Dear Parent(s) and Guardian(s),

Thank you for registering for the Boyertown YMCA, Gilbertsville Center and New Hanover/Hollenbach YMCA School Age Child Care Programs.

**Please read carefully.** The following forms must be completed, signed, and returned to one of the 3 Welcome Centers (Front Desk) no later than **the a week after registration**.

**Parent Checklist**
- Emergency Contact Form
- Fee Service Agreement
- Receipt of Family Handbook
- CCIS information
- Special Needs Form
- Behavior Management Agreement
- Authorization Form
- Getting To Know You Forms
- Annual Child Health Assessment signed by a physician
- Bank Draft Agreement / Credit Card Agreement
- Civil Rights Parent Compliance Form (for your records)

Payments for the 2014-2015 School Age Child Care Programs will be due on the first of each month. First payment is due September 1, 2014. Payments may be made by check or set up an EFT authorization (convenient free automatic bank draft payment). The EFT authorization form is enclosed please see our family handbook for further details.

Please note your child will need a current YMCA membership to participate in the program.

Thank you for your support of YMCA programs!

Sincerely,

Karrie Showalter  
Child Care Director  
kshowalter@philaymca.org  
610-369-9622 ext. 240

Danielle De Forge  
Child Care Director  
ddeforge@philaymca.org  
610-367-9622 ext. 247
## 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

<table>
<thead>
<tr>
<th>Does your child have an IEP</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Birthdate</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Email Address</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Mother's Name/Legal Guardian</th>
<th>Home Phone</th>
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<table>
<thead>
<tr>
<th>Home Address</th>
<th>Cell Phone</th>
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<table>
<thead>
<tr>
<th>Business Name/Address</th>
<th>Business Phone</th>
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<tr>
<th>Father's Name/Legal Guardian</th>
<th>Home Phone</th>
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<table>
<thead>
<tr>
<th>Home Address</th>
<th>Cell Phone</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Business Name/Address</th>
<th>Business Phone</th>
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</thead>
</table>

### Emergency Contact Person(s) - Name

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number when child is in care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1).</td>
<td></td>
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<tr>
<td>2).</td>
<td></td>
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</table>

### Person(s) to Whom Child may be released – Name/Address

<table>
<thead>
<tr>
<th>Name/Address</th>
<th>Phone Number when child is in care</th>
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</thead>
<tbody>
<tr>
<td>1).</td>
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<td>2).</td>
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<tr>
<td>3).</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Child’s Physician/Medical Care Provider</th>
<th>Phone Number</th>
</tr>
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<tr>
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### Address

<table>
<thead>
<tr>
<th>Special Disabilities (if any)</th>
<th>Allergies (including medicine reaction)</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Medical or Dietary Information Necessary in an Emergency Situation</th>
<th>Medication/Special Conditions</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Additional Information on Special Needs of Child</th>
<th></th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Health Insurance Coverage for Child or Medical Assistance Benefits</th>
<th>Policy Number <em>(Required)</em></th>
</tr>
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<tbody>
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</table>

## PARENT’S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

<table>
<thead>
<tr>
<th>Obtaining Emergency Medical Care</th>
<th>Administration of Minor First Aid Procedures</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<table>
<thead>
<tr>
<th>Walks and Trips</th>
<th>Swimming</th>
</tr>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Transportation by the Facility</th>
<th>Wading</th>
</tr>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Photographs are permitted to be taken of my child &amp; used on behalf of YMCA</th>
<th>I received a Family Handbook</th>
</tr>
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<tbody>
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</table>

---

Signature of Parent/Guardian  
Date

Signature of Parent/Guardian *(Periodic Review - 6 months)*  
Date
# Fee Agreement

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

## Child’s Name

<table>
<thead>
<tr>
<th>FEE AMOUNT:</th>
<th>1st Child</th>
<th>2nd Child</th>
<th>FEE AMOUNT PER MONTH</th>
<th>Day Payment Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before:</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After:</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Before &amp; After:</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Services to be provided as part of care:
- Snack PM Care / Daily Activities / Homework Supervision
- Swimming (Holiday Care) / Field Trips (Holiday Care)

## Child’s Arrival Time

<table>
<thead>
<tr>
<th>Late Payment Fee</th>
<th>$25.00</th>
</tr>
</thead>
</table>

Extra Service to be provided at an additional fee if applicable

## Person(s) to Whom Child may be Released

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE # (when child is in care)</th>
</tr>
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<tbody>
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</table>

I, the parent/guardian: Care Provider

- [ ] 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, 3290.124}

<table>
<thead>
<tr>
<th>Signature – Parent or Guardian</th>
<th>Date</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Signature – Operator</th>
<th>Date</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Date of Child’s Admission</th>
<th>Date of Child’s Withdrawal</th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>6 Month Periodic Review</th>
<th>Date</th>
<th>Parent’s Signature</th>
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</tbody>
</table>
BOYERTOWN YMCA, GILBERTSVILLE CENTER AND NEW HANOVER/HOLLENBACH YMCA
SCHOOL AGE CARE AGREEMENT

SCHEDULE OF SERVICE
I am enrolling my child, ______________________________, for the 2014-2015 school year and desire care in the following program(s) as my expected normal schedule of child care services:

Elementary School___________________________ Child’s Grade (2014-2015 school years) ________

A. BEFORE and AFTER SCHOOL (check both lines for children attending before and after school care)

  Before School _____
  (6am – beginning of school day)

  After School _____
  (School dismissal – 6pm)

Circle days of attendance if child will be attending less than five day (payment still for 5 days):
  M – T – W – Th – F

B. KINDERGARTEN BEFORE & AFTER SCHOOL

  Before and After Kindergarten ________________
  (6am – beginning of school day/school dismissal – 6:00 pm)

Circle days of attendance if child will be attending less than five day (payment still for 5 days):
  M – T – W – Th – F

PAYMENTS
My payments will begin on September 1, 2014 and will be paid thereafter on or before the first of each month as long as my child is enrolled. Payments will be made at the Welcome Center. Child care staff is not permitted to accept payments. Mail-in payments must be postmarked prior to the 5th of each month. Do not mail cash. You may also make payments by monthly bank draft by completing the attached request form.

DEPOSIT REFUNDS: The YMCA will issue a refund for cancellations submitted in writing, with 30 days notice of cancellation.

No refunds will be issued for cancellations that occur between August 1, 2014 and September 1, 2014.
LATE FEES AND INSUFFICIENT FUNDS
I understand that a late fee of $25.00 will be charged for payments received by the YMCA any later than the 5th of the month. Further it is my understanding that outstanding payments in excess of one week will result in the discontinuation of child care services.

A fee of $35 for each check returned for insufficient funds will be charged. I understand that following two checks returned for insufficient funds, future payments must be paid in cash or money order.

LATE PICK-UP POLICY
The Boyertown YMCA, Gilbertsville Center and New Hanover/Hollenbach YMCA Child Care Programs end promptly at 6:00 pm each day. I understand that if I arrive after the program ends to pick up my child, I will be required to pay an additional fee of $1.00 for each minute of lateness per child. I also understand that I must sign the Late Pick-Up Form at the site, with one copy being given to myself and the other copy to the YMCA Business Office. I understand that I must pay the late pick-up fee by the date on the form (one week after lateness). Failure to pay the fee may result in suspension of child care services. Payments for late pick-up must be made to the YMCA Business Office along with my copy of the late pick-up form. Excessive lateness, more than three (3) per school year, may result in suspension from the program. *Lateness is applied at the discretion of the staff member in charge.

SIGN-UP FEE
A sign-up fee is required at the time of registration equal to a one half months tuition payment. Sign up fee is applied toward the June payment or last month of care with 30 days written notice. In addition, a minimum of a $75.00 annual YMCA Program Membership fee is required at the time of registration. I understand that it is my responsibility to keep my child’s membership current. Failure to do so may result in suspension of child care services.

TERMINATION NOTICE
I understand that 30 days written notice is required to withdraw my child from the program. Failure to give one month’s written notice to your SACC Director will result in the loss of my enrollment deposit.

ABSENCE FOR SICKNESS OR OTHER EXTENDED LEAVE
It is my understanding that there are no reductions in fees for normal illnesses (of children or parents) or other situations of personal leave that may prevent attendance.

For situations which develop that may prevent attendance for periods of longer than three weeks, I understand that such arrangements must be made in advance and pre-approved by the Executive Director before adjustments to the financial agreement can be made. Such arrangements may result in the potential loss of reserved space for my child.

AGREEMENT RENEWAL
The terms of this agreement will remain in effect until:

1. I withdraw my child from the program.
2. I request expanded or decreased services.
3. I enroll additional children.
4. The end of the school year

At which time a new service agreement will be entered specifying the new schedule of services and fees. A new service agreement is not required at the time of scheduled fee adjustments which are communicated at least 30 days in advance to the parents. An addendum will be used.
SERVICES PROVIDED BY THE YMCA
I understand that for this agreement, the YMCA will provide the following services:
1. Basic care
2. Snack
3. Homework time
4. Transportation

ACKNOWLEDGMENT/RECEIPT OF FAMILY HANDBOOK

Parent or legal guardian signature indicates receipt of this policy and the School-Age Child Care Family Handbook. This is to acknowledge that I have received a copy of the YMCA Philadelphia Freedom Valley YMCA, Boyertown Branch, Gilbertsville Center and New Hanover/Hollenbach YMCA School Age Care Family Handbook. I understand that the handbook is intended to serve as a guide of the YMCA’s policies and procedures for School Age Child Care programs.

I acknowledge that I have read the information herein and understand that it describes the responsibilities of both the parents/guardians and the YMCA for School Age Child Care.

I understand that all state mandated licensing forms; Fee Service Agreement, Emergency Contact, Child Health Assessment, Behavior Management Policy, and Inclement Weather Policy, must be submitted to the YMCA Main Office prior to my child’s participation in the program. I also understand that the Emergency Contact form and fee service agreement must be reviewed and signed after six months.

Having been given the opportunity to discuss this policy and handbook in the application process, I agree to all provisions. This includes keeping all forms up to date as required by the YMCA.

________________________________________________  __________________
Signature of Custodial Parent/Guardian                  Date
PHILADELPHIA FREEDOM VALLEY YMCA
SCHOOL AGE CHILD CARE
CCIS INFORMATION
(Only complete if receiving subsidized care)

Family Information: Parent Name ________________________________

Names of Children covered by CCIS Subsidy
_________________  ________________________  _________________

Address_____________________________________________________

City/State __________________________

County ___________________________

CCIS Contact Information:

Caseworker Name ________________________________________________

Caseworker Phone/Ext. ________________

Office Address ___________________________________________________

County ___________________________

*Note: For more information on community resources available to parents, please check out www.montcopa.org/ccis or www.CHIPCoversPAKids.com for additional information.
Dear Parent(s)/Guardian(s),

Please take a moment to help us know your child better by checking off the areas that apply to your child and providing us with some information.

If the answer to question 1 is no and your child can operate at the required ratios of our school age programs that you are signing up for, then you may skip down to the Parent Signature line at the bottom of the page, sign and date the form.

1. Does your child have an IEP or Behavioral Plan in place during the school year?  ____Yes  ____No

Please describe the reason for the Behavioral Plan.

__________________________________________________________________

2. Does your child have a behavioral specialist?  ____Yes  ____No

Please List his/her name: _______________________________

3. What agency does your Behavioral Specialist and TSS worker report to? Please list their name and phone number below:

__________________________________________________________________

We will need to have a copy of this plan on file. We will not admit a child with a TSS to our program without their IEP on file.

_The Boyertown YMCA, Gilbertsville Center and New Hanover/Hollenbach YMCA School Age Programs operate on a 1 to 12 ratio. In order to register for these programs, your child must be able to be serviced in these ratios. If your child has a TSS that assists them then the TSS must be in place before the start of school. If a child does not have their TSS in place, and the child cannot operate within the required ratio, they will not be admitted to our programs until a TSS is available._

Parent Signature __________________________ Date __________________________
PHILADELPHIA FREEDOM VALLEY YMCA

School Age Child Care

Behavior Policy

In an effort to build character and create a healthy and safe school age environment for all children, the YMCA has adopted the following behavior policy.

