



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Dear Parents,

THANK YOU FOR ENROLLING YOUR CHILD IN Y SUMMER CAMP! At the Greensburg YMCA, we aim to strengthen family dynamics by providing safe and reliable child care that will help relieve the stress of balancing work and family. Specifically during the summer months, we offer an eleven weeklong camp experience that will keep your child active, learning, and bonding with his or her peers.

The Greensburg YMCA location of **Adventure Camp and Sports Camp** will enjoy outdoor swimming twice a week, indoor swimming twice a week, and a weekly field trip in addition to interactive group games, arts and crafts, and excursions throughout the City of Greensburg all centered around a weekly theme or sport.

Our **Unity Township Adventure Camp** location will allow campers to enjoy fishing, kayaking, canoeing, and various water play activities along with weekly outdoor swim at Lynch Field and the weekly field trip.

Our **West Hempfield Elementary Adventure Camp** location will incorporate experiments, outdoor play, group games, and arts and crafts all based on the weekly theme. The campers will swim once a week at Lynch Field and enjoy the weekly field trips.

Enclosed within this enrollment packet, you will find all of the necessary forms and documentation needed to sign up your child for **Adventure Camp or Sports Camp**. Please carefully read over the instructions for each form and fill them out accordingly, and then check off each box within your portion of the checklist provided below.

The **ENROLLMENT PACKET** contains the following forms: *These items MUST BE RETURNED to enroll.*

1. Registration Form: Please complete fully, including all checkboxes.
2. Agreement Form: Please complete ALL areas.
3. Emergency Contact Form: Please complete ALL areas, including the 7 signatures.
4. "Outdoor Activities" Questionnaire Sheet: Please fill out all three sections and check/sign as marked.
5. EFT: Please complete in full for child care payment.
6. Behavior Modification Policy: Please sign and date, and have your child sign and date as well.
7. Statement of Understanding: Please sign and date.
8. Child Health Report: You must return this within 30 days of your child's start date. It must be completed entirely and include the signature of a physician or CRNP. Failure to do so can result in the loss of camp care until the form is submitted.

The **PARENT RESOURCE PACKET** contains the following items: *These items do not need returned to us, they are for you to keep at home as a resource to help with answering any basic questions you may have.*

- Greensburg YMCA Payment Policy; Greensburg YMCA Inclement Weather Policy; Remind Instructions; Camp Parent Handbook etc.

Completion Checklist – For Parents

- Registration Form
- Agreement Form
- Emergency Contact Form
- "Outdoor Activities" Questionnaire Sheet
- EFT Form
- Behavior Modification Policy
- Statement of Understanding
- Child Health Report (due within 30 days)

Completion Checklist – For Office Use Only


- Registration Form
- Agreement Form
- Emergency Contact Form
- "Outdoor Activities" Questionnaire Sheet
- EFT Form
- Behavior Modification Policy
- Statement of Understanding
- Child Health Report (due within 30 days)


Initials of Staff
Accepting the
Packet: _____

Initials of Staff
Completing the
Registration: _____

Initials of Staff
Finalizing the
Registration: _____

If you have any questions about registration for Adventure Camp or Sports Camp please contact us at the information below. We look forward to a fantastic, fun-filled summer with you and your child(ren)!

Sincerely,

Candace Updyke, Assistant Child Care Director
c.updyke@gbgymca.org
724-834-0150, ext. 153


Jennifer D'Angelo, Child Care Director
j.dangelo@gbgymca.org
724-834-0150, ext. 151

2017 Registration Form

Child's Name: _____ Birth Date: _____ Male Female Grade Completed (required): _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Work Phone: _____

E-mail Address: (required) _____ Cell Phone: _____

YMCA Member: YES NO *Membership status must be established before enrolling to get the membership rate.* Non members may purchase a three month summer membership for \$65.00 plus a \$25.00 joiner's fee.

