



# 2024 CAMP REGISTRATION FORM

## Indian Valley Family YMCA & Harleysville Early Childhood Center

A Quality Summer Camp Program for grades K-8 within the  
Souderton Area & Perk. Valley School Districts

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade (as of 9/24) \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ EMAIL (Required) \_\_\_\_\_

Primary Parent/Guardian (1st contact/payment): \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Does the family have any court ordered documentation/custody papers? YES NO  
(If yes, a copy must be attached to this form at time of registration and both custodial parents must sign all registration paperwork)

Is your child a member of the YMCA? YES NO If yes, what type of member? \_\_\_\_\_

Name membership is under: \_\_\_\_\_ If no, \$50 Program Youth Membership is required.

**Please return Registration Form, Camp Deposit, Emergency Contact Sheet, Payment Agreement, Civil Rights Agreement, and Current Health Assessment to one of following locations based on selected camp site:**

**Indian Valley Camp, Skippack Elementary Camp, Indian Crest Middle School camp:**

Indian Valley Family YMCA, 890 Maple Ave., Harleysville, PA 19438

**Harleysville Early Childhood Center Site:**

Harleysville Early Childhood Center, 311 Alumni Ave., Harleysville, PA 19438

**Please complete front and back of this form to register your child for summer camp.**

**Camp Deposit:** \$25.00 deposit required at registration for each session to enroll your child.  
**EXEMPT from deposit** are ELRC families and YMCA Scholarship Applicants.

### SUMMER DAY CAMP LOCATIONS

|   |                                     |            |         |
|---|-------------------------------------|------------|---------|
| <b>#1- Indian Valley Family YMCA **</b> | 890 Maple Avenue, Harleysville, PA  | Grades 3-8 | MAX: 50 |
| <b>#2- Harleysville EC Center **</b>    | 311 Alumni Avenue, Harleysville, PA | Grades K-2 | MAX: 40 |
| <b>#3- Indian Crest Middle School</b>   | 139 Harleysville Pk., Souderton, PA | Grades K-5 | MAX: 75 |
| <b>#4- Skippack Elementary **</b>       | 4081 Heckler Rd, Collegeville, PA   | Grades K-5 | MAX: 75 |

Are there any siblings attending other camp sites in the North Penn YMCA? YES NO

I am applying for North Penn YMCA Financial Assistance: YES NO

Does your child have custody or IEP documents? (if yes, please provide copy) YES NO

I receive assistance through Early Learning Resource Center (ELRC): YES NO

ELRC Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\* These sites accept ELRC, All other sites do not accept ELRC.**

**YES! I want to donate to the Y's Annual Campaign! Please accept my gift of:**



☐ \$5.00

☐ \$10.00

☐ \$20.00

☐ Other: \_\_\_\_\_

Please see our Parent Handbook for more information regarding our North Penn YMCA Annual Campaign and how you can help make a difference in your community.



# INDIAN VALLEY FAMILY YMCA CAMP REGISTRATION FORM 2024

Camper's Name: \_\_\_\_\_

Camp Site: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Camp Location Information & Enroll Codes:

|                                   |               |                |                 |
|-----------------------------------|---------------|----------------|-----------------|
| #1 - Indian Valley Family YMCA ** | Grades: 3 - 8 | June 17-Aug 23 | Enroll Code: IV |
| #2 - Harleysville E.C. Center **  | Grades: K - 2 | June 17-Aug 16 | Enroll Code: HB |
| #3 - Indian Crest Middle School   | Grades: K - 5 | June 17-Aug 16 | Enroll Code: IC |
| #4 - Skippack Elementary **       | Grades: K - 5 | June 17-Aug 9  | Enroll Code: SK |

All camps & grades to consolidate to IV YMCA location for week of Aug 19-23

\*\* These 3 locations accept ELRC, all other locations do not.

## Day Camp Registration

| SESSION DATES<br>Start dates are subject to change due to school district calendar changes. | CAMP LOCATION<br>Please CIRCLE the Enroll Code to choose camp location | DAY CAMP OPTION<br>FD (Full Day 9:00am - 4:00pm)<br>ED (Ext. Day 7:00am - 6:00pm)<br>PLEASE CIRCLE ONE | WEEKLY SESSION SCHEDULE<br>PLEASE CIRCLE ONE |
|---|--|--|--|
| SESSION 1: June 17-21   | IV HB IC SK  | FD ED  | 5 DAY 3 DAY (T,W,TH)                         |
| SESSION 2: June 24-28   | IV HB IC SK  | FD ED  | 5 DAY 3 DAY (T,W,TH)                         |
| SESSION 3: July 1-3<br>(closed 4th and 5th)   | IV HB IC SK  | FD ED  | 3 DAY (M,T,W)                                |
| SESSION 4: July 8-12  | IV HB IC SK  | FD ED  | 5 DAY 3 DAY (T,W,TH)                         |
| SESSION 5: July 15-19   | IV HB IC SK  | FD ED  | 5 DAY 3 DAY (T,W,TH)                         |
| SESSION 6: July 22-26   | IV HB IC SK  | FD ED  | 5 DAY 3 DAY (T,W,TH)                         |
| SESSION 7: July 29-Aug 2  | IV HB IC SK  | FD ED  | 5 DAY 3 DAY (T,W,TH)                         |
| SESSION 8: August 5-9   | IV HB IC SK  | FD ED  | 5 DAY 3 DAY (T,W,TH)                         |
| SESSION 9: August 12-16   | IV HB IC   | FD ED  | 5 DAY 3 DAY (T,W,TH)                         |
| SESSION 10: August 19-23  | IV   | FD ED  | 5 DAY 3 DAY (T,W,TH)                         |

I/We, the parent/guardians, grant permission for the applicant to participate in all planned activities, including scheduled out-of-camp trips by van or bus, under camp leadership. I/We have attached any court documents or custody agreements that may affect the children or how camp tuition is paid. I/We hold harmless the staff and North Penn YMCA from all liability for any injury which may occur to my child during or resulting from participating in the program. The North Penn YMCA is not responsible for lost, stolen, or damaged personal articles. I/We, also, authorize the YMCA to take and use photographs, slides and/or video tapes of the applicant for use in future YMCA promotional materials.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182: 3280.124 (a)(b), 3280.181 & 182: 3290.124 (a)(b), 3290.181 & 182

**DIRECTIONS:** Please print all information. Per DHS regulations all sections must be completed; there can be No Blank areas.  
If a section does not apply to your child please put N/A in that specified area. **Ex: Allergies = N/A**  
All forms must be signed and dated in the space provided at the very bottom of form.

|   |            |   |
|---|------------|---|
| <b>CHILD'S NAME</b>   |            | <b>BIRTHDATE</b>                              |
| <b>ADDRESS</b>  |            |   |
| <b>MOTHER/LEGAL GUARDIAN NAME</b>   |            | <b>HOME PHONE NUMBER</b>                      |
| <b>ADDRESS</b>  |            | <b>CELLPHONE NUMBER</b>                       |
| <b>BUSINESS NAME</b>  |            | <b>WORK PHONE NUMBER</b>                      |
| <b>BUSINESS ADDRESS</b>   |            |   |
| <b>FATHER/LEGAL GUARDIAN NAME</b>   |            | <b>HOME PHONE NUMBER</b>                      |
| <b>ADDRESS</b>  |            | <b>CELLPHONE NUMBER</b>                       |
| <b>BUSINESS NAME</b>  |            | <b>WORK PHONE NUMBER</b>                      |
| <b>BUSINESS ADDRESS</b>   |            |   |
| <b>EMERGENCY CONTACT PERSON(S) <u>OTHER THAN PARENT:</u></b><br>Please list the following items:      Name      Address      Home Phone, Cell Phone, Work Phone             |            |   |
| 1)  |            |   |
| 2)  |            |   |
| <b>PERSON(S) TO WHOM CHILD MAY BE RELEASED <u>OTHER THAN PARENT:</u></b><br>Please list the following items:      Name      Address      Home Phone, Cell Phone, Work Phone |            |   |
| 1)  |            |   |
| 2)  |            |   |
| <b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>  |            | <b>PHONE NUMBER</b>                           |
| <b>PHYSICIAN'S OFFICE ADDRESS</b>   |            |   |
| <b>SPECIAL DISABILITIES (IF ANY)</b>  |            | <b>ALLERGIES (Including Medical Reaction)</b> |
| <b>MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>   |            | <b>MEDICATION, SPECIAL CONDITIONS</b>         |
| <b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>   |            |   |
| <b>HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS</b>   |            | <b>POLICY NUMBER (REQUIRED)</b>               |
| <b>PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>   |            |   |
| <b>OBTAINING EMERGENCY MEDICAL CARE</b>   |            | <b>ADMIN OF MINOR FIRST-AID PROCEDURES</b>    |
| <b>WALKS AND TRIPS</b>  |            | <b>SWIMMING</b>                               |
| <b>TRANSPORTATION BY THE FACILITY</b>   |            | <b>APPLY SUNSCREEN</b>                        |
| <b>ARE THERE CUSTODY PAPERS FOR THIS CHILD?</b>   | <b>YES</b> | <b>NO</b>                                     |
| <b>IS THERE AN IEP DOCUMENT FOR THIS CHILD?</b>   | <b>YES</b> | <b>NO</b>                                     |
|   |            | <b>IF YES, COPIES MUST BE ATTACHED.</b>       |
|   |            | <b>IF YES, COPIES MUST BE ATTACHED.</b>       |

SIGNATURE OF PARENT OF GUARDIAN

DATE

SIGNATURE OF PARENT OF GUARDIAN

DATE



# INDIAN VALLEY FAMILY YMCA 2024 CAMP PAYMENT AGREEMENT

Camper Name: \_\_\_\_\_

All Camps Start June 17, 2024

## PAYMENT DUE DATES

|            |            |             |            |
|------------|------------|-------------|------------|
| SESSION 1: | 06/03/2024 | SESSION 6:  | 07/08/2024 |
| SESSION 2: | 06/10/2024 | SESSION 7:  | 07/15/2024 |
| SESSION 3: | 06/17/2024 | SESSION 8:  | 07/22/2024 |
| SESSION 4: | 06/24/2024 | SESSION 9:  | 07/29/2024 |
| SESSION 5: | 07/01/2024 | SESSION 10: | 08/05/2024 |

|       | FULL DAY CAMP<br>9:00AM - 4:00PM |            | EXTENDED DAY CAMP<br>7:00AM - 6:00PM |            |
|-------|----------------------------------|------------|--------------------------------------|------------|
|       | 1st CHILD                        | ADD. CHILD | 1st CHILD                            | ADD. CHILD |
| 5 DAY | \$265.00                         | \$250.00   | \$320.00                             | \$305.00   |
| 3 DAY | \$195.00                         | \$185.00   | \$225.00                             | \$215.00   |

## Terms and Conditions:

- **Make all checks payable to: NORTH PENN YMCA.** Payments can be made at the Indian Valley Family YMCA 890 Maple Ave. Harleysville, PA 19438.
- **Online Bill Pay is available for those who wish to make their tuition payments online.**
- **DUE AT REGISTRATION** is a \$25.00 non-refundable deposit per child per session registered is due at the time of registration.
- **BALANCE DUE INFORMATION:** Tuition balances are due on Monday, two (2) weeks prior to the session start date. Please refer to the Payment Due Dates above.  
Start dates subject to change based on SASD and/or PVSD calendar changes.
  1. Any payment not received by the Payment Due Date will be subject to the following delinquency procedures:
    - A \$30.00 late payment fee with be assessed to all past due accounts, if payment is not received by Wednesdays. All delinquent accounts will be contacted by end of Balance Due date week. Payment in full must be received for delinquent session and next registered session by assigned due date or a dismissal notice will be issued and camper will be ineligible to attend camp until paid in full.
  - **LATE FEE/EXTENDED HOURS:** If your child is dropped off or picked up any time other than the times that are indicated on your registration form, your account will be charged \$15.00 per 15 minutes.
  - **CHANGE FEE:** Any changes requested before June 1, 2024 will be at NO charge. Any changes after June 1, 2024 will be charged a \$10.00 fee.
  - **WITHDRAWALS:** Withdrawals require two week's written notice to receive a full refund minus \$25.00. Less than two week's written notice, registrant receives a 50% refund.
  - **FINANCIAL ASSISTANCE:** Applications are available online or at the YMCA membership desk and must be turned in with completed camp registration packet by Friday May 17, 2024 to the Indian Valley Family YMCA.
  - **ELRC Assistance:** At the time of registration, the North Penn YMCA must be notified if you're receiving subsidy support from the County ELRC program. No deposit is due if you're receiving ELRC support. The expectation is that your child will be registered for all camp sessions. Failure to attend without prior notification will result in the full tuition rate being owed by parent. All Co-Pays are due on the Monday of each week and will be promptly reported to ELRC as delinquent if payment is not received by the following Monday, per ELRC regulations. Note: ELRC co-pays subject to change.
  - **In the case of divorce and/or a separation,** at any time whatsoever, the parent/guardian responsible for full tuition payment will be he or she whose residence is the same as the address on record for the children enrolled with the North Penn YMCA childcare/camp program, unless the North Penn YMCA Senior Youth & Teen Director receives written notice by both spouses or both former spouses, in agreement or court ordered, to the contrary. The spouse or former spouses will have one of the following options in updating the child's enrollment: (1) withdraw child from the care program or (2) parent/guardians withdrawal & re-enroll child separately to match custodial schedule per court documents with each parent/guardian responsible for their portion of care. **Both portions of the child's tuition must be paid in full weekly, if the tuition payment is not received for both parent/guardian portions of care, the North Penn YMCA reserves the right to terminate your child from the camp program.** If you choose to withdrawal & re-enroll separately, both custodial parents must review and sign Emergency Contact Sheet, Payment Agreement, and Registration Forms together so that all are in full agreement to terms, conditions, emergency contacts, and persons to whom children may be released to. **PARENTS MUST PROVIDE ALL COURT DOCUMENTS/CUSTODY AGREEMENTS PERTAINING TO EACH CHILD ENROLLED IN OUR CAMP PROGRAM.**

Mother Responsible for: \_\_\_\_\_ % portion Signature: \_\_\_\_\_

Father Responsible for: \_\_\_\_\_ % portion Signature: \_\_\_\_\_

I/We, the parent/guardians, grant permission for the applicant to participate in all planned activities, including scheduled out-of-camp trips by van or bus, and camp leadership. I hold harmless the staff and North Penn YMCA from all liability for any injury which may occur to my child during or resulting from participating in the program. The North Penn YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to take and use photographs, slides and/or video tapes of the applicant for use in future YMCA promotional materials.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2024 CIVIL RIGHTS COMPLIANCE PARENT AWARENESS

In accordance with applicable Federal and State civil right laws and regulatory requirements, you and your children, as a client of this facility have the right:

- to be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious creed, disability, ancestry, national origin, 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, age, or sex

Complaints of discrimination may be filed with any of the following:

Provider's Name:

Indian Valley Family YMCA

Address:

890 Maple Ave

Harleysville PA 19438

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
P.O. BOX 2675  
Harrisburg, PA 17105-2675

Pennsylvania Human Relations Commission  
110 North 8<sup>th</sup> Street  
Suite 501  
Philadelphia, PA 19107

U.S. Department of Health & Human Services  
Office of Civil Rights  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania  
DPW / Bureau of Equal Opportunity  
Southeast Regional Office  
Suite 5034, 801 Market Street  
Philadelphia, PA 19107

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Operator's Signature

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Date

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Parent / Guardian Signature

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Date



## 2024 SUMMER CAMP DRAFT PAYMENT AGREEMENT

Our draft payment agreement is a continuous summer camp payment plan between June 1 and August 31, 2024.

- IT IS MY COMPLETE UNDERSTANDING THAT IF I WISH TO TERMINATE OR CHANGE MY CHILD'S CAMP ENROLLMENT IN ANY WAY, I MUST GIVE THE NORTH PENN YMCA TWO (2) WEEKS WRITTEN NOTICE. Parent/Guardian Initial \_\_\_\_\_
- Should any summer camp draft payment not be honored by my bank or credit card for any reason, I realize I am still responsible for payment as well as any late fee. In addition, I am responsible for notifying the YMCA of any changes to my account, including expiration date of my credit card. Parent/Guardian Initial \_\_\_\_\_
- I understand that if I do not honor this responsibility, the North Penn YMCA has the right to terminate my child's enrollment in the summer camp program.

Parent/Guardian Initial \_\_\_\_\_

I HAVE READ THE ABOVE STIPULATIONS AND DO CONSENT. I CONSENT TO THE DRAFT OCCURRING ON THE PAYMENT DUE DATE FOR EACH WEEK OF CAMP.  
(Please see payment schedule in parent handbook)

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper's Name(s) \_\_\_\_\_

.....

|   |     |    |
|---|-----|----|
| Please draft the credit card ending in _____ already on file: | YES | NO |
|---|-----|----|

|  |     |    |
|--|-----|----|
| Please draft the bank account ending in _____ already on file: | YES | NO |
|--|-----|----|

|  |     |    |
|--|-----|----|
| Please contact me for my credit card or banking information. | YES | NO |
|--|-----|----|

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# INDIAN VALLEY FAMILY YMCA

## A branch of NORTH PENN YMCA

Serving the Indian Valley and Perkiomen Valley Communities

### 2024 Summer Camp Transportation Authorization Form

I give permission for my child or children (please print name of each):

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 4: \_\_\_\_\_

To walk or be transported by a YMCA van or school bus company with his/her/their camp group from YMCA property/camp location for program activities/swimming/field trips.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# NORTH PENN YMCA

Serving the North Penn, Indian Valley and Perkiomen Valley Communities

## BRANCHES OF NORTH PENN YMCA

### HARLEYSVILLE YMCA EARLY CHILDHOOD CENTER

311 Alumni Avenue  
Harleysville, PA 19438  
215-256-0767  
Fax: 215-256-0767

### INDIAN VALLEY FAMILY YMCA

890 Maple Avenue  
Harleysville, PA 19438  
215-723-3569  
Fax: 215-723-8976

### LANSDALE AREA FAMILY YMCA

608 E. Main Street  
Lansdale, PA 19446  
215-368-1601  
Fax: 215-368-0797

## Waiver & Release:

I/we hereby hold the NORTH PENN YMCA, its executive directors, employees, volunteers, and members (collectively, the "YMCA"), harmless and free from any liability for any actions, incidents or occurrences, including but not limited to its or their own negligence; (2) That I/we hereby waive, release, and forever discharge any and all rights and/or claims for damages that I/we may have or that may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of the NORTH PENN YMCA, its facilities, equipment, or program activities within the facilities; (3) That I/we do hereby agree to indemnify the YMCA for any and all claims for damages that may be asserted against the YMCA, by any person or entity, related to or arising from my/our use of or connected with my/our participation in any of the activities of the NORTH PENN YMCA, its facilities, equipment, or program activities within the facilities; (4) That I/we hereby grant permission for video or photographs taken by YMCA to be used for NORTH PENN YMCA publicity and advertising purposes; and (5) That I/we hereby grant permission for the YMCA to use my email address as a means of contact.

By participating in the YMCA Nationwide Membership program, I (we) agree to release the National Council of YMCAs of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

The YMCA conducts regular sex offender screenings on all staff, volunteers, members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

I/we agree to abide by all of the policies and procedures outlined in the NORTH PENN YMCA Member Handbook, and any other policies and procedures of the YMCA as may be adopted.

I, (and if applicable, on behalf of all members of my family that are part of this membership,) agree to this Waiver and Release agreement and have read and understand the Member Code of Conduct. I agree to advise all members of my family that are part of this membership as to the terms of this Waiver and Release agreement and the Member Code of Conduct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **No Photography/Video Request** (check all that apply)

\_\_\_\_ I do not give permission for video or photographs taken by YMCA of my child(ren) to be used for NORTH PENN YMCA publicity and advertising purposes.

\_\_\_\_ I request that no photography or videos be taking of my child(ren).

Child(ren) Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CORPORATE OFFICE

2506 N. Broad Street, Suite 208, Colmar, PA 18915 | 215-368-9622 | Fax: 215-716-5206 | northpennymca.org



# 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.