The following actions are considered violations of the Behavior Policy:

- **Disrespect to other children.**
- **Disrespect to YMCA staff/volunteers.**
- **Inappropriate language.**
- **Fighting/Physical altercation.**

**Consequences:**
- Any violation of the Behavior Policy will result in a behavior report.
- Three reports will result in automatic 1 day suspension.
- Fighting or physical contact will result in an automatic 2 day suspension.
- Continued infractions may result in further disciplinary actions, including terminations of services.
- There are no refunds for the time missed due to suspension.

SCHOOL AGE CHILD CARE BEHAVIOR MANAGEMENT PLAN

**Philosophy**
YMCA School Age programs provide a safe environment for all children to develop a healthy spirit, mind and body. We believe that children should make their own choices and take responsibility for their actions. Our policy is that behavior management is a function of engaging children in meaningful and stimulating activities which focus on positive role models, in addition to promoting respect for self and others in a climate of acceptance and fairness.
Acceptable Behaviors
Based on the Golden Rule: “Treat others as you would want them to treat you.”

Children will respect the rights and feelings of others and will avoid disruptive behavior that would interfere with program activities. Aggressive behaviors such as hitting, kicking, verbal put-downs, and bullying will not be tolerated.

Children will follow all directions given by the program leaders regarding safety procedures and will stay with the group for all scheduled activities.

Children will respect the private property of others and will understand that stealing or vandalizing the property of others will not be tolerated.

Behavior Management Procedures
Step 1: When a problem arises which threatens the health or safety of himself, other children or staff, the staff will take immediate action to stop the behavior and inform the child of the disciplinary action that will be taken. If the severity of the inappropriate behavior warrants, or the child cannot be controlled in the area, it may be necessary to temporarily remove the child from the situation. The Parent/Guardian will be notified and we will work together with the child to correct the inappropriate behavior.

Step 2: The YMCA Program Director will call the parent/guardian to discuss the continuing inappropriate behavior. Should the behavior continue the child will be suspended from the program. A conference between site staff, the program director, and the parent/guardian may be scheduled at this time.

Step 3: The Program Director will inform the parent/guardian (via phone call) of a three-day suspension for the continuing inappropriate behavior. No care will be provided by the YMCA. The parent/guardian remains responsible for paying all fees for that month. A written letter will be sent home outlining the suspension.

Step 4: After a third call from the Program Director has been made, and there have been several unsuccessful attempts to correct the child’s behavior, the Program Director will notify the parent/guardian that the child is withdrawn from the YMCA program. Written notification will follow.

***When a child’s inappropriate behavior is extremely persistent in that it takes too much attention away from the needs and safety of the other children or the behavior is too violent, the possibility of suspending or dismissing the child from the program may be considered immediately. This decision is an important and difficult one to make. It will be carefully considered and discussed before action is taken.

*I have read and understand the YMCA School Age Child Care Behavior Management Policy.*

Parent/Guardian Signature  Date
# PHILADELPHIA FREEDOM VALLEY YMCA
## CHILD CARE AUTHORIZATION FORM

Please sign all spaces and fill in your child’s name for those activities you authorize.

### Transportation and Planned Field Trips

I, ________________________________, the parent/legal guardian of ____________________________, who is my minor child, hereby give permission for my child to be transported to planned scheduled field trips (holiday care). I agree that they may be transported by the YMCA Bus, rented van, or a private bus company on said trips.

### Unscheduled Emergency Evacuation

I, ________________________________, the parent/legal guardian of ____________________________, who is my minor child, hereby give permission for my child to be transported in the event of inclement weather or for the purpose of emergency evacuation.

### Photo Release

I, ________________________________, the parent/legal guardian of ____________________________, who is my minor child, hereby give permission for my child’s image, photograph, or other reproduction to be taken without reimbursement for the sole purpose of advertising YMCA programs.

### Swimming

I, ________________________________, the parent/legal guardian of ____________________________, who is my minor child, hereby give permission for my child to participate in recreational/instructional swimming as part of the YMCA Holiday Care Program. My child’s swimming ability is that of a (check one) ____ non swimmer or ____ swimmer. I understand that my child will be taking part in recreational swim time.

### Lost or Broken Item

I, ________________________________, the parent/legal guardian of ____________________________, who is my minor child, hereby give permission for my child hereby agree to be aware that toys, games, electronics, and or any other items of value are not to be brought to YMCA programs. I am aware that the YMCA will not be held responsible for lost, broken, or stolen items brought from home to the YMCA.
Child Abuse Prevention Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign, and date and return to the YMCA.

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 child or children at the YMCA site unless a YMCA staff or volunteer are on duty.

I understand that children should not receive excessive gifts (e.g. TV, video games) from YMCA Staff or volunteers.

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 the YMCA. Any other arrangements must to inform the YMCA staff or volunteers.

I understand that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, and for my child’s safety, staff may have no recourse but to contact the police.

I understand that I can help ensure my child’s safety by taking an active interest in his or her YMCA experience. I will monitor staff and volunteer interactions with my child and ask my child specific questions about program activities and staff or volunteers relationships with the child.

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

Parent Signature__________________________

Date __________________
Welcome to the YMCA School Age Care Programs. Help us get to know your child by completing this form and returning it to the YMCA.

Thank you for your cooperation!

Child’s Name: ________________________________

Grade: ______________________________________

Teacher: _____________________________________

Room: _______________________________________

Favorite Board or Card Game: _________________

Favorite Sport: ______________________________

Favorite Subject: _____________________________

Favorite Healthy Snack: _______________________

Favorite Activity: ____________________________

At the YMCA programs, I am going to like to (check as many as you like):

- Play organized games outside
- Participate in arts and crafts
- Play board games
- Read books
- Complete my homework
- Play organized games in the gym

My idea to make the YMCA school age child care programs as fun as possible is
Permission to Release Child Information  
Between the Boyertown Area School District and YMCA

I hereby authorize the YMCA and the Boyertown Area School District to release and obtain information concerning:

Student Name: ____________________________  
School Attended: __________________________

This information may include, but is not limited to, conversations between the school district personnel and YMCA SACC personnel, student evaluations, medical records, IEP’s, 504’s, and behavioral plans.

This information will be used for the sole purpose of improving the overall experience for your child and maintaining continuity between both entities. All information will be kept extremely confidential and only shared with those directly involved.

I understand that I may ask to see the information shared, and that I may revoke this permission at any time by written, and dated communication.

__________________________  ____________  
(Signature of Parent/Legal Guardian)  (Date)

__________________________  ____________  
(Signature of YMCA Director)  (Date)

__________________________  ____________  
(Signature of Witness)  (Date)
Civil Rights Parent Compliance Form

Boyertown YMCA, Gilbertsville Center and New Hanover/Hollenbach YMCA School Age Child Care

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Boyertown YMCA  
301 West Spring Street  
Boyertown, PA 19512

Gilbertsville Center  
144 Holly Road  
Gilbertsville, PA 19525

New Hanover/Hollenbach YMCA  
3065 North Charlotte Street  
Gilbertsville, PA 19525

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

PA Human Relations Commission  
Philadelphia Regional Office  
110 N. 8th Street  
Suite 501  
Philadelphia, PA 19107

U. S. Department of Health and Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania  
DPW Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107

___________________________________________________  
___________________________________________________

Parent Signature  
Staff Signature
# CHILD HEALTH REPORT

**DATE OF BIRTH:**

**HOME PHONE:**

**ADDRESS:**

**CHILD CARE FACILITY NAME:**

**COUNTY:**

**WORK PHONE:**

☐ 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:

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**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**

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**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD’S IMMUNIZATION RECORD**

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**MEDICAL CARE PROVIDER:**

**SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN’S ASSISTANT**

**ADDRESS:**

**PHONE:**

**LICENSE NUMBER:**

**DATE FORM SIGNED:**

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CD 51 06/08