2020 CAMP APPLICATION FOR ENROLLMENT



Child's Full Name	Nickname	
Address	.	
Date of Birth	Age as of June 15, 2020	
Grade Completed as of June 15, 2020	Year of first summer at Windmill?	
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 fam	nily insurance policy or medical assistance if applicable:	
PROVIDER:	POLICY #(REQUIRED)	
Physician's Name	Phone Number	
Any additional information or special needs of considerations or child custody considerations	the child that may require special attention (re: allergies, unusuals)	health

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 _____



EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE		
Address				
Address				
MOTHER'S NAME/LEGAL GUARDIAN		Home Telephone		
Address				
Address				
Cellular Phone				
Business Name		Bus. Telephone		
Address				
FATHER'S NAME/LEGAL GUARDIAN		Home Telephone		
Address				
Cellular Phone				
Business Name		Bus. Lelephone		
Eddinos Hairo		Bus. I stophistic		
Address		I.		
Emergency Contact Person(s) Addi	ess (REQUIRED)	Telephone Number		
Person(s) To Whom The Child May Be Released Addi	ess (REQUIRED)	Telephone Number		
.,	,			
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER		
Address				
Addicas				
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)		
nealth insurance Coverage For Child Of Medical Assistance benefits		FOLICT NUMBER (REQUIRED)		
PARENT'S SIGNATURE IS REQUIRED FOR EACH	I ITEM BELOW TO IN	DICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AIL	PROCEDURES		
Walks And Trips	Swimming			
Walks And Trips	Swimming			
Transportation By The Facility				
Administration of WDC Approved Sunscreen SPF 30 or Higher)				
	PLEASE BE SURE YOU HA	VE AFFIXED FULL SIGNATURES (NO INITIALS, PLEASE)		
	ES AND ALSO TO THE SPACE PROVIDED BELOW			
Signature Of Parent or Guardian				
Signature of Larent of Sautatun		-744 00		
Simulation Of D				
Sianature Of Parent or Guardian		Date		

2020 CAMP APPLICATION FOR ENROLLMENT



© 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 2020 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

	_	new and returning campers.					
	Registration fees will apply after January 30 as such:						
	Jan 31 - April 30, 2020 May 1 - May 31, 2020 June 1, 2020 - and After	\$50.00/registration fee \$100.00/ registration fee \$150.00/registration fee					
\odot	There are three options for registration: 3,4 or 5 da	ays per week. (Sorry, no ½ days.)					
	5 DAYS PER WEEK (3 WEEK MINIMUM)= \$1,590.00 4 DAYS PER WEEK (5 WEEK MINIMUM)= \$2,300.00 3 DAYS PER WEEK (5 WEEK MINIMUM)= \$2,125.00 C.I.T. PROGRAM (5 WEEK MINIMUM)= \$1,925.00 J.C PROGRAM (5 WEEK MINIMUM)= \$500.00	ADD'L WEEKS (IE WEEKS 6-10) @ \$425/WEEK*** ADD'L WEEKS (IE WEEKS 6-10) @ \$380/WEEK*** ADD'L WEEKS (IE WEEKS 6-10) @ \$330/WEEK***					
	"A TASTE OF WINDMILL" 1 WEEK=\$585 NEW CAI	MPERS ONLY*					
	IS GOOD FOR ANY WEEK THRO NO REGISTRATION FEE	NDMILL DAY CAMP? THIS SPECIAL 1 WEEK PROGRAM UGH 8/7/20 BASED UPON AVAILABILITY. , 1 CAMP TEE SHIRT INCLUDED.					
		AVAILABLE FOR ADDITIONAL WEEKS IF WEEKS AFTER 6PM, MAY 14, 2020***					
	PER DIEM DAYS <u>MAY</u> BE ADDED DURING THE SUM	IMER BASED UPON AVAILABILITY FOR \$130/CAMP DAY.					
	If you are registering your camper for a 3 or 4 of	lay week, please select your days. (CHECK BOXES)					
	M T	W H F					
		w "make-up days" for any reason, npers to switch their days for any reason.					
to	15 years of age. Our Junior Counselor (J.C.) Progr	or <u>returning</u> Windmill campers 13 (by June 15, 2020) ram is offered for <u>returning</u> Windmill campers 15 s also contingent upon an interview with Camp Director.					
NΔT	TURE OF PERSON RESPONSIBLE FOR TUITION	DATE					

2020 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 April 30,2020. HOWEVER...

