



2026 CAMP REGISTRATION FORM

Harleysville YMCA Early Childhood Center PRE-K CAMP Ages 3-5

311 Alumni Ave, Harleysville, PA 19438 (215) 256-0767

A Quality Summer Camp Program for Ages 3-5

Child Name: _____

DOB: _____

AGE: _____

Sex: _____

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:

Harleysville Early Childhood Center, 311 Alumni Ave. Harleysville, PA 19438
or email to dianeg@northpennymca.org

Please complete front and back of this form.

SUMMER DAY CAMP OPTIONS

#1- Alumni Ave Pre-K Camp

311 Avenue, Harleysville, PA

Ages 3-5*

Limited
spots

HD: Half Day 8:45am – 12:45pm **ED:** Extended Day 7:00am – 5:30 pm ***potty trained**

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.

Weekly Session Options: **5 days** weekly session **3 days (T,W,Th)** weekly session

THIS LOCATION ACCEPTS ELRC

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

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

ELRC Case Manager: _____ Phone: _____

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

Does your child have special needs that the camp should be aware of? YES NO

If your camper has an IEP or special needs that the camp should be aware of, please contact camp director at 215-256-0767 or dianeg@northpennymca.org to complete registration process.

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.



HARLEYSVILLE EARLY CHILDHOOD CENTER

311 ALUMNI AVE (215) 256-0767

CAMP REGISTRATION FORM 2026

Camper's Name: _____

Camp Site: 311 Alumni Ave.

Parent Name: _____

Phone: _____

Camp Location Information:

#1 - Alumni Ave Pre-K Camp

Ages 3*-5

May 26-Aug 14

****This location accepts ELRC
All campers must be potty-trained**

Day Camp Registration

<u>SESSION DATES</u> Start dates are subject to change due to school district calendar changes.	<u>PRE-K CAMP</u> HD (Half Day 8:45 am-12:45pm) ED (Ext. Day 7:00am - 6:00pm) PLEASE CHOOSE ONE		<u>WEEKLY SESSION SCHEDULE</u> PLEASE CHOOSE ONE	
SESSION 1: May 26-29	HD	ED	5 DAY	3 DAY
SESSION 2: June 1-5	HD	ED	5 DAY	3 DAY
SESSION 3: June 8-12	HD	ED	5 DAY	3 DAY
SESSION 4: June 15-19	HD	ED	5 DAY	3 DAY
SESSION 5: June 22-26	HD	ED	5 DAY	3 DAY
SESSION 6: June 29-July 3	HD	ED	5 DAY	3 DAY
SESSION 7: July 6-10	HD	ED	5 DAY	3 DAY
SESSION 8: July 13-17	HD	ED	5 DAY	3 DAY
SESSION 9: July 20-24	HD	ED	5 DAY	3 DAY
SESSION 10: July 27-31	HD	ED	5 DAY	3 DAY
SESSION 11: August 3-7	HD	ED	5 DAY	3 DAY
SESSION 12: August 10-14	HD	ED	5 DAY	3 DAY

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: _____



North Penn YMCA

2026 Summer Camp

Camper Registration Packet

HOW TO REGISTER

Registration for our summer camp programs has never been easier. Following the steps below:

Online registration for North Penn YMCA Families:

1. Please visit our website at [Camps at North Penn YMCA](#)
2. Navigate to the location of your choice and click the REGISTER ONLINE button
3. Click to select the program(s) of your choice.
4. Login to your account or create an online login.
Important: If you already have an account, please log into that youth, teen or family account. Do not create a new account.
5. Once your online registration is completed, you will receive an email with the 2026 camp registration **packet that MUST be completed in full and returned to our branches by June 1, 2026**. Upon receipt of this packet, your child's camp spot is confirmed. If it is not received, the camp spot is not guaranteed.

Camp Location	Email Reg. Packet to
Alumni Ave. Pre-K Camp	dianeg@northpennymca.org
Alumni Ave. K-1 Camp	
Indian Valley Family YMCA	
EMC. Elementary	kidskare@northpennymca.org
Trinity Christian-Skippack	
Lansdale Area Family YMCA	
Lansdale Catholic	
Inglewood Elementary	camp@northpennymca.org
School Rd Park in Hatfield Twp.	

For Financial Assistance & ELRC Families Only: (Must Come IN-PERSON)

For Financial Assistance Program information, application, and guidelines, please click [HERE](#).

Please visit your local North Penn YMCA branch.

1. Bring your registration packet with you or complete it at the branch.
2. Bring or complete the Camp Grid, circling the camps and weeks you want to register for.
3. One of our Membership Staff will gladly accept your packet at the branch who will ensure the camp director receives it. The camp director will review to ensure all required information is included such as ELRC Case Manager's name and contact information. Once verified, they will enroll your camper and you'll receive an email confirmation.



2026 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
(ALL LINES MUST BE COMPLETED – WRITE N/A IF NOT APPLICABLE)

CHILD'S NAME	SHIRT SIZE		BIRTH DATE	GENDER
ADDRESS	GRADE ENTERING		CAMP LOCATION	
PARENT NAME/LEGAL GUARDIAN	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>			BIRTHDATE
ADDRESS				CELL NUMBER
EMPLOYER NAME				EMAIL ADDRESS
EMPLOYER ADDRESS				EMPLOYER TELEPHONE NUMBER
PARENT NAME/LEGAL GUARDIAN	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>			BIRTHDATE
ADDRESS				CELL NUMBER
EMPLOYER NAME				EMAIL ADDRESS
EMPLOYER ADDRESS				EMPLOYER TELEPHONE NUMBER
EMERGENCY CONTACTS	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
	CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	NAME	ADDRESS	DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER			TELEPHONE NUMBER	
ADDRESS				
SPECIAL DISABILITIES (IF ANY)		ALLERGIES INCLUDING MEDICATION REACTION		
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS		
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD - DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)				
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS			POLICY NUMBER (REQUIRED)	
PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT- IF NO PERMISSION GIVEN, INDICATE SUCH				
OBTAINING EMERGENCY MEDICAL CARE		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES		
WALKS AND TRIPS		SWIMMING		
TRANSPORTATION BY THE FACILITY		WADING		
SIGNATURE OF PARENT OR GUARDIAN		DATE		
6 Month update SIGNATURE OF PARENT OR GUARDIAN		DATE		



2026 SUMMER CAMP

CHILD RELEASE, PERMISSIONS FORM AND STATEMENT OF UNDERSTANDING

I give consent for the below camper to attend the field trip associated with their week of camp. Please note that the camper must also be enrolled in that session and registered for the field trip. In giving my permission, I understand that my child may be walking or being 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. I accept full responsibility and release the North Penn YMCA of all liability. I understand that field trip days are subject to change based on the session enrollment.

<u>Child's Name & Camp Location:</u>	<u>Date of Birth:</u>
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GENERAL PERMISSIONS

By Initialing below, (choose either yes or no – do not sign in both) I indicate my permission for field trips and preferences for the camper named above:

YES	NO	Permission Item
		Staff to assist with the application of sunscreen/lotion to my child, which I will provide.
		To use hand sanitizer to supplement hand washing.
		Permission to post my child's allergies in their classroom or binders.
		For video or photographs taken by YMCA of my child(ren) to be used for NORTH PENN YMCA publicity and advertising purposes.
		To walk or be transported by a contracted school bus company with his/her/their camp group from YMCA property/camp location for program activities/swimming/field trips.
		I have received, read, and will abide by the polices and procedures of North Penn YMCA Family Handbook and included in the registration packet
		In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the North Penn YMCA to send my child to the closest hospital. I agree to meet the YMCA Staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.

YMCA STATEMENT OF UNDERSTANDING: The following information is important for the safety and protection of your child. Please read the information and sign the permission form indicating your understanding. A copy will be placed in your child's records.

- I understand that my child may be walking or being 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.
- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be 18 or older. Any other arrangements must be made by calling your campsite.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they must make this judgment call.
- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y program. Immediate disciplinary action will be taken by the Y toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for Y staff to receive and supervise the child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers and that I should report this to a supervisor if they do.
- I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
- I understand that additional health forms are needed for my camper's registration to be complete. I understand these forms are due by the Wednesday before my camper's first day of camp

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:



2026 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: North Penn YMCA 2506 N. Broad St Suite 208. Colmar, PA 18915
Lansdale Area Family YMCA 608 E. Main St. Lansdale, PA 19446
Indian Valley Family YMCA 890 Maple Ave. Harleysville, PA 19438
Harleysville Early Childhood Center 311 Alumni Ave. Harleysville, PA 19438

Pennsylvania Human Relations Commission
333 Market St. 8th Fl. 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
(Within 180 days from the date of incident)

**Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity**
Room 225, Health & Welfare
Building
P.O. Box 2675 Harrisburg, PA
17120
Inquiries: (717) 787-1127
Email: RA-PWBEOAO@pa.gov
(Within 90 days from the date of incident)

**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
(Within 180 days from the date of incident)

Operator's Signature

Date

Parent / Guardian Signature

Date



2026 NORTH PENN YMCA CAMP PAYMENT AGREEMENT

55 PA CODE CHAPTERS §3270.123 & §3270.181©; §3290.123 & §3270.181©

Child's Name

Date of Birth:

Grade as of Sept. 26:

Camp Location Selected:

Select schedule chosen to attend and corresponding payment rate in the graph below.

Session Deposit will be charged at the time of Enrollment.

The amount charged will be reflective of the options chosen on the Camp grid provided.

<u>RATES FOR CAMP LOCATIONS:</u> Lansdale Family Area YMCA, Lansdale Catholic, Inglewood Elem., Indian Valley Family YMCA, EMC Elem., Trinity Christian-Skippack, & Alumni Ave. K-1 camp,	FULL DAY CAMP 9:00AM - 4:00PM		EXTENDED DAY CAMP 7:00AM - 5:30 or 6:00PM (varies per location)	
	1st CHILD	ADD. CHILD	1st CHILD	ADD. CHILD
5 DAY	\$295	\$280	\$350	\$335
3 DAY	\$215	\$205	\$250	\$225

<u>RATES FOR CAMP LOCATION:</u> Alumni Ave. Pre-K Camp	HALF DAY CAMP 8:45AM – 12:45PM		EXTENDED DAY CAMP 7:00AM - 5:30 PM	
	1st CHILD	ADD. CHILD	1st CHILD	ADD. CHILD
5 DAY	\$170	\$155	\$305	\$290
3 DAY	\$135	\$120	\$210	\$195

<u>RATES FOR CAMP LOCATIONS:</u> School Road Park, Hatfield	RESIDENT RATE 8:00 AM- 5:00 PM		NON- RESIDENT RATE 8:00 AM- 5:00 PM	
	1st CHILD	ADD. CHILD	1st CHILD	ADD. CHILD
5 DAY	\$225	\$215	\$295	\$280
3 DAY	\$155	\$145	\$215	\$205

PAYMENT DUE DATES			
Session Date	Due Date	Session Date	Due Date
Week of May 25	5/11/2026	Week of July 13	6/29/2026
Week of June 1	5/18/2026	Week of July 20	7/6/2026
Week of June 8	5/25/2026	Week of July 27	7/13/2026
Week of June 15	6/1/2026	Week of Aug 3	7/20/2026
Week of June 22	6/8/2026	Week of Aug 10	7/27/2026
Week of June 29	6/15/2026	Week of Aug 17	8/3/2026
Week of July 6	6/22/2026	Week of Aug 24	8/10/2026

**DUE AT REGISTRATION is a
\$25.00 non-refundable deposit
per child per session registered.**

Terms and Conditions:

