guardian's Initials: \_\_\_\_\_

## 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:							
			PHONE:	LICENSE NUMBER:	DATE FORM SIGNED:		

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

Guardian's Initials: \_\_\_\_\_

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

Guardian's Initials: \_\_\_\_\_





Exciting and important news 🎉

## Stay connected on ClassDojo!

Hey families,

This year we'll be encouraging positive skills, like perseverance and teamwork, with ClassDojo. We'll also rely on it to communicate with one another: instantly sharing messages, updates, events, and photos from class. It's simple, secure, and gives you a window into their school day!

I'd like all families to join me by signing up for a parent account on ClassDojo! You can use it on any device: it's a simple, **free** mobile app for iOS and Android, and can also be accessed from your computer at [classdojo.com](https://classdojo.com).

I'll need your email address or cell phone number to invite you. Our class goal is for every family to **fill out and return this slip with your enrollment packet** \_\_\_\_\_! Feel free to reach out with any questions :)

Thank you!

### Learn more about ClassDojo!

Used by 90% of schools in the US, ClassDojo is the most popular classroom communication app in the US! Find out more about why we're excited to use ClassDojo, and how it is safe and simple:

[classdojo.com/learnmore](https://classdojo.com/learnmore)  
[www.classdojo.com/privacycenter](https://www.classdojo.com/privacycenter)

### Class Dojo Photo Release

Through the app we can send private messages to you, share class updates, and post pictures from our classroom. It is an easy way for you to see how your child is doing at school and communicate with the teachers. While all behavior and student specific information will be kept private between you and the teachers, information related to the whole class and pictures from class will be posted to the "class story". Only families, teachers and administrators from our classroom have access to the Class Story. Please see the ClassDojo website for more information about safety and privacy features.

\_\_\_ Yes, I give consent for pictures of my child to be posted on the Class Story

\_\_\_ No, I do not wish for pictures of my child to be posted on the Class Story

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

(If you would like us to invite an additional parent or caregiver, please list their email address)