	ALL REGI	STRATIC	NS SHAL	L BE CONS	SIDERED	FINAL AT 6PM A	PRIL 30, 2020.	
	<mark>lune 15-19</mark> June 22-20 June 29-Ju	6	J	uly 6-10 uly 13-17 uly 20-24 uly 27-31		August 3-7 August 10-14 August 17-21		
***		l School p	ricing appli	cable; this w	eek does <u>no</u>	DL. **August 24- ot count toward cam	p minimums)	
		**LIMITED	AVAILABIL	ITY WEEKS,	MODIFIED S	SCHEDULES MAY A	PPLY	
tu ©	ition: Windmill Da	ay Camp wi	ll be closed	on Friday, July	y 3, 2020 in h	onor of Independence	e Day.	
©	camp tuition	. Keep in m o later than	ind that the c	amp registratio	n fee is <u>not</u> in	paid along with 25% of cluded in your camp tui n balance (50%) shall t	tion. Another 25%	
\odot	There is a lat	e charge of	\$2.00 per mir	nute per campe	r picked up a	fter 6:00 P.M.		
	In order to secure a spot in our 2020 Camp Enrollment for your child(ren), the following must be received:							
				npleted 2020 Registr ⁄our Child(re	ation Fee			
©						s) must be applied for a first-serve basis.	and paid in full	
(3)						ed in our Camp <u>or</u> Todd our CIT and JC prograr		
☺	There is a \$2	20.00 charg	e for each ret	urned check.				
	HOW DID YO	U FIRST DIS	SCOVER WIND	OMILL? (CIRCLE	ONE, IF REFER	RRED, PLEASE LET US KN	OW WHOM TO THANK!)	
	DRIVE-BY	WEBSITE	MAILER	REFERRAL		OTHER		
	NAME OF	YOUR CAM E***YOU MUS	P TOUR GUID T HAVE TAKEN	E: A TOUR OF WIN	DMILL BEFORE	E ENROLLING YOUR CAMP	PER(S)	



DATE

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

2020 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 (Friday, July 3, 2020) and any weather/emergency closings and/or delays.

Please remember that April 30 2020 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 6PM on that date, you will be financially responsible for all weeks for which you have registered regardless of attendance.

After 6PM April 30, 2020, 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) may not be readmitted to camp within 24 hours of a fever WITHOUT medication. 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 <u>NEW</u> CAMPERS OUR WAY???

MAKE SURE THEY GIVE US YOUR NAME WHEN SIGNING UP!!!

**YOU WILL RECEIVE \$50 IN WDC BUCKS FOR EVERY NEW CAMP ENROLLMENT! ☐ Please use me as a personal reference for Windmill Day School & 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 & Camp at the present time. SIGNATURE OF PERSON RESPONSIBLE FOR TUITION DATE

2020 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.

allergen policy:

Windmill Day School & Camp ("Windmill") recognizes that students may suffer from potentially life-threatening allergies or intolerances to certain foods. Windmill is committed to an approach to the care and management of those students. Windmill's policy is **not a guarantee** of a completely allergen free environment, rather is a policy to minimize the risk of exposure. Windmill is an allergen aware facility. In order to best facilitate this policy, Windmill strives to prohibit all products containing any nuts, including peanuts and tree nuts. This applies to all manufactured food products and homemade food products. However, this is **not a guarantee** that any food prepared, served or purchased by Windmill or provided by staff, volunteers, or families does **not** include any allergens. If any non-compliant food item is discovered, it will be discarded immediately.

Any foods that contain a label providing they "may" contain nuts, will be discarded if found on the premises. However, labels that provide a "product was manufactured in a facility that also processes food containing nuts", or similar wording, **are permissible**. Windmill has also been made aware of new food labels (Late Spring, 2019) that contain the phrase "may contain allergens" and/or "may contain other allergens due to shared production areas", but do not identify any specific allergen. Food items containing this label, provided they do not contain nuts or tree nuts in the list of ingredients, **are permissible**. Windmill also prohibits any fish, shellfish and eggs from being brought onto the premises.

<u>However</u>, this does **not** include products that may contain these items as part of its ingredients (ie cake, icing, mayonnaise, salad dressing, etc). Eggs may be used as part of cooking/baking lessons. Windmill requires that **all** food items brought on to the premises contain a detailed ingredient list attached to the packaging (to include "home-made" foods). Parents of a child that has not yet been exposed to nut products, as well as a child that has a food allergy, are required to notify management prior to enrollment.

In the event your child has a food allergy, but you have made the decision that you want them to eat all snacks and lunches provided by Windmill, you are required to have your physician sign below acknowledging they have reviewed and approve this policy for your child.

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 to discuss the availability of 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 five 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:
(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

CIVIL RIGHTS COMPLIANCE PARENT AWARENESS

IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS AND REGULATORY REQUIRMENTS, YOU AS A RESIDENT OF THIS AGENCEY, 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

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

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

PARENT/ GUARDIAN SIGNATURE	DATE
STAFF SIGNATURE	DATE

DAY

WINDMILL WEAR ORDER FORM - 2020

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"

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. DO NOT INCLUDE IN YOUR TUITION CHECK.

