

## AGREEMENT

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

**Name of Child:**

\*

**Payment due dates:** *Weekly payments will be drafted each Tuesday for the following week of care. Monthly payments will be drafted the first day of the month for that month. Monthly payments are calculated by taking the weekly rate and multiplying it by 4.33.*

**Late Pick up Fee:** \$1.00 per minute per child

**Processing Fee:** 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 \$20 processing fee per month.

**Payment Fee:** If payment is NOT received by Tuesday one week prior to the week of care for weekly payments there is a \$5.00 fee. If payment is NOT received by the last day of the month for the upcoming month of care, there is a \$20.00 fee.

**Changes in Care:** If terminating care, we must be notified in writing two weeks prior to the last day of care in writing through email.

**Switching:** Before & After School Enrichment (BASE) participants may switch the status of their care twice per school year without incurring a \$15 fee, however any changes after that the fee will be applicable. All switches must be made in writing at a minimum of two weeks in advance.

**Vacation Credits:** Each family is entitled to two weeks of vacation credits per school year. When using a vacation credit written notice must be received at least two weeks prior to the requested vacation week.

**Enrollment Options:**

Full Time is 4-5 days per week; Part Time is 3 days or less.

\* Please check your enrollment option below.

	Full Time: AM	Full Time: PM	Part Time: AM	Part Time: PM
<b>One Enrolled Student</b>	O \$63/week	O \$69/week	O \$53/week	O \$58/week

If enrolling for either **Full Time AM & PM** or **Part Time AM & PM**, will receive a \$13/week discount on tuition!  
 Each additional child enrolled in a Child Development program will receive a 10% sibling discount.  
 15% Family Membership discount.

**ELRC Recipient:**

Responsible for paying the registration fee, ELRC co-pay and any remaining balance of the weekly tuition after ELRC is applied. Arrangements must be made for the remainder of the balance within 2-week time frame.

**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.)

Morning and Afternoon Child Care, Afternoon Snack

**CHILD'S ARRIVAL TIME**

\*

**PERSON (S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED (must match the Emergency Card)**

\*

**CHILD'S DEPARTURE TIME**

\*

Extra services to be provided at an additional fee if applicable:

**Kids Day Out:**

- Member: \$35.00 per day: Each additional child enrolled receives a 10% discount.
- Non-Member: \$40.00 per day: Each additional child enrolled receives a 10% discount.

**Early Dismissal:** \$22.00 per day. Each additional child enrolled receives a 10% discount.

**Must pre-register** for Kids Day Out & Early Dismissal, \$15.00 *per child late fee* will be assessed if registered after registration deadline. Must be enrolled and attending a BASE Program to be eligible for Early Dismissal Days.

I, the parent/guardian:

- \*Received complete written program information at the time of enrollment (3270.121, 3280.121, 3290.121)
- \*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

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

## PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

**WHITE COPY** (Original)

**YELLOW COPY** (Child Care Space)

**PINK COPY** (Excursion)



# ELECTRONIC FUNDS TRANSFER & CHILD CARE ACCOUNT TAX STATEMENT PARENT HANDBOOK & PAYMENT POLICY ACKNOWLEDGEMENT

### 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. 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. Complete the information below. If you have any questions, contact Breanna Bianco at [b.bianco@gbgymca.org](mailto:b.bianco@gbgymca.org) or (724)-834-0150 ext. 153.

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

Your Name (please print): \_\_\_\_\_, I hereby authorize (Name of My 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)

Savings Account \_\_\_\_\_ (Savings Account Number)

Credit Card

\_\_\_\_ Visa      \_\_\_\_ Master Card      \_\_\_\_ Discover      Security Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### Payment Options:

Weekly EFT (collected each Tuesday for the following week of care)

ELRC/CCIS (balances once ELRC is applied will be the responsibility of the parent/guardian, financial assistance may be available)

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 Y 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 an NSF fee of \$35.**

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

If your child **is not** currently enrolled in our 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 on site at their program. If for some reason your statement is not available or you have questions about it, please contact Breanna Bianco at [b.bianco@gbgymca.org](mailto:b.bianco@gbgymca.org) for additional assistance. Thank you. **Our EIN number is 25-0965622.**

**This is to acknowledge that I have received a copy of the YMCA Parent Handbook and Greensburg Y Payment Policies.** I understand that this policy supersedes any other policies I may have received during my participation in other Y programs. I understand that it outlines my privileges and obligations as a participant in this program. I will familiarize myself with the information herein, which describes the policies of the child care program.

Parent/Guardian Name (please print): \_\_\_\_\_

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

I would like to discuss other areas: \_\_\_\_\_

Child's Name (please print): \_\_\_\_\_

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

### **Topics to Make Note Of:**

#### **Authorization for Pick-Up**

- Must be on the child's Emergency Card & must be at least 18 years of age with a valid photo identification.

#### **Unattended Child Law**

- A person in charge of a motor vehicle may not permit a child under six years of age to remain unattended in a vehicle out of sight and/or under circumstances which endanger the health, safety, or welfare of a child.