Enrollment Options:	Days of Attendance:	Registration Fee: \$40 per camper, non-refundable,. Sibling discount applies.
<input type="checkbox"/> Full Time Regular (\$135/YM, \$165/NM)	<input type="checkbox"/> Monday	CCIS: Are you a current or new CCIS participant? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Part Time Regular (\$110/YM, \$150/NM)	<input type="checkbox"/> Tuesday	Anticipated Start Date: _____
<input type="checkbox"/> Full Time Extended (\$165/YM, \$185/NM)	<input type="checkbox"/> Wednesday	Reminders: All required paperwork is due Monday, one week prior to your child's start date. Campers are not officially enrolled until payment is made.
<input type="checkbox"/> Part Time Extended (\$130/YM, \$155/NM)	<input type="checkbox"/> Thursday	
	<input type="checkbox"/> Friday	

Dates:	Adventure Camp: CHOOSE YOUR LOCATION	Sports Camp: GBG YMCA LOCATION ONLY
June 5-9	<input type="checkbox"/> Space Station Vacation (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Variety Sports
June 12-16	<input type="checkbox"/> Blast From the Past (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Basketball Camp
June 19-23	<input type="checkbox"/> Disney Carnival (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Soccer Camp
June 26-30	<input type="checkbox"/> Campers vs. The Wild (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Variety Sports
July 3-7 (closed July 4)	<input type="checkbox"/> Party in the USA (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Court Games (racquetball, handball etc.)
July 10-14	<input type="checkbox"/> Rockin' Beach Party (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Football Camp
July 17-21	<input type="checkbox"/> Messy Olympics (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Field Games (tug-o-war, capture the flag etc.)
July 24-28	<input type="checkbox"/> Holiday Madness (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Hockey Camp
July 31-August 4	<input type="checkbox"/> Master of the Mic (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Backyard Games (kickball, dodgeball etc.)
August 7-11	<input type="checkbox"/> Mad Scientists (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Soccer Camp
August 14-18	<input type="checkbox"/> Game Show Mania (___ GBG YMCA ___ UNITY TWN. ___ WHE)	<input type="checkbox"/> Campers Choice

Race:	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> American Indian/ Native American	<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Other: _____
Household Income:	<input type="checkbox"/> \$0-\$20,000	<input type="checkbox"/> \$20,001-\$40,000	<input type="checkbox"/> \$40,001-\$60,000	<input type="checkbox"/> \$60,001-\$80,000	<input type="checkbox"/> \$80,001-\$100,000	<input type="checkbox"/> \$100,001+	

Photo Permission: I give the Greensburg YMCA permission to take photographs or videos of my child. Please indicate whether you consent to internal usage and sharing, external (marketing) usage, both or none.

Internal External Both None

Sunscreen Permission: I have read and understand the Sunscreen Guidelines and will comply with the policy as outlined which includes providing a labeled bottle of sunscreen. Agree Disagree—do not apply sunscreen to my child

Allergies/Medical Conditions: _____

Shirt Size (circle one): YS YM YL AS AM AL AXL

OFFICE USE ONLY:

____ REGIS. ____ PAID ____ SET

 STAFF INITIALS & DATE

Parent/Guardian Signature and Date: _____

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(c); 3290.123 & 181(c)

Name of Child:	Birth Date:		
Payment due dates: <i>Weekly payments will be drafted Monday one week prior to care.</i>			
<i>Late Pick up Fee:</i> \$1.00 per minute per child			
<i>Payment Fee:</i> \$15.00 per week if payment is not received by Monday one week prior to care.			
<i>Processing Fee:</i> Drafting from a Credit Card, Checking Account or Savings Account is the preferred style of payment. If you cannot draft from a Credit Card, Checking Account or Savings Account you will incur a \$5 processing fee per week.			
<i>Switching:</i> There is a \$15 fee for campers that choose to switch between Adventure Camp and Sports Camp. Switching may only occur after the first day of the week. Switching requests after Tuesday will not be accepted.			
Enrollment Options:			
Full Time is 4-5 days per week; Part Time is 3 days or less per week. Regular Camp hours are: 9:00 am – 3:30pm; Extended Camp hours: 6:45 am- 9:00 am and 3:30 pm – 6:00 pm.			
Full Time Regular Camp: YMCA Member- \$135 per week Non-Member- \$165 per week	Full Time Extended Camp: YMCA Member- \$165 per week Non-Member- \$185 per week	Registration Fee: \$40 per camper, non-refundable Sibling discount applies	
Part Time Regular Camp: YMCA Member- \$110 per week Non-Member- \$150 per week	Part Time Extended Camp: YMCA Member- \$130 per week Non-Member- \$155 per week		
CCIS Recipient: Responsible for paying the registration fee, CCIS Co-pay and any remaining balance of the weekly tuition after CCIS is applied. Can apply for YMCA Financial Assistance Scholarship to help with remaining balance. Unpaid balances will be drafted two weeks after the CCIS payment is applied, notification will be sent by e-mail with the draft details.			
Scholarship Recipient: Responsible for paying the registration fee and the remaining balance of the weekly tuition after YMCA Financial Assistance Scholarship is applied.			
Services to be provided as part of the day care fee: (ex. Transportation, care, meals, etc.)			
Child Care	Afternoon Snack	Field Trips & Excursions	Transportation
CHILD'S ARRIVAL TIME	PERSON (S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED (NEEDS TO MATCH PEOPLE ON EMERGENCY CARDS)		
CHILD'S DEPARTURE TIME			
I, the parent/guardian:			
<input type="checkbox"/> *received complete written program information at the time of enrollment (3270.121, 3280.121, 3290.121)			
<input type="checkbox"/> *agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum (3270.124, 3280.124, 3290.124)			
_____ SIGNATURE - OPERATOR	_____ DATE	_____ SIGNATURE – PARENT OR GUARDIAN	_____ DATE

