2027 CAMP APPLICATION FOR ENROLLMENT

Child's Full Name_____ Nickname_____

Address_____

Date of Birth_____ Age as of June 11, 2027_____

Grade Completed as of June 11, 2027_____ Number of years at Windmill?_____

Telephone #_____ Religious Affiliation_____

E-Mail Address(es) _____

School Attending_____ Sex_____

Parent Name _____ Cell Phone_____

Work Address _____ Work Phone_____

Home Address_____

Parent 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: ***reg fee*** _____ ***dep***_____ ***med*** _____ ***rdexed*** _____ ***emer cntct*** _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME	BIRTHDATE
Address	

PARENT NAME/LEGAL GUARDIAN	Home Telephone
Address	
Cellular Phone	
Business Name	Bus. Telephone
Address	

PARENT NAME/LEGAL GUARDIAN	Home Telephone
Address	
Cellular Phone	
Business Name	Bus. Telephone
Address	

Emergency Contact Person(s)	**Address (REQUIRED)**	**Phone Number**

Person(s) To Whom The Child May Be Released	**Address (REQUIRED)**	**Phone Number**

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	**PHONE 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 (ACTUAL) SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT (ALL 7 BOXES PLEASE!!)

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)	**DID YOU INCLUDE YOUR POLICY NUMBER?** **SIGN ALL 7 BOXES ABOVE? SIGN AND DATE BELOW????**

Signature Of Parent or Guardian _____ Date _____

Signature Of Parent or Guardian _____ Date _____

2027 CAMP APPLICATION FOR ENROLLMENT

Our camp day is from **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 2027 camp application and security deposit. Applications will not be processed without the applicable registration fee which applies to all campers, CITs and JCs.

Registration fees schedule as follows:

Prior to January 1, 2027	**NO REGISTRATION FEE!**
Jan 1 - March 27, 2027	**$100.00**/registration fee
March 28 - April 27, 2027	**$200.00**/ registration fee
April 28 - and After	**$300.00**/registration fee

Registration options include 3, 4 or 5 day weeks.
A 4 Week Camp Minimum applies ONLY to Full Time Campers.
A 5 Week Camp Minimum applies to all Part Time Campers.
C.I.T.s & J.C.s have a 5 Week Camp Minimum.

- ❑ **FULL TIME CAMPER (4 WK MINIMUM @ $730/WK)=$2,920 ADD'L WEEKS (WEEKS 5-10) @ $675/WEEK*****
  ***Special discounted week: July 6 - July 9 @ $465.

PART TIME CAMPERS PLEASE CHOOSE FROM A 4 OR 3 DAY WEEK AND CIRCLE DESIRED DAYS OF THE WEEK BELOW

- ☐ **PART TIME CAMPER 4 DAYS/WEEK=$615/WEEK M T W TH F**
- ☐ **PART TIME CAMPER 3 DAYS/WEEK=$485/WEEK M T W TH F**

We cannot allow "make-up days" for any reason or allow part-time campers to switch their days for any reason. However, PER DIEM DAYS *may* be added based on availability (once camp minimums have been met) @ $185/day.

- ❑ **C.I.T. PROGRAM (5 WK MINIMUM @ $515/WK)=$2,575 ADD'L WEEKS (WEEKS 6-10) @ $465/WEEK** Counselor In Training (C.I.T.) Program is offered for campers who are AT LEAST 12 years of age AND have completed one year of Middle School to 15 years of age. ***Special discounted week: July 6 -July 9 @ $415.

- ❑ **J.C PROGRAM (5 WEEK MINIMUM @ $100)= $500 ADD'L WEEKS ARE ALSO @ $100/WEEK**
  Junior Counselor (J.C.) Program is offered for returning Windmill campers aged 15 (by June 11, 2027) 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 4:30 PM on May 1, 2027. After 4:30 PM on May 1, 2027 you may not reduce the number of weeks for which you have registered.

AVAILABLE CAMP WEEKS FOR 2027

June 14 - 18	****July 6 - 9** ☐	**August 2 - 6** ☐
June 21 - 25 ☐	**July 12 - 16** ☐	**August 9 - 13** ☐
June 28 - July 2 ☐	**July 19 - 23** ☐	****August 16 - 20** ☐
	July 26 - 30 ☐	

***WDC will be closed on Monday, July 5 in observance of Independence Day.**
****Modified schedules may apply.**

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION _____ **DATE**

2027 CAMP APPLICATION FOR ENROLLMENT

tuition:

Windmill Day Camp will be closed on Monday July 5, 2027 in observance of Independence Day. Modified pricing will apply based on a partial week.

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 April 27, 2027. The remaining camp tuition balance (50%) shall be paid no later than May 27, 2027.

There is a late charge of $3.00 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 2027 Camp Enrollment, you must have had a personal camp tour and the following items must be received:

Completed 2027 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 Toddle House Program. This discount does not apply to any campers who are enrolled in our CIT and JC program.

NEW IN 2027: Former students of Windmill Day School may be eligible for a special WDS Alumni discount. Please contact us for money saving details!

refer a friend: $75 per camper. If you refer a first-time Windmill camper, you will receive a $75 credit for each registered camper.

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 or allow part-time campers to switch their days for any reason after the May 1st deadline. Full tuition is due for all registered weeks and any weather related emergency closings and/or delays.

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 (if the camper's tympanic temperature is over 100.4 degrees) 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. 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. **In addition, if prescribed medication by a health provider for any reason, your child is required to be on the medication for a period of 24 hours before returning to camp.**

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION _____ **DATE** _____

2027 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.

NEW IN 2027: ORDER YOUR WINDMILL CAMP WEAR ONLINE!

medications:

You acknowledge that it is the policy of Windmill Day School & 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.

****"As needed" medications to be kept at Windmill (ie inhalers, Epi Pens, etc) must include a current prescription AND be received by Windmill a MINIMUM of THREE (3) working days prior to camper's actual attendance.**

lunch:

Windmill campers will be required to pack a lunch 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.

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**

2027 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 or personal preferences, 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.

signatures:

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 (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin, Limited English Proficiency (LEP), age (40 and over) or sex (to include pregnancy status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex) and retaliation.

-to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin, Limited English Proficiency (LEP), age (40 and over) or sex (to include pregnancy status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex) and retaliation

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

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
BUREAU OF EQUAL OPPORTUNITY
ROOM 225, HEALTH & WELFARE BUILDING
PO BOX 2675 HARRISBURG, PA 17120
INQUIRIES: (717) 787-1127
EMAIL: RA-PWBEOAO@PA.GOV

PENNSYLVANIA HUMAN RELATIONS COMMISION
333 MARKET STREET, 8TH FLOOR
HARRISBURG, PA 17101
HTTPS://WWW.PHRC.PA.GOV/COMPLAINTS/PAGES/HOW-TO-FILE-A-COMPLAINT.ASPX
INQUIRIES: (717) 787-4410
TTY USERS ONLY: (717) 787-7279

OFFICE FOR CIVIL RIGHTS
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTRALIZED CASE MANAGEMENT OPERATIONS
200 INDEPENDENCE AVENUE, S.W.
ROOM 509 HHH BLDG
WASHINGTON, D.C. 20201
CUSTOMER RESPONSE CENTER: (800) 368-1019
TDD: (800) 537-7697
HTTPS://WWW.HHS.GOV/OCR/COMPLAINTS
EMAIL: OCRCOMPLAINT@HHS.GOV

U.S. EQUAL EMPLOYMENT OPPORTUNITY
801 MARKET STREET, SUITE 1000
PHILADELPHIA, PA 19107
INQUIRIES: (800) 669-4000
TTY USERS ONLY: (800) 669-6820
HTTPS://WWW.EEOC.GOV/FILING-CHARGE-DISCRIMINATION
EMAIL: PDOCONTACT@EEOC.GOV

_____

PARENT/GUARDIAN SIGNATURE DATE

_____

STAFF SIGNATURE DATE

WINDMILL WEAR ORDER FORM - 2027

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 $25.00/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	TODDLES 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 TYE DYE TEE		PINK		
ADULT TYE DYE TEE		PINK		
YOUTH "URBAN CAMO" TEE		BLUE		
ADULT "URBAN CAMO" TEE		BLUE		
YOUTH "OLD SCHOOL" TEE		NAVY		
ADULT "OLD SCHOOL" TEE		NAVY		
ADULT (ONLY) 2026 "SMACKDOWN" TEES		TBD	(WHILE SUPPLIES LAST!)	
YOUTH FRIDAY TEE		TBD	1ST ONE FREE FOR YOUR CAMPER(S) WITH YOUR CAMP APPLICATION	
ADULT FRIDAY TEE		TBD	1ST ONE FREE FOR YOUR CAMPER(S) 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
OUR WDC BATTLE 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 27,
SO THAT WE CAN ORDER ACCORDINGLY!!!

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 THIS PAGE WITH YOUR CAMPER(S) FREE FRIDAY TEE ORDERS BY APRIL 27, 2027 SO THAT WE MAY ORDER YOUR DESIRED SIZE.
ANY SIZES/ORDERS SENT AFTER APRIL 27 MAY NOT GET FIRST CHOICE SIZING.
SO DROP US A LINE ON TIME!!!! WDCAMP@HOTMAIL.COM

IN SUNSCREEN NEWS;)

ALL CAMP FAMILIES WILL BE REQUIRED
TO SUPPLY 2 BOTTLES/PER CAMPER OF THIS STUFF;)
SPF 30 OR HIGHER PLEASE!



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 27, 2027 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:	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:

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	

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.