ITEM GREEN SHIRTS OLDER TODDLES ONLY	COLOR SIZE GREEN(XS & S ONLY)		QTY
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 1ST ONE FREE WITH YOUR CAMP APPLICATION	ION	
ADULT FRIDAY TEE	TBD 1ST ONE FREE WITH YOUR CAMP APPLICATION	<u>ION</u>	
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 30, SO THAT WE CAN ORDER APPROPRIATELY!!!

FRIDAY TEE SHIRT ORDERS!!!

FRIDAY YOUTH TEE (CIRCLE ONE)	E: SIZE	SMALL	MEDIUM	LARGE		
FRIDAY ADULT TEE	: SIZE	SMALL	MEDIUM	LARGE		
CAMPER'S NAME(S):	(ONE FREE FRID	AY TEE PER CAMPE	ER!)		
	SO TH	AT WE MAY O	RDER YOUR D	DAY TEE ORDERS BY APRIL 30, 2020 DESIRED SIZE. OT GET FIRST CHOICE SIZING.		
				AIL.COM FAX #215-348-5363		
WIND	MILL D	DAY CAI	мр ноо	DIES FOR SALE		
What:	Athletic Gr	ay or <mark>Navy</mark>	Blue Cham	pion Hooded Sweatshirt -		
r	no zippers	or strings!				
Logo:	All Embroid	dered				
V	Vindmill Lo	ogo				
V	NDC on rig	jht sleeve				
F	Personal n	ame on edg	ge of hood			
How Much:	50.00 for	youth sizes	s / \$60.00 fo	r 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 30, 2020 PLEASE ALLOW 4 WEEKS FOR DELIVERY!						
CAMPER'S NAME						
COLOR/SIZE _						
NAME TO APPEAR OF	N HOOD					

**AGAIN, PLEASE MAKE CHECKS PAYABLE TO LISA SILVERSTEIN AND DO NOT INCLUDE IN YOUR TUITION. THANK YOU!!

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

CHILD HEALTH REPORT

		(35 FA CODE 9932	270.131, 3230.131 AND 3230.131)		
part.	CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:		
Parent/Provider fill in this	DATE OF BIRTH:	HOME PHONE:	ADDRESS:		
	CHILD CARE FACILITY NAME:				
	FACILITY PHONE:	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:				

FACILITY PHONE:	C	OUNTY:		WORK PHO	NE:	
☐ I authorize the child care staff and my child	d's health pro	fessional t o co	ommunica t e di	rectly if need	led to clarify i	nformation on this form about my child.
PARENT'S SIGNATURE:						
		DO N	OT OUTT A	NY INFOR	MATTON	
This form may be updated	by a health		OT OMIT A . Initial and d			child care facility needs a copy of the form.
HEALTH HISTORY AND MEDICAL INFORMA NONE	ATION PERT	INENT TO RO	DUTINE CHIL	D CARE AN	D DIAGNOS	IS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
						EDICATION AND SPECIAL DIET: ALL MEDICATIONS A CAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
CHILD'S ALLERGIES (DESCRIBE, IF ANY NONE):					
	HOULD BE F					TACH ADDITIONAL SHEETS IF NECESSARY TO ATION OF SPECIAL TRAINING REQUIRED FOR STAFF,
IN YOUR ASSESSMENT, IS THE CHILD AN COMMUNICABLE DISEASES? U YES U NO IF NO, PLEASE EXPL			CHILD CAR	E AND DO	S THE CHIL	D APPEAR TO BE FREE FROM CONTAGIOUS OR
HAS THE CHILD RECEIVED ALL AGE APPROSCREENINGS LISTED IN THE ROUTINE PRI HEALTH CARE SERVICES CURRENTLY RECORD THE AMERICAN ACADEMY OF PEDIATRI	EVENTIVE DMMENDED	THE SCREI	ENING WAS	ABNORMA	L, PROVIDE	EARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE DATE THE SCREENING WAS COMPLETED AND TIONS OR ACTIONS RECOMMENDED FOR THE CHILD
SCHEDULE AT <u>WWW.AAP.ORG</u>)		VISION (subjective u	ıntil age 3)	
□ YES □ NO		HEARING	HEARING (subjective until age 4)			j
		LEAD				
RECORD DATES OF IMM	UNIZATIO	NS BELOW	OR ATTACH	A PHOTO	COPY OF 1	THE CHILD'S IMMUNIZATION RECORD
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD		1				
HIB						
PNEUMOCOCCAL						
POLIO				A)		
INFLUENZA						
MMR						
VARICELLA		1				
HEP-A		1			<u> </u>	
MENINGOCOCCAL			-			
OTHER		1		-		
MEDICAL CARE PROVIDER:		1			SIGNATURE	OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
					ļ	
ADDRESS:				TITLE:		

PHONE:

LICENSE NUMBER:

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

DATE FORM SIGNED: