

2019 CAMP APPLICATION FOR ENROLLMENT



Child's Full Name _____ Nickname _____

Address _____

Date of Birth _____ Age as of June 15, 2019 _____

Grade Completed as of June 15, 2019 _____

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 (check one, please) 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 _____ rdexed _____ 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 WDC Approved 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

2019 CAMP REGISTRATION FORM



registration:

- ☺ A camp day consists of the **hours 9:00 AM – 4:00 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 FRIDAY tee shirt!** Registration fees are not included in your tuition and must be submitted with your completed 2019 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, January 31, 2019 for all new and returning campers. PRICE FREEZE FOR SUMMER 2019 & NEWLY REDUCED MINIMUMS FOR MORE FLEXIBLE SCHEDULING!

Registration fees will apply after January 31 as such:

Feb 1 - April 30, 2019	\$50.00/registration fee
May 1 - May 31, 2019	\$100.00/ registration fee
June 1, 2019 - and After	\$150.00/registration fee

- ☺ There are three options for registration: 3,4 or 5 days per week. (Sorry, no 1/2 days.)
- 5 DAYS PER WEEK (3 WEEK MINIMUM)= \$1,560.00 EACH ADDITIONAL WEEK @ \$460/WEEK***
 - 4 DAYS PER WEEK (5 WEEK MINIMUM)= \$2,250.00 EACH ADDITIONAL WEEK @ \$420/WEEK***
 - 3 DAYS PER WEEK (5 WEEK MINIMUM)= \$2,075.00 EACH ADDITIONAL WEEK @ \$375/WEEK***
 - C.I.T. PROGRAM (4 WEEK MINIMUM)= \$1,500.00 EACH ADDITIONAL WEEK @ \$325/WEEK***
 - J.C PROGRAM (4 WEEK MINIMUM)= \$400.00 EACH ADDITIONAL WEEK @ \$100/WEEK

"A TASTE OF WINDMILL" 1 WEEK=\$575 NEW CAMPERS ONLY*

***HAVE YOU ALWAYS WANTED TO TRY OUT WINDMILL DAY CAMP? THIS SPECIAL 1 WEEK PROGRAM IS GOOD FOR ANY WEEK THROUGH 8/2/19 BASED UPON AVAILABILITY. NO REGISTRATION FEE, 1 CAMP TEE SHIRT INCLUDED.**

******DISCOUNTED PRICING NOT AVAILABLE FOR ADDITIONAL WEEKS IF REGISTERING OR ADDING WEEKS AFTER 6PM, MAY 31, 2019******

PER DIEM DAYS MAY BE ADDED DURING THE SUMMER BASED UPON AVAILABILITY FOR \$125/CAMP DAY.

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.

- ☺ Counselor In Training (C.I.T.) Program is offered for returning Windmill campers 13 (by June 15, 2019) to 15 years of age. Our Junior Counselor (J.C.) Program is offered for returning Windmill campers 15 (by June 15, 2019) to 17 years of age. This program is also contingent upon an interview with Camp Director.

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

DATE

2019 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. CHANGES IN WEEKS MAY BE MADE WITHOUT PENALTY UNTIL 6PM MAY 31, 2019. HOWEVER...

ALL REGISTRATIONS SHALL BE CONSIDERED FINAL AT 6PM MAY 31, 2019.

** June 10-14 _____	July 1-5 _____	July 29- August 2 _____
June 17-21 _____	July 8-12 _____	August 5- 9 _____
June 24-28 _____	July 15-19 _____	August 12-16 _____
	July 22-26 _____	** August 19-23 _____

*******Interim week available NOT CAMP, NOT SCHOOL. **August 26-30 _____**
(2019-20 School pricing applicable; this week does not count toward camp minimums)

****LIMITED AVAILABILITY WEEKS, MODIFIED SCHEDULES MAY APPLY**

tuition:

☺ Windmill Day Camp will be closed on Thursday, July 4 2019 in honor of Independence Day.

NEW IN 2019!

Independence Week Pricing \$340 FLAT RATE for this week for all campers. (C.I.T.s/\$325)
(This week does not count toward camp minimums)

- ☺ 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 April 30, 2019. The remaining camp tuition balance (50%) shall be due no later than May 31, 2019.
- ☺ 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 2019 Camp Enrollment for your child(ren), the following must be received:

**Completed 2019 Camp Application
Registration Fee
25% of Your Child(ren)'s Total Camp Tuition**

- ☺ As of June 1, 2019, 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 \$100.00** discount per additional sibling enrolled in our Camp or Toddler 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



2019 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 (Thursday, July 4 2019) and any weather emergency days. **Please remember that May 31 2019 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 May 31, 2019, 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 in the ear) 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 and/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 OUR WAY???
MAKE SURE THEY GIVE US YOUR NAME WHEN SIGNING UP!!!

****YOU WILL RECEIVE \$100 IN WDC BUCKS FOR EVERY NEW CAMP ENROLLMENT!
CAMPERS ENROLLING FOR OUR "TASTE OF WINDMILL" WEEK DOES NOT APPLY

- 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



2019 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 our 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 _____

FOOD ALLERGY POLICY:

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)**



**CIVIL RIGHTS COMPLIANCE
PARENT AWARENESS**

IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS AND REGULATORY REQUIREMENTS, YOU AS A RESIDENT OF THIS AGENCY, HAVE THE RIGHT:

-to be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), age or sex.

-to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), age or sex.

COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH ANY OF THE FOLLOWING:

Windmill Day School & Camp
36 North Chapman Rd.
Doylestown, Pa 18901

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF EQUAL OPPORTUNITY
SOUTHEAST REGIONAL OFFICE
1105B STATE OFFICE BUILDING
1400 SPRING GARDEN STREET
PHILADELPHIA, PA 19130

AMERICAN WITH DISABILITIES ACT
DIRECTOR
GOVERNOR'S OFFICE
ROOM 238 MAIN CAPITOL
HARRISBURG, PA 17120

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS
SUITE 372, PUBLIC LEDGER BUILDING
150 S. INDEPENDENCE MALL WEST
PHILADELPHIA, PA 19106-9111

PA HUMAN RELATIONS COMMISSION
711 STATE OFFICE BUILDING
1400 SPRING GARDEN STREETS
PHILADELPHIA, PA 19130

PARENT/ GUARDIAN SIGNATURE DATE

STAFF SIGNATURE DATE



WINDMILL WEAR ORDER FORM - 2019

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. 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		
ADULT TEE SHIRT	BLUE		
ADULT TEE SHIRT	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 FRIDAY TEE	TBD <small>1ST ONE FREE WITH YOUR CAMP APPLICATION</small>		
ADULT FRIDAY TEE	TBD <small>1ST ONE FREE WITH YOUR CAMP APPLICATION</small>		
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 **POWER HOUR EVERY WEEK!!!!**

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

WDC FRIDAY TEE SHIRT

FOR FRIDAYS & FOR SPECIAL EVENT DAYS
(AND YES, IT MAY BE WORN AS A REGULAR CAMP T-SHIRT ON "OFF" DAYS!)
YOUR CAMPER'S FRIDAY TEE IS

FREE WITH YOUR CAMP APPLICATION

PLEASE EMAIL US YOUR CAMPER'S SIZE BY APRIL 25,
SO THAT WE CAN ORDER APPROPRIATELY!!!

FRIDAY TEE SHIRT ORDERS!!!

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

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

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

PLEASE EMAIL OR FAX THIS PAGE WITH YOUR **FREE** FRIDAY TEE ORDERS BY APRIL 25, 2019
SO THAT WE MAY ORDER YOUR DESIRED SIZE.

ANY SIZES/ORDERS SENT AFTER APRIL 25 MAY NOT GET FIRST CHOICE SIZING.
SO DROP US A LINE ON TIME!!!! WDCAMP@HOTMAIL.COM FAX #215-348-5363

WINDMILL DAY CAMP HOODIES FOR SALE

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 25, 2019** 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) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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						
M/M/R						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

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

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