- I understand failure to make timely, routine payments will result in suspension/termination of care and financial assistance when applicable.
- I understand that if I do not pay in-full for camp(s), that I hereby give authority to North Penn YMCA to use the information provided or currently on file, to charge my bank account/credit card for camp on the published due date (14 days prior to Monday of each camp week). Payments will be drafted on the due date for each week I am registered for. I will be responsible for all payments from my account and will notify North Penn YMCA of any changes to my account. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus subject to any late or overdraft charges applied by the North Penn YMCA. The current late fee is \$30.00 per week. This is in addition to any service fee my bank may charge.
- **Make all checks payable to: NORTH PENN YMCA.** Payments may be made at any North Penn YMCA branch.
- **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. Start dates subject to change based on SASD and/or PVSD calendar changes.**
- **LATE FEE/EXTENDED HOURS:** If camper is dropped off or picked up any time other than the times that are indicated on registration form, the account will be charged \$15.00 per 15 minutes.
- **CHANGE FEE:** Any changes requested before June 1, 2026 will be at NO charge. Any changes after June 1, 2026 will be charged a \$10.00 fee.
- **ATTENDANCE:** **Failure to attend without prior notification will result in full tuition rate being owed.** Withdrawals require two week's written notice to receive a full refund minus \$25.00 deposit. 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 22, 2026 to ehfa@northpennymca.org.
- **ELRC ASSISTANCE:** At the time of registration, the North Penn YMCA must be notified if family is receiving subsidy support from the County ELRC program. No deposit is due if 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 per ELRC regulations.
- **In the case of divorce and/or a separation:** the parent/guardian responsible for full tuition payment will be he or she who enrolled the child(ren) with the North Penn YMCA childcare/camp program, unless the North Penn YMCA receives written notice by both spouses or both former spouses, in agreement or court ordered, to the contrary. The parent/guardians have the following options available for child(ren)'s enrollment: (1) Parent/guardians enroll separately for schedules needed for care (2) One parent enrolls for full schedule of care needed and per custodial/court documents the childcare expenses are split. **If the tuition payment is not received for both parent/guardian portions of care, the North Penn YMCA reserves the right to suspend/terminate child from the camp program. PARENTS MUST PROVIDE ALL COURT DOCUMENTS/CUSTODY AGREEMENTS PERTAINING TO EACH CHILD ENROLLED IN OUR CAMP PROGRAM.**
- The parents shall share childcare expenses as follows:
 - Parent A: _____ % Name: _____
 - Parent B: _____ % Name: _____
- 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.

FINANCIAL TERMS & CONDITIONS AGREEMENT:

I understand and agree to the financial terms and conditions listed above.

Person(s) designated by parents to whom their child can be released:

Parent/Guardian Signature:		Date:
Registrar/Director's Signature:		Date: Confirmation Sent:
Billing Date:	Enroll Date:	Withdrawal Date:
6 Month Update -Parent/Guardian Signature:		Date:



2026 SUMMER CAMP DRAFT PAYMENT AGREEMENT

Our draft payment agreement is a continuous summer camp payment plan between June 1 and August 31, 2026.

- It is my complete understanding that if I wish to terminate or change my child's camp enrollment in any way, I MUST GIVE 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: _____

Name of Child(ren) attending program: _____

Please draft my credit card already on file: YES NO

Please draft my bank account already on file: YES NO

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

Signature of Parent/Guardian: _____

Date: _____



WAIVER AND RELEASE

WAIVER AND RELEASE

In consideration of my/our participation in the activities of the North Penn YMCA, I/we do hereby hold free from any liability North Penn YMCA, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of North Penn YMCA it's facilities, equipment or program activities. Furthermore, I hereby grant permission for photographs and videos taken by North Penn YMCA staff and volunteers to be used for North Penn YMCA publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

Parent Signature:	Date
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MEDICATION INFORMATION

Medications - List all medications your child is presently taking, including over the counter medication. All medication must be in original packaging and include physician instructions. All location must be picked up on child's last day of attendance

Medication Name: _____

Dosage amount: _____

Time Taken: _____

How often: _____

Reason: _____

Medication Name: _____

Dosage amount: _____

Time Taken: _____

How often: _____

Reason: _____

Medication Name: _____

Dosage amount: _____

Time Taken: _____

How often: _____

Reason: _____

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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:						
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.			
			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.