

2017 CAMP APPLICATION FOR ENROLLMENT



Child's Full Name _____ Nickname _____

Address _____

Date of Birth _____ Age as of June 15, 2017 _____

Grade Completed as of June 15, 2017 _____

Telephone # _____ Religious Affiliation _____

E-Mail Address(es) _____

School Attending _____ Sex _____

Mother's Name _____ Cell Phone _____

Work Address _____ Work Phone _____

Home Address _____

Father's Name _____ Cell Phone _____

Work Address _____ Work Phone _____

Home Address _____

Are parents Married _____ Divorced _____ Separated _____ Living Together _____

Other Family Members (names and ages) :

Person to notify in Case of Illness (other than Parents):

Name _____ Relationship _____

Address _____ Home Phone _____

Business Address _____ Business Phone _____

Health Insurance coverage for child under family insurance policy or medical assistance if applicable:

PROVIDER: _____ **POLICY #(REQUIRED)** _____

Physician's Name _____ Phone Number _____

Any additional information or special needs of the child that may require special attention (re: allergies, unusual health considerations or child custody considerations) _____

Camp Group Request _____

(LIMIT 2 FRIEND REQUESTS, PLEASE BE ADVISED FINAL GROUPINGS WILL BE AT THE DISCRETION OF CAMP MANAGEMENT)

office use only: rgfee _____ dep _____ med _____ rdxed _____ emer cntct _____

ONE



EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
Address		
MOTHER'S NAME/LEGAL GUARDIAN		Home Telephone
Address		
Cellular Phone		
Business Name		Bus. Telephone
Address		
FATHER'S NAME/LEGAL GUARDIAN		Home Telephone
Address		
Cellular Phone		
Business Name		Bus. Telephone
Address		
Emergency Contact Person(s)	Address (REQUIRED)	Telephone Number
Person's To Whom The Child May Be Released	Address (REQUIRED)	Telephone Number
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
Address		
Special Disabilities (If Any)		
Medical or Dietary Information Necessary In An Emergency		Allergies (Including Medication Reaction)
Additional Information On Special Needs Of Child		Medication, Special Conditions
Health Insurance Coverage For Child Or Medical Assistance Benefits		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES	
Walks And Trips	Swimming	
Transportation By The Facility	Wading	
Administration of Coppertone Sport Sunscreen SPF 30 or Higher	PLEASE BE SURE YOU HAVE AFFIXED FULL SIGNATURES (NO INITIALS, PLEASE) TO ALL SEVEN BOXES AND ALSO TO THE SPACE PROVIDED BELOW	

Signature Of Parent or Guardian

Date

Signature Of Parent or Guardian

Date

2017 CAMP REGISTRATION FORM



registration:

- ☺ A camp day consists of the hours 8:40 AM – 4:10 PM, however, your tuition allows you to take advantage of extended hours (7:00 AM until 6:00 PM). Tuition also includes breakfast (until 8:00 AM), AM snack, lunch, PM snack and 1 WDC FIELD DAY FRIDAY tee shirt! Registration fees are not included in your tuition and must be submitted with your completed 2017 camp application and security deposit. Applications will not be accepted without the applicable registration fee which applies to all campers, CITs and JCs.

There is NO registration fee prior to 6pm Thursday, February 23, 2017 for all new and returning campers!

Registration fees will apply after February 23rd as such:

Feb 24 - May 1, 2017	\$50.00/registration fee
After May 1 - June 1, 2017	\$100.00/ registration fee
After June 1, 2017	\$150.00/registration fee

- ☺ There are three options for registration: 3,4 or 5 days per week. (Sorry, no ½ days.)

- 5 DAYS PER WEEK (4 WEEK MINIMUM)= \$500/WK EACH ADDITIONAL WEEK @ \$450/WEEK***
- 4 DAYS PER WEEK (6 WEEK MINIMUM)= \$440/WK EACH ADDITIONAL WEEK @ \$410/WEEK***
- 3 DAYS PER WEEK (6 WEEK MINIMUM)= \$400/WK EACH ADDITIONAL WEEK @ \$360/WEEK***
- C.I.T. PROGRAM (4 WEEK MINIMUM)= \$360/WK EACH ADDITIONAL WEEK @ \$320/WEEK***
- J.C PROGRAM (4 WEEK MINIMUM)=\$100/WK

******DISCOUNTED PRICING NOT AVAILABLE FOR ADDITIONAL WEEKS IF REGISTERING OR ADDING WEEKS AFTER JUNE 1, 2017******

If you are registering your camper for a 3 or 4 day week, please select your days. (CHECK BOXES)

M	T	W	H	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sorry, but we cannot allow “make-up days” for any reason, and we cannot allow part-time campers to switch their days for any reason. Contact Lisa Silverstein to check availability if you need to add a camp day. Our camp per diem rate is \$115/day.