Items marked with an * are required to be completed.

DATE OF CHILD'S ADMISSION:	PERIODIC REVIEW
DATE OF WITHDRAWAL:	SIGNATURE – PARENT OR GUARDIAN _____ DATE _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & .182

CHILD'S NAME <input checked="" type="checkbox"/>		BIRTHDATE <input checked="" type="checkbox"/>
ADDRESS <input checked="" type="checkbox"/>		
MOTHER'S NAME/LEGAL GUARDIAN <input checked="" type="checkbox"/>		HOME TELEPHONE NUMBER <input checked="" type="checkbox"/>
ADDRESS <input checked="" type="checkbox"/>		
BUSINESS NAME <input checked="" type="checkbox"/>		BUSINESS TELEPHONE NUMBER <input checked="" type="checkbox"/>
ADDRESS <input checked="" type="checkbox"/>		
FATHER'S NAME/LEGAL GUARDIAN <input checked="" type="checkbox"/>		HOME TELEPHONE NUMBER <input checked="" type="checkbox"/>
ADDRESS <input checked="" type="checkbox"/>		
BUSINESS NAME <input checked="" type="checkbox"/>		BUSINESS TELEPHONE NUMBER <input checked="" type="checkbox"/>
ADDRESS <input checked="" type="checkbox"/>		
EMERGENCY CONTACT PERSON(S) <input checked="" type="checkbox"/> NAME <input checked="" type="checkbox"/> TELEPHONE NUMBER WHEN CHILD IS IN CARE <input checked="" type="checkbox"/>		
PERSON(S) TO WHOM CHILD MAY BE RELEASED <input checked="" type="checkbox"/> NAME <input checked="" type="checkbox"/> ADDRESS <input checked="" type="checkbox"/> TELEPHONE NUMBER WHEN CHILD IS IN CARE <input checked="" type="checkbox"/>		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER <input checked="" type="checkbox"/>		TELEPHONE NUMBER <input checked="" type="checkbox"/>
ADDRESS <input checked="" type="checkbox"/>		
SPECIAL DISABILITIES (IF ANY) <input checked="" type="checkbox"/>		ALLERGIES (INCLUDING MEDICATION REACTION) <input checked="" type="checkbox"/>
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION <input checked="" type="checkbox"/>		MEDICATION, SPECIAL CONDITIONS <input checked="" type="checkbox"/>
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD <input checked="" type="checkbox"/>		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS <input checked="" type="checkbox"/>		POLICY NUMBER (REQUIRED) <input checked="" type="checkbox"/>
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
WALKS AND TRIPS		SWIMMING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
TRANSPORTATION BY THE FACILITY		WADING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE



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ADVENTURE & SPORTS CAMP

“Outdoor Activities” Questionnaire Sheet

Child's Name: _____ Camp Group: _____

Child's Exposure to Swimming

1. Has your child ever been exposed to swimming? Yes No
2. Does he/she mind getting their face wet? Yes No
3. Can your child float? Yes No
4. Does your child jump into the water? Yes No
5. Has your child taken swim lessons at the YMCA? Yes No
If so, when? _____
6. How does your child feel about water?
7. Are there circumstances of which we should be made aware?
Please explain.

Outdoor Activity Preferences

1. What are some outdoor activities, games, or sports that your child enjoys playing?
2. Are there any particular activities or games that your child may be hesitant to participate in? If so, which activities and why?
3. Are there any circumstances of which we should be made aware, in regard to outdoor and group play? Please explain.

Parent/Guardian Permission to Apply Sunscreen

YMCA child care participants spend a great deal of time outdoors and are thereby exposed to the harmful rays of the sun. As a YMCA program, we are committed to promoting healthy spirit, mind, and body for all, and have therefore established the following policies and procedures:

- All staff members and program participants wear sunscreen with a minimum of SPF 15 on exposed skin (including lips) each day, regardless of sky conditions.
- Parent/Guardian will apply the first layer of sunscreen to child(ren) prior to morning arrival.
- Parent/Guardian will provide adequate amounts of sunscreen for reapplication throughout the remainder of the day. Parent/Guardian will supply sunscreen in original container, with lid. One container per child, labeled with the child's name.
- Staff will ensure time for thorough reapplications after one hour in the water/two hours of other outdoor activities, and any other occasion, as needed. Please note, school age children will apply their own sunscreen with assistance from staff.
- Some children may demonstrate the following characteristics: fair skin, freckles or numerous moles; blonde, red, or light brown hair; blue, green, or gray eyes; tendency to burn easily or tan little/not at all; family history of skin cancer. In these cases, the staff recommends an extra T-shirt for swimming/water play or for added protection.

Please note that these standards are established to protect your child. YMCA child care staff members are trained on these policies and understand their responsibilities and consequences for failure. Check whichever one of the first two boxes applies to your child, and then check the last box to verify that you understand and comply with the policy stated above.

- Please do not apply sunscreen to my child's skin.
- My child has no known allergies/adverse reactions to sunscreen. Please apply the provided sunscreen.
- I verify that I have read and understood the above guidelines, and agree, for the protection of my child, to comply with the YMCA Child Care Sunscreen Policy.

Parent/Guardian Signature: _____ Date: _____



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Greensburg YMCA
101 South Maple Avenue, Greensburg, PA 15601, 724-834-0150

Electronic Funds Transfer Form

How does Electronic Funds Transfer (EFT) work?

Once you enroll in EZ-EFT, your financial institution will automatically send us your payment from your credit card, checking account or savings account—on the day that it is due.

What about security?

Payment is made by your financial institution only with your authorization. Additionally, the federal consumer safeguard regulations are more stringent for EZ-EFT than when you pay by check, which means EZ-EFT is more secure than conventional checking.

To Enroll: Complete the information below. If you have any questions contact Kathi, Child Care Billing Clerk, at 724-834-0150, ext. 161 or at childcarepayments@gbgymca.org.

Child's Name: _____ Birth Date: _____

Your Name (please print): _____

I hereby authorize (Name of Financial Institution) _____ to make periodic payments on my behalf from my credit card, checking account or savings account listed below and transfer it to the **Greensburg YMCA**.

Choose One:

Checking Account (voided check **must** be attached)

Saving Account _____ (Saving Account Number)

Credit Card

___ Visa

___ Master Card

___ Discover

Security Code: _____

Card Number: _____ Expiration Date: _____

Payment Options:

Weekly EFT (drafted Monday one week prior)

CCIS and Weekly EFT

I understand that I am in full control of my payment and if at any time I decide to make changes or discontinue this service, I will notify the Greensburg YMCA Billing Clerk in writing two weeks in advance. Changes of payment method will not affect the terms of my contract. * **Please note that it is the account holder's responsibility to notify the billing department with any changes to their account. If an account is rejected for any reason, including expired credit cards, you will be assessed and NSF fee of \$35.**

Account Holder's Signature:

Date:

Child Care Account Statement Requests: (all statements will be completed no later than January 31.)

If your child **is not** enrolled in our Before and After School Enrichment program when statements are printed out, they will be available at the Greensburg YMCA Welcome Center desk for pick-up. If your child **is** enrolled you will receive them at your child's school age site.

If for some reason your statement is not at the correct location, please contact Kathi Betton at childcarepayments@gbgymca.org or 724-834-0150, ext 161 for additional assistance.



GREENBURG YMCA CHILD CARE BEHAVIOR MODIFICATION POLICY

All efforts will be made to guide children to appropriate behavior. The YMCA believes that punishment is unnecessary but DISCIPLINE is needed to help children gain self-control. Respect for your child will be demonstrated at all times. The same respect will be expected from your child for his/her peers and the YMCA staff at all times. When disciplinary action is necessary, age-appropriate methods will be implemented. The Department of Public Welfare behavior regulations are as follows:

- A facility person may not use any form of physical punishment, including spanking of a child.
- A facility person may not single out the child for ridicule, threaten harm to the child or the child's family and may not specifically aim to degrade the child or the child's family.
- A facility person may not use harsh, demeaning or abusive language in the presence of children.
- Will never force or withhold food, nor force or withhold naps as a means of discipline and toileting accidents will not be disciplined.

There are **clear and appropriate behavioral** expectations for the children in our care. We try to set limits, help children understand rules and give clear definitions of acceptable and unacceptable behavior. Children are more likely to follow rules that have been introduced from the beginning. Some rules that we like to see are:

- We find out what the problem is.
- We listen to each other.
- We are responsible for what we say and do.
- We use appropriate language at all times.
- We attack the problem, not the person.
- We care about each other's space and feelings.
- We respect each other and ourselves.
- We use words, not fists, to solve problems.

A system of cool down/redirection and suggestions from parents on what they have discovered works well at home will be used. Logical and natural consequences will be allowed when applicable.

On occasion, our staff will identify behaviors that require disciplinary actions. If a child should exhibit an inappropriate behavior while under the supervision of a YMCA staff person, the following sequence of actions will be taken:

- The behavior will first be addressed by the staff person with the child in private.
- If the inappropriate behavior continues, the staff person will notify their supervisor and the situation will then be discussed with the parent.
- If a child's behavior jeopardizes the safety of themselves or others, the suspension policy may be ignored and the child may be removed from the program immediately.

Suspension Policy

- If inappropriate behavior continues, the supervisor will notify the parent that a conference needs to be held within 48 hours. At that conference, the director may recommend the parent/child for outside testing and evaluation, and the child will be suspended from the YMCA Child Care program for 1 day.
 - A second serious infraction will result in a suspension of 3-5 days and a request for professional testing and evaluation may be required before the child may return to our program.
 - If the behavior has not improved, the child will be immediately removed from the program.
- *If the parent/guardian refuses to work with us during this process, we will be forced to terminate the child from the program. The YMCA has rarely been forced to use suspension from the program. We believe that if the child perceives the YMCA as concerned, involved, consistent, caring, and respectful, and if we exhibit calmness, few words, and a firm but kind attitude, the results will usually be positive.

Termination Policy

The YMCA Child Care program reserves the right to terminate your child's attendance in our program for such things as, but not restricted to:

- Disruptive behavior problems.
- Emotional problems or learning disabilities that we are not equipped to handle or that are a safety risk to themselves or the other children in attendance.
- If a parent or child is physically or verbally abusive to YMCA staff or children.
- If the Child Care Director or the CEO of the YMCA believes that continued service is not in the best interest of the child and/or the Greensburg YMCA.

If these or any other problems begin to upset or influence the other children in the program and we have proceeded through the steps cited in our suspension policy, we will have no other recourse than to terminate your child's attendance in our program. It is very rare but in extreme situations, we have been forced to pass over our suspension policy steps and immediately move to terminating a child from the program because of the severity of the problem and our responsibility to protect your child and others.

NO REFUNDS or credits will be given if a child is suspended and/or terminated from any YMCA program. If your child has been terminated from any of our programs, he or she may not attend the same program at a different location.

I HAVE READ AND UNDERSTAND THE BEHAVIOR MODIFICATION POLICY:

Parent's Signature

Date

Child's Signature

Date



PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA. Please keep and refer to your copy of the Greensburg YMCA Parent Handbook. Your signature below indicates that you have received and are responsible for the information contained within it.

- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA 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 my child at the YMCA or program site unless a YMCA staff is there to receive and supervise my child.
- 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 must either be listed on the Emergency Contact Form with the YMCA or other arrangements must be made by calling the YMCA 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 have to make this judgment.
- 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 agree to make the payments on the Monday prior to the week of care during the school year and the summer or my child will not be permitted to attend the program
- I have received a copy of and understand the information within the Greensburg YMCA Parent Handbook and I understand that it outlines my privileges and obligations as a participant in this program.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____

Child's Name (please print): _____

Date: _____

CHILD HEALTH REPORT

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

Parents/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)
 YES 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						

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

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