#### **Staff Code of Conduct**

- We are mandated reporters. If we suspect any abuse or neglect of a child, it is our legal responsibility to file a report.

#### **Payment Policies**

- Payments are due in full on Tuesday one week prior to the week care is provided.
- For any changes made in enrollment we must have a written two week notice to the School Age Child Care Director
- Late Pick Up Fee, \$1.00 per minute, per child. If you are over an hour late without communication, emergency contacts will be called and then 911/Child Youth Services.

# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF GREENSBURG FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

### Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of YMCA of Greensburg facilities, services, equipment and premises (“Facilities”) and any participation in YMCA of Greensburg programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Greensburg, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

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Minor Name (Print Clearly)

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Date

---

Parent/Guardian Signature

---

Parent/Guardian Name (Print Clearly)



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Before & After School Enrichment "Getting to Know You" Questionnaire

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

### **Questions About Family:**

Tell us about your household. (Neighborhood, who lives in the home, names, and relationship to your child.)

- Does your child have any siblings? (Names and ages, please!)

Does your child have any parents that do not live in the home? Does your child visit this parent? What is the schedule like?

- In order for us to safely provide care & process your enrollment, you must provide us with the most recent copies of any court documents. Thank you in advance.

Does your child respond to any nicknames? If so, what are they?

### **Questions About Your Child:**

Has your child been in an early learning or child care program before? If yes, please share the following:

- Where? When? How long?
- What kind of care? (relative/neighbor, center, family provider)
- Is there a reason for leaving that you would like to share?
- Do you have any of your child's records from the program?
- How did your child react to the other children or adults?

Any special needs? (medical, developmental, social, and/or mental health)

- Do any of these needs require special care by our teachers?
- Does your child have an IEP or IFSP? If so, please provide us a copy so that we can provide the best possible learning experience for your child.
- What programs or individuals work with your child in regards to their particular needs? Please sign a release of information with them so that they can speak to the staff about how to provide enhanced support to your child.

Does your child have any allergies? (food, environmental, and/or medicinal) How are their allergies treated?

Does your child have any dietary restrictions? (Ex. Does not eat pork products.)

Does your child have any special medical information the staff should be aware of in case of an emergency situation? (specific medication to take in route, specific person to call, etc.)

Is there any information that will help make the first few days in our program easier for your child?

Is there any other information you would like to share?

**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.



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## BASE Plan B Form:

In the event that YMCA BASE is cancelled due to an emergency in either the AM or the PM, please let us know the preferred Plan B for your child. Will they be riding a bus? Will they be going to carpool? Is there a special emergency contact person coming to get them, etc.? This form will then be shared with the elementary school staff so that they know what direction to point your child in.

### When BASE is cancelled, please do the following:

- Send my child to their normal bus: morning # \_\_\_\_\_ afternoon # \_\_\_\_\_
- Send my child to carpool: \_\_\_\_\_
- The following Emergency Contact person (full name, address, and telephone number) will be picking my child up:  
\_\_\_\_\_  
\_\_\_\_\_
- If you have circumstance that does not permit you to choose from the options above, you must clear that with your specific elementary school. As the YMCA we do not know each policy as it relates to transportation for each district.

**By providing my signature, I verify that I have read and understand all applicable material and have marked off the correct information above.**

Parent's full name (print): \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Child's full name: \_\_\_\_\_

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



# 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 Human Services 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 and 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 always use appropriate language.
- 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, a supervisor will notify the parent that a meeting 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 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.

### Special Services

Occasionally it may be necessary for a child to receive special services while in care at BASE. Examples of these services may be an aide, TSS, tutor, OT, PT etc. These services may be needed to help the child in the classroom life as we must maintain our Department of Human Services ratios or it may be because the child needs help with the daily routine, or behaviors that are putting the child, other children or adults at risk. If it is deemed necessary by the YMCA to reach out for services in order to have the child remain in care, the family will have 30 days from the date of the special services letter to get services in place. The YMCA will provide support and resource to help with compliance to this request, but ultimately it is the families' responsibility. Failure to comply with this request may result in the children being withdrawn from care at the YMCA until services are in place.

### Individualized Education Plan / Individualized Family Services Plan (IEP/IFSP)

At times children may have an IEP or IFSP in place, in order for the staff of The Greensburg YMCA to actively support the child and family with these expectations a copy of the IEP or IFSP must be submitted to the program at the time of enrollment. This allows the family and the learning center the ability to work together for the best continuation of care plan for the child. If an IEP or IFSP is formed at any point during their enrollment in the program it is expected that the plan would then be submitted. Additionally we are more than happy to be a part of any IEP/IFSP conference calls or meetings, please simply make us aware of the dates and times in a timely fashion and we will do our best to have a staff available.

### 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 Y believes that continued service is not in the best interest of the child and/or the Greensburg Y.

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 HEALTH REPORT

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

\*\*Must be updated every 12 months\*\*

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:

HEALTH CARE SERVICES CURRENTLY RECOMMENDED HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )	<p><b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	HEARING (subjective until age 4)		VISION (subjective until age 3)		LEAD	
HEARING (subjective until age 4)							
VISION (subjective until age 3)							
LEAD							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

**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: