

# 2022 CAMP APPLICATION FOR ENROLLMENT



Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of June 15, 2022 \_\_\_\_\_

Grade Completed as of June 15, 2022 \_\_\_\_\_ 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 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) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**office use only:** *rgfee* \_\_\_\_\_ *dep* \_\_\_\_\_ *med* \_\_\_\_\_ *rdexed* \_\_\_\_\_ *emer cntct* \_\_\_\_\_



# 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		
<b>Emergency Contact Person(s)</b>	<b>Address (REQUIRED)</b>	<b>Telephone Number</b>
<b>Person(s) To Whom The Child May Be Released</b>	<b>Address (REQUIRED)</b>	<b>Telephone Number</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
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		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT (ALL 7 BOXES PLEASE!!)</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>	
Walks And Trips	Swimming	
Transportation By The Facility	Wading	
Administration of WDC Approved Sunscreen SPF 30 or Higher	<b>DID YOU INCLUDE YOUR POLICY NUMBER? SIGN ALL 7 BOXES ABOVE? SIGN AND DATE BELOW????</b>	

\_\_\_\_\_  
**Signature Of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature Of Parent or Guardian**

\_\_\_\_\_  
**Date**

# 2022 CAMP APPLICATION FOR ENROLLMENT

Our camp day consists of the **hours 9:00 AM – 4:00 PM**, however, your tuition allows you to take advantage of extended hours (8:30 AM until 4:30 PM). Tuition also includes an AM and PM snack, beverages and **1 WDC FRIDAY tee shirt!** Registration fees are not included in your tuition and must be paid with your completed 2022 camp application and security deposit. Applications will not be accepted without the applicable registration fee which applies to all campers, CITs and JCs.

### Registration fees schedule as follows:

Feb 2 - March 22, 2022	\$100.00/registration fee
March 23 - April 22, 2022	\$150.00/ registration fee
April 23, 2022 - and After	\$200.00/registration fee

**NEW IN '22: Registration is Full Time Only (5 days/week).**

**4 Week Camp Minimum applies to all Campers. C.I.T.s & J.C.s have a 6 Week Camp Minimum.**

- ❑ **CAMPER (4 WK MINIMUM @ \$585/WK)=\$2,340 ADD'L WEEKS (WEEKS 5-10) @ \$545/WEEK\*\*\***
- ❑ **C.I.T. PROGRAM (6 WK MINIMUM @ \$420/WK)=\$2,520 ADD'L WEEKS (WEEKS 7-10) @ \$375/WEEK**  
Counselor In Training (C.I.T.) Program is offered for returning Windmill campers aged 13 (by June 15, 2022) to 15 years of age.
- ❑ **J.C PROGRAM (6 WEEK MINIMUM @ \$100)= \$600 ADD'L WEEKS (WEEKS 7-10) @ \$100/WEEK**  
Junior Counselor (J.C.) Program is offered for returning Windmill campers aged 15 (by June 15, 2022) to 17 years of age. Both the CIT and JC program is contingent upon an interview with Camp Director.

## register below:

By registering, you are financially obligated for all weeks for which you have registered regardless of actual attendance. Changes to your camp schedule are highly discouraged due to our limited availability and will incur a \$100/week/camper/change fee after registering if we can accommodate your request. After 4:30 PM March 22, 2022, you may not reduce the number of weeks for which you have registered.

### AVAILABLE CAMP WEEKS FOR 2022

<b>June 13-17</b> _____	July 4-8 _____	August 1-5 _____
June 20-24 _____	July 11-15 _____	August 8-12 _____
June 27-July 1 _____	July 18-22 _____	<b>August 15-19</b> _____
	July 25-29 _____	<b>August 22-26</b> _____

**Limited Availability Week- Modified schedule may apply**

**\*\* Limited Availability Weeks- Do not count toward Camp Minimums and Modified schedule may apply.**

**Camp week choices are not guaranteed until approved from Camp Management.**

DISCOUNTED PRICING NOT AVAILABLE FOR ADDITIONAL WEEKS IF REGISTERING  
OR ADDING WEEKS AFTER 4:30PM ON APRIL 22, 2022.  
PER DIEM DAYS MAY BE ADDED DURING THE SUMMER BASED UPON AVAILABILITY FOR \$150/CAMP DAY.

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

\_\_\_\_\_  
DATE

# 2022 CAMP APPLICATION FOR ENROLLMENT

## **tuition:**

Windmill Day Camp will be closed on Monday, July 4, 2022 in observance of Independence Day.

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% is due no later than May 1, 2022. The remaining camp tuition balance (50%) shall be paid no later than June 1, 2022.

There is a late charge of \$2.00 per minute, per camper, picked up after 4:30 P.M.

There is a \$20.00 charge for each returned check.

In order to secure a spot in our 2022 Camp Enrollment for your child(ren), the following must be received:

**Completed 2022 Camp Application  
Registration Fee  
25% of Your Child(ren)'s Total Camp Tuition**

## **discounts:**

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

## **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. Full tuition is due for all registered weeks, scheduled holidays (Monday, July 4 2022) and any weather/emergency closings and/or delays.

**PLEASE KEEP IN MIND, ALL CHANGES TO YOUR CAMP SCHEDULE ARE  
SUBJECT TO ADDITIONAL FEES AND SUBJECT TO OUR LIMITED AVAILABILITY.**

## **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) will 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.

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

\_\_\_\_\_  
DATE

# 2022 CAMP APPLICATION FOR ENROLLMENT

## **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.

## **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 Windmill 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.

## **medications:**

You acknowledge 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.

## **lunch policy (new in '22):**

This summer, Windmill campers will be required to pack a lunch to bring to camp each day. Lunches must be free of allergens (see policy below). Please provide a nutritious lunch that will sustain your camper throughout our active camp day! Note: Camp lunches will be kept in an air-conditioned space. Lunch bags/boxes will go home at the end of every camp day. Windmill will provide daily morning and afternoon snacks and all beverages.

## **note:**

You must have participated in a personal tour of Windmill before enrolling your camper(s).

Name of your tour guide: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

\_\_\_\_\_  
DATE

# 2022 CAMP APPLICATION FOR ENROLLMENT

## **allergen policy:**

Windmill Day School & Camp ("Windmill") recognizes that campers 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 campers. 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 food labels 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. However, 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 to be shared (ie birthday treats) contain a detailed ingredient list attached to the packaging. This applies to both store-bought AND home-made items. Parents of a camper that has not yet been exposed to nut products, as well as a camper that has a food allergy, are required to notify management prior to enrollment.

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

PHYSICIAN'S NAME: \_\_\_\_\_ PHYSICIAN'S SIGNATURE/DATE \_\_\_\_\_

## **FOOD ALLERGY POLICY:**

If your camper 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 camper each day. In addition to your camper's daily lunch, this will include a morning and afternoon snack. Snacks should come in a labeled (disposable) bag SEPARATE from your camper's daily lunch as they will be stored in different spaces.

## **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 camper(s) 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 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 - 2022

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. DO NOT INCLUDE IN YOUR TUITION CHECK.**

ITEM	COLOR	SIZE	QTY
GREEN SHIRTS <b>OLDER TODDLERS ONLY</b>	GREEN (XS & S ONLY)		
YELLOW SHIRTS <b>YOUNGEST CAMP GROUP ONLY</b>	YELLOW (XS & S ONLY)		
YOUTH TEE SHIRT	BLUE		
YOUTH TEE SHIRT	WHITE (limited availability)		
ADULT TEE SHIRT	BLUE		
ADULT TEE SHIRT	WHITE (limited availability)		
YOUTH "URBAN CAMO" TEE	<b>PINK</b> OR <b>BLUE</b>		
ADULT "URBAN CAMO" TEE	<b>PINK</b> OR <b>BLUE</b>		
YOUTH "OLD SCHOOL" TEE	NAVY		
ADULT "OLD SCHOOL" TEE	NAVY		
<b>YOUTH FRIDAY TEE</b>	<b>TBD</b> 1ST ONE FREE WITH YOUR CAMP APPLICATION		
<b>ADULT FRIDAY TEE</b>	<b>TBD</b> 1ST ONE FREE WITH YOUR CAMP APPLICATION		
C.I.T. TEE SHIRT	ORANGE W/NAVY		
J.C. TEE SHIRT	LT BLUE & WHITE		

TOTAL ENCLOSED: \_\_\_\_\_



# THIS SUMMER WDC WILL BE HOSTING FIELD DAY FRIDAY 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 22,  
SO THAT WE CAN ORDER APPROPRIATELY!!!

**FRIDAY TEE SHIRT ORDERS!!!**

**FRIDAY YOUTH TEE:** SIZE X SMALL 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 22, 2022  
SO THAT WE MAY ORDER YOUR DESIRED SIZE.

**ANY SIZES/ORDERS SENT AFTER APRIL 22 MAY NOT GET FIRST CHOICE SIZING.**

SO DROP US A LINE ON TIME!!!! WDCAMP@HOTMAIL.COM FAX #215-348-5363

## **IN SUNSCREEN NEWS;)**

ALL WINDMILL CAMPERS WILL BE RESPONSIBLE FOR SUPPLYING  
SPRAY SUNSCREEN FOR BOTH FACE & BODY!

YOU WILL NEED TO DROP OFF 5 BOTTLES TOTAL/CAMPER  
DURING OUR PRE-CAMP CAMPER PACKET PICKUP WEEK!

3 OF THESE:



2 OF THESE:



# **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:**      **\$55.00 for youth sizes / \$65.00 for adult sizes**

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

**1ST GROUP ORDER WILL BE PLACED ON **APRIL 22, 2022** PLEASE ALLOW 4 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  
DO NOT INCLUDE IN YOUR TUITION. 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:	
<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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>						
	<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						
MMR						
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.