- ☺ Counselor In Training (C.I.T.) Program is offered for returning Windmill campers 13 (by June 15, 2017) to 15 years of age. This program is also contingent upon an interview with our Camp Director.
- ☺ The Junior Counselor Program is offered for returning Windmill campers 15 (by June 15, 2017) to 17 years of age. This program is also contingent upon an interview with our Camp Director.

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

DATE

2017 CAMP REGISTRATION FORM



register below:

☺ WHEN REGISTERING, PLEASE KEEP IN MIND THAT YOU WILL BE FINANCIALLY OBLIGATED FOR ANY AND ALL WEEKS FOR WHICH YOU HAVE REGISTERED REGARDLESS OF ACTUAL ATTENDANCE. ALL REGISTRATIONS SHALL BE CONSIDERED FINAL AS OF JUNE 1, 2017.

** June 12-16	_____	July 3-7	_____	July 31- August 4	_____
June 19-23	_____	July 10-14	_____	August 7-11	_____
June 26-30	_____	July 17-21	_____	** August 14-18	_____
		July 24-28	_____	** August 21-25	_____

**LIMITED AVAILABILITY WEEKS, MODIFIED SCHEDULES MAY APPLY

tuition:

- ☺ Windmill Day Camp will be closed on Tuesday, July 4, 2017 in honor of Independence Day.
- ☺ Full tuition is due for this week despite the scheduled holiday.
- ☺ In order to secure a spot for enrollment, a registration fee must be paid along with 25% of your child(ren)'s total camp tuition. Keep in mind that the camp registration fee is not included in your camp tuition. Another 25% will be due no later than May 1, 2017. The remaining camp tuition balance (50%) shall be due no later than June 1, 2017.
- ☺ There is a late charge of \$2.00 per minute per camper picked up after 6:00 P.M.

In order to secure a spot in our 2017 Camp Enrollment for your child(ren), the following must be received:

**Completed 2017 Camp Application
Registration Fee
25% of Your Child(ren)'s Total Camp Tuition**

- ☺ After June 1, 2017, any additions to your child(ren)'s registration(s) must be applied for and paid in full at the time of your request. Spaces will be granted on a first-come first-serve basis.
- ☺ There is a **one-time \$150.00** discount per additional sibling enrolled in our camp program.
- ☺ There is a **one-time \$100.00** discount for additional siblings enrolled in our Toddle House Program. This discount does not apply to any campers who are enrolled in our CIT and JC program
- ☺ There is a \$20.00 charge for each returned check.

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

DATE

FOUR



2017 CAMP REGISTRATION FORM



absences:

Full tuition is due even when your camper is absent from camp. There shall be no refunds or reductions in tuition (to include any deposits and registration fees) for reasons of absence, withdrawal, illness, or dismissal. Sorry, but we cannot allow “make-up days” for any reason, and we cannot allow part-time campers to switch their days for any reason. Full tuition is due for all registered weeks, scheduled holidays (Tuesday, July 4, 2017) and any weather emergency days. **Please remember that June 1, 2017 is the last day that changes are allowed to be made to your registration without incurring a CHANGE FEE (\$150.00 per CHANGE/per camper). After that date, you will be financially responsible for all weeks for which you have registered regardless of attendance. After June 1, 2017, you may not reduce the number of weeks for which you have registered.**

illness:

It is our policy to require all parents to keep home any camper who exhibits any of the following symptoms (accordingly, we reserve the right to contact a parent or emergency contact to have the camper picked up if he/she exhibits any of the following symptoms): diarrhea, severe coughing, difficult or rapid breathing, yellowish skin or eyes, pinkeye/conjunctivitis, vomiting, contagious rashes, unidentifiable rashes, fever (over 100 degrees orally or 101 degrees rectally) and head lice (Windmill maintains a “nit free” policy). We also ask that any campers who require more than a reasonable accommodation (to be determined by Windmill Day Camp) make alternative arrangements, or if already at camp, be picked up by a parent/guardian or emergency contact. Windmill Day School & Camp also utilizes a “24 hour fever free policy.” This policy mandates that any child sent home with a fever (see above) cannot be readmitted to camp within 24 hours. Students or campers with vomiting and/ or diarrhea will be sent home or need to stay home for 24 hours until free of vomiting and/or diarrhea for 24 hours WITHOUT medication.

dismissal policy:

Windmill Day School & Camp reserves the right to cancel any enrollment or dismiss a camper whose conduct, influence or behavior is deemed unsatisfactory or inimical to the best interest of the camp.

relationships:

Windmill Day School & Camp engages staff to provide services at the camp during the camp day. Windmill does not recommend, sponsor, encourage, or condone any arrangements whereby counselors and/or other staff provide child tutoring, baby-sitting, or other out-of-camp services to parents of children enrolled in the camp. Parent(s) hereby acknowledge that if any such out-of-camp relationship exists, or develops in the future, the camp is not responsible and any involved counselor or staff is not acting within the framework or scope of his/her employment with Windmill Day School & Camp.

“talking brochure”:

At Windmill Day School & Camp, we believe that prospective parents would value most the opinions and comments made by the people whose children are already enrolled at our school/camp. In this way, Windmill Parents become a valuable reference, letting our future parents know about Windmill from an “un-cut” perspective. Don’t worry, we won’t give out your phone number without your permission. We will only use you as reference if you check the appropriate box below.

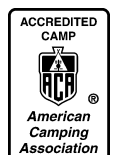
DID WE MENTION WE REWARD YOU FOR SENDING NEW CAMPERS AND STUDENTS OUR WAY???
MAKE SURE THEY GIVE US YOUR NAME WHEN SIGNING UP!!!

YOU WILL RECEIVE \$100 IN WDC BUCKS FOR EVERY NEW ENROLLMENT!

- Please use me as a personal reference for Windmill Day School and Camp.
You have my permission to distribute my name and phone number to prospective parents.
- Please do not use me as a reference for Windmill Day School and Camp at the present time.

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

DATE



2017 CAMP REGISTRATION FORM



photo/video release:

I hereby authorize Windmill Day School & Camp to use any photograph or representation of my child in any advertisement, brochure, video, press release, social media post, email blast and/or news story.

windmill wear:

All Windmill campers are required to wear camp shirts on a daily basis. Windmill wear will be for sale before camp begins and during the camping season. Please see the attached Windmill Wear Order Form for our deadline to ensure your camper gets their color/size preferences.

"peanut aware" policy:

Windmill Day School & Camp strives to be a **peanut/nut-aware facility**, and to this end desires to eliminate all products containing **peanuts/nuts** from our facility. Windmill Day School & Camp requires (**BUT DOES NOT GUARANTEE**) that any food prepared and served on site, and/or any items brought into the camp/school by parents, staff and/or children does not include peanuts/nuts in the ingredient label or allergen list (even trace amounts.) However, foods that state that they are manufactured in a facility that processes peanuts/nuts, but does not contain nuts in the allergen list, **are still acceptable** to serve and consume. For example, food labels that provide "Processed in a facility that also processes nuts" or "Processed on a machine that also processes nuts" (or similar wording) are acceptable to serve and bring for campers/students/staff. This policy applies to all breakfast & lunch foods, snacks, party goods & favors, and any special "treats" served or brought to camp/school. If a peanut/nut food is discovered, it will be discarded immediately. We require that all "home-baked" goods have a detailed ingredient list attached. Any "granola-like" bars without an ingredient label will be discarded as they most often contain nuts. We also require you to notify Windmill Day School & Camp **upon enrollment** if your child has never been introduced to peanut/nut products (this is to include physical exposure, as well as ingestion of peanut/nut products). The foregoing policy statement is not, and should not be construed as a guarantee that Windmill Day School & Camp is a nut-free facility or that your child(ren) will not be exposed to nuts. If your camper/student has a life-threatening allergy to peanuts/nuts, we will require your pediatrician or allergist to read and sign-off below acknowledging Windmill's peanut aware policy to determine the appropriate course of action with regards to eating at camp/school. Any and all concerns you have regarding nut exposure should be shared with Management and your physician. (SIGN BELOW AS APPLICABLE)

PHYSICIAN'S NAME: _____ PHYSICIAN'S SIGNATURE/DATE _____

NEW FOOD ALLERGY POLICY: EFFECTIVE 8/31/2016

If your child is not able to eat ALL of the food items that Windmill Day School & Camp serves daily due to food related allergies, we require that you pack ALL food items for your child each day. This will include morning and afternoon snack and a lunch. Items will be refrigerated and warmed as necessary. Any foods brought from home should be sent in a labeled, disposable bag each day. Please contact Lisa Silverstein regarding a weekly tuition discount if your camper/student is required to pack due to allergies.

medications:

I understand that it is the policy of Windmill Day Camp to only administer medications brought from home during lunch (12:00 PM-1:00 PM). Medication will only be accepted if it is brought in the original container and with only the single dose to be administered (unless in liquid form). If medication is to be administered for a period of time longer than seven consecutive days, it will be necessary for a doctor's note to accompany the medication. All medications/containers will be sent home daily.

john hancock's:

I (We) have read, understand, and agree to this policy sheet and have affixed my (our) signature(s) hereto. I also understand that I am financially obligated for all weeks for which I have registered my child(ren) without exception. All questions, if any, have been answered to my (our) satisfaction and that my (our) signature(s) signify agreement to abide by these policies:

SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT OF TUITION

DATE

SIGNATURE OF CAMP DIRECTOR / ADMINISTRATOR

DATE

HOW DID YOU FIRST DISCOVER WINDMILL? (CIRCLE ONE, IF REFERRED, PLEASE LET US KNOW WHOM TO THANK!)

DRIVE-BY WEBSITE MAILER REFERRAL _____ OTHER _____

NAME OF YOUR CAMP TOUR GUIDE: _____

PLEASE NOTE*YOU MUST HAVE TAKEN A TOUR OF WINDMILL BEFORE ENROLLING YOUR CAMPER(S)**





WINDMILL WEAR ORDER FORM - 2017

CAMPER'S NAME: _____

PHONE #: _____

YOUTH SIZES ARE AS FOLLOWS: SMALL (6-8), MEDIUM (10-12), AND LARGE (14-16).
ADULT SIZES ARE SMALL, MEDIUM, LARGE. CHECK OUT THE "WINDMILL WEAR" BUTTON
AT WWW.WINDMILLDAYCAMP.COM FOR PHOTOS OF MOST ITEMS ON PROFESSIONAL MODELS! ORDER FORM AND TOTAL AMOUNT IS
DUE PRIOR TO APRIL 27TH FOR AVAILABILITY OF MOST COLORS & SIZES. AFTER WHICH TIME, ALL SIZES AND STYLES MAY BECOME
UNAVAILABLE. CAMPERS ARE REQUIRED TO WEAR CAMP T-SHIRTS EVERY DAY...SO ORDER ACCORDINGLY!!

**ALL SHIRTS ARE \$20.00/PER SHIRT. **PLEASE MAKE ALL WINDMILL WEAR CHECKS OUT TO "LISA SILVERSTEIN".
PLEASE INCLUDE CHECK OR MONEY WITH THIS ORDER FORM.**

ITEM	COLOR	SIZE	QTY
GREEN SHIRTS OLDER TODDLERS ONLY	GREEN(xS & S ONLY)		
YELLOW SHIRTS YOUNGEST CAMP GROUP ONLY	YELLOW(xS & S ONLY)		
YOUTH TEE SHIRT	BLUE		
YOUTH TEE SHIRT	WHITE		
YOUTH PINNEY (REVERSIBLE)	BLUE & WHITE		
ADULT TEE SHIRT	BLUE		
ADULT TEE SHIRT	WHITE		
ADULT PINNEY (REVERSIBLE)	BLUE & WHITE		
YOUTH "OUR YARD" TEE	LIME GREEN		
ADULT "OUR YARD" TEE	LIME GREEN		
YOUTH "URBAN CAMO" TEE	PINK OR BLUE		
ADULT "URBAN CAMO" TEE	PINK OR BLUE		
YOUTH "OLD SCHOOL" TEE	NAVY		
ADULT "OLD SCHOOL" TEE	NAVY		
YOUTH FIELD DAY FRIDAY!	TBD	1ST ONE FREE WITH YOUR CAMP APPLICATION	
ADULT FIELD DAY FRIDAY!	TBD	1ST ONE FREE WITH YOUR CAMP APPLICATION	
C.I.T. TEE SHIRT	ORANGE W/NAVY		
C.I.T. PINNEY (REVERSIBLE)	ORANGE & WHITE		
J.C. TEE SHIRT	LT BLUE & WHITE		
J.C. PINNEY (REVERSIBLE)	LT BLUE & WHITE		

TOTAL ENCLOSED: _____

THIS SUMMER WDC WILL BE HOSTING

FIELD DAY FRIDAYS

EVERY WEEK!!!!

WHAT DOES THIS MEAN EXACTLY??...YOUR CAMPER WILL NEED A WDC

FIELD DAY FRIDAY TEE

FOR FRIDAYS & FOR SPECIAL EVENT DAYS

(AND YES, IT MAY BE WORN AS A REGULAR CAMP T-SHIRT ON "OFF" DAYS!)

YOUR CAMPER'S FIRST "FDF TEE" IS

FREE WITH YOUR CAMP APPLICATION

PLEASE EMAIL US YOUR CAMPER'S SIZE BY APRIL 27TH SO
THAT WE CAN ORDER APPROPRIATELY FOR ALL OF THE TEAMS!!!

SEE FORM BELOW! TEAMS WILL BE REVEALED OUR FIRST OFFICIAL FRIDAY!

☺ CAMP READINESS REMINDER ☺

RETURNING CAMPERS AND NEW FRIENDS...

AS YOU CLEAN OUT YOUR CLOSETS THIS SPRING, PLEASE REMEMBER THAT YOUR CAMPER WILL NEED **A PAIR OF GRUBBY-OLD-NOT-SLIPPERY SWEATPANTS** FOR USE WHILE HORSEBACK RIDING! PLEASE MAKE SURE THEY ARE BIG ENOUGH TO FIT OVER SHORTS AND KEEP IN MIND...

WE PROMISE NOT TO RETURN YOUR EVEN GRUBBIER ☺ SWEATPANTS AT THE END OF OUR SUMMER.

SUNSCREEN REQUIREMENTS



**Coppertone Sport High Performance Sunscreen Lotion,
SPF 30 8 fl oz (237 ml)**

2 BOTTLES THIS SUMMER, CREAM ONLY, NO SPRAY!

JET.COM SEEMS TO BE THE BEST DEAL IN TOWN.

DON'T TRY TO GET IT AT THE CORNER CVS MID-JUNE!!!!

...JUST SAYIN'!

REMINDER: IF YOUR CAMPER NEEDS TO USE A DIFFERENT SUNSCREEN (DUE TO ALLERGIES/SENSITIVITIES), WE REQUIRE YOUR CAMPER TO CARRY IT IN THEIR OWN FANNY PACK THAT THEY WILL CARRY WITH THEM THROUGHOUT THEIR CAMP DAY. PLEASE NOTIFY US IF THIS IS THE CASE WITH YOUR CAMPER AND WE WILL GIVE YOU ADDITIONAL INFORMATION!

FIELD DAY FRIDAY TEE ORDERS!!!

FIELD DAY FRIDAY YOUTH TEE: SIZE SMALL MEDIUM LARGE
(CIRCLE ONE)

FIELD DAY FRIDAY ADULT TEE: SIZE SMALL MEDIUM LARGE
(CIRCLE ONE)

CAMPER'S NAME(S): _____
(ONE FREE FIELD DAY TEE PER CAMPER!)

PLEASE EMAIL OR FAX THIS PAGE WITH YOUR **FREE** FIELD DAY FRIDAY TEE ORDERS BY APRIL 27TH, 2017 SO THAT WE MAY GET YOUR DESIRED SIZE.

**ANY SIZES/ORDERS SENT AFTER APRIL 27 WILL NOT GET FIRST CHOICE SIZING.
SO DROP ME A LINE ON TIME!!!! WDCAMP@HOTMAIL.COM FAX #215-348-5363**

WINDMILL DAY CAMP HOODIE FORM

PERFECT FOR CHILLY MORNINGS AT CAMP!

What: **Athletic Gray** or **Navy Blue** Champion Hooded Sweatshirt -
no zippers or strings!

Logo: **All Embroidered**
Windmill Logo
WDC on right sleeve
Personal name on edge of hood

How Much: **\$50.00 for youth sizes**
 \$60.00 for adult sizes

SIZES: **YOUTH SIZES ONLY: XS, S, M, L, XL**
*******PLEASE BE SURE OF SIZES, ONCE EMBROIDERED THEY CANNOT BE RETURNED!!**

1ST MASS ORDER WILL BE PLACED ON APRIL 27, 2017

PLEASE ALLOW 3 WEEKS FOR DELIVERY!

CAMPER'S NAME _____

COLOR/SIZE _____

NAME TO APPEAR ON HOOD _____

(YOU CAN CHOOSE FIRST NAME, LAST NAME OR NO NAME AT ALL!...CAMP APPROPRIATE PLEASE!!)

****AGAIN, PLEASE MAKE CHECKS PAYABLE TO LISA SILVERSTEIN AND THANK YOU!!**

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:		

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](http://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						

MEDICAL CARE PROVIDER:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

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