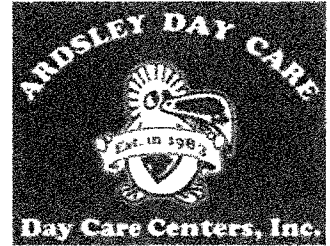


Day Care Centers, Inc.

Child Care Paperwork

Welcome to Day Care Centers, Inc.



Dear Parents:

Following are the forms that need to be filled out to enroll your child(ren) in our program. All forms must be completed and handed in to Connie Morak at the time of registration. You have 30 days to have a physical completed. Registration fee and the last 2 weeks deposit is also due at the time of registration.

Care is offered to children **Monday through Friday from 7:30 AM to 5:30 PM.**

A **Family Handbook** and **Welcome Packet** is available on our website. Just click on the program your child is enrolling in and scroll down the page for all the information about the room. Please read these documents as they offer a lot of information regarding our program.

Physicals are due every 6 months for children under the age of 2, every year for children ages 2 to 6, and every 2 years for 6-12 year olds.

We use **Procare Solutions**, an easy-to-use child care mobile app used to enrich classroom and parent interactions and automate the payment process. Once enrolled you will receive an email inviting you to join Procare. The app provides an opportunity for real-time updates from the classroom to enhance the parent and staff experience.

The app allows you to:

- Sign your child in and out using your phone
- Receive child care activities and daily reports
- Streamline your communication with teachers through the Messages section
- Simplify child care payment processing with online and mobile payments
 - Invoices are sent out weekly. You can pay directly from your invoice or place a check/cash in your child's classroom tuition folder located right inside the door.

The app allows the teacher to:

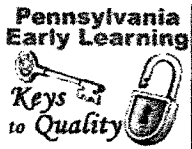
- Share photos and videos
- Record and share milestones
- Send the latest news and events via Newsletters
- Communicate with families efficiently

Monthly Calendars, Classroom Newsletters, and Hot Lunch Slips are available on our website.

PAPERWORK IS DUE BACK ASAP AS SPACE IS LIMITED.

Call Connie at 215-572-0862 X202 or email cmorak@daycarecentersinc.com with any questions or concerns.

www.DayCareCentersInc.com



DAY CARE CENTERS, INC.
2828 SPEAR AVENUE
ARDSLEY, PA 19038
(T) 215-572-0862 (F) 215-886-2202
www.DayCareCentersInc.com

Emergency Operations Plan

Parents/Guardians:

This letter is to assure you of our concern for the safety and welfare of children attending Day Care Centers, Inc. Our Emergency Operations Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- **Immediate Evacuation** - Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc. Any family arriving or departing at the time of a drill/actual emergency must accompany their child to the designated safe area or wait until instructions are given to retrieve your child from the drill/actual emergency.
- **In Place Sheltering** - Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response. Students go to their designated safe area (hallways, either upstairs or downstairs) depending on the situation, as designated on the emergency evacuation maps located in each classroom and emergency contact binder.
- **Evacuation** - Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a Relocation Facility at Queen of Peace Catholic Church, 835 North Hills Ave., North Hills, PA 19038. 215-887-1838. Further relocation sites will be determined by emergency management teams.
- **Modified Operation** - May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of severe weather (winter storm) or building problems (such as utility disruptions) that make it unsafe for students to be housed in the facility.

Please watch **6ABC, NBC10, or FOX 29** for announcements relating to any of the emergency actions listed above. You can have text messages or emails sent to you by joining the station's Alert System. We will also send out emails and post information on the website, www.DayCareCentersInc.com provided we have the means to do so.

We ask that you not call during the emergency. This will keep the main phone line free to make emergency calls and relay information. We will inform you to let you know that we've taken one of these protective actions. We will also inform you when we've resolved the situation and it is safe for you to pick up your child.

I specifically urge you not to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your child and our staff, I ask your understanding and cooperation. Should you have any additional questions regarding our emergency operating procedures contact Brooke Sheridan or Sandy Kaufmann at 215-572-0862 x 204 or x 200.

DAY CARE CENTERS, INC.

Brooke Sheridan
Director

**PRE-SCHOOL
WHAT MY BASKET/LOCKER SHOULD HAVE**

SPRING/SUMMER

Backpack/Friday bag (stored in locker)
* Lunch box with ice pack
** Thermos for hot foods
Small blanket
Crib size sheet
2 Underpants
2 Undershirts
2 pair of socks
Short sleeve tops
Shorts
Bathing suit /T-shirt
Towel
Water play shoes or Aqua socks
Sunscreen
Hat

FALL/WINTER

Backpack/Friday bag (stored in locker)
* Lunch box with ice pack
** Thermos for hot foods
Small blanket
Crib size sheet
2 Underpants
2 Undershirts
2 pair of socks
Long sleeve shirt
Long pants
Sweater
Daily in Winter
Snow pants
Boots
Hat, gloves & mittens

PARENTS: Please check locker/baskets occasionally to make certain the items needed for each season are available for your child. When something is sent home to be washed, please do so and return it the following day. Remember to put your child's name on everything! We are not responsible for articles lost or stolen. You will be notified if your child does not have a change of clothing on hand in case of an accident and they have nothing to change into.

***Using an ice pack in the lunch box/bag will keep your child's food cold enough.**

****We do not heat up food for children's lunches.**

**INFANT/TODDLER
WHAT MY BASKET/LOCKER SHOULD HAVE**

SPRING/SUMMER

Backpack/Friday bag (stored in locker)
* Lunch box with ice pack
** Thermos for hot foods
Bottles with formula or milk (daily)
Diaper cream
Sleep sac blanket (12 mos. & younger)
Small blanket (12 mos. & older)
Porta - Crib size sheet
2 pair underpants
2 undershirts
2 pair of socks
2 short sleeve tops
2 pair of shorts
3 infant bibs
Bathing suit (Toddlers only)
Towel (Toddlers only)
Water play shoes (Toddlers only)
Sunscreen
Hat
Sippy Cup (cup with lid)

FALL/WINTER

Backpack/Friday bag (stored in locker)
* Lunch box with ice pack
** Thermos for hot foods
Bottles w/ formula or milk (daily)
Diaper cream
Sleep sac blanket (12 mos. & younger)
Small blanket (12 mos. & older)
Porta - Crib size sheet
2 pair of underpants
2 undershirts
2 pair of socks
2 long sleeve shirts
2 pair of long pants
3 infant bibs
Sweater
Daily in Winter
Snow pants
Boots
Hat, gloves & mittens
Sippy cup (cup with lid)

PARENTS: Please check locker/baskets occasionally to make certain the items needed for each season are available for your child. When something is sent home to be washed, please do so and return it the following day. Remember to put your child's name on everything! We are not responsible for articles lost or stolen. You will be notified if your child does not have a change of clothing on hand in case of an accident and they have nothing to change into.

***Using an ice pack in the lunch box/bag will keep your child's food cold enough.**

****We do not heat up food for children's lunches.**

DAY CARE CENTERS, INC.

ARDSLEY DAY CARE

SCHOOL CLOSING INFORMATION*

In the event that we need to close the center information will be posted on our website www.DayCareCentersInc.com and on the following TV stations:

NBC 10

Closing information will be posted at <http://www.nbc10.com/weather/school-closings/>

You can sign up for text alerts or emails by going to www.nbc10.com and clicking on **WEATHER**. From there, click on the **SCHOOL CLOSING ALERTS** link then look for the **SUBSCRIBE TO MOBILE ALERTS** link to sign up! *We are listed as ARDSLEY DAY CARE.*

6 ABC

Closing information will be posted on www.6abc.com

Click on the **ACCUWEATHER** tab and scroll down to **SCHOOL CLOSINGS**. Information is fed directly for display on Action News, Good Morning America and any appropriate 6ABC program, online or on your internet-enabled mobile device at www.6abc.com and 6abc mobile applications including I-Phone and Android devices. *We are listed as ARDSLEY DAY CARE.*

FOX 29

Closing information will be posted on www.MyFoxPhilly.com. Just click on **WEATHER**, then **SCHOOL CLOSINGS**. A direct link is also available at <http://myfoxphilly.com/closings>. Viewers can sign up to receive alerts by text message on their cell phone or they can find closing information on Fox's mobile webpage and apps. *We are listed as ARDSLEY DAY CARE.*

***We usually will try to open but may be open with limited staffing. Emergency closings are not deducted from tuition.**

Policies and Procedure

Inclement Weather:

PLEASE DO NOT ENTER a classroom with wet shoes/boots. Teachers will accept your child at the door. This helps to keep our rugs clean and dry. (The children sit and play on the rugs.) Take your child's boots off in the hallway and put their sneakers on before entering the room. Teachers will set up an area outside the classrooms for changing into dry sneakers. **We will go out to play in the snow as long as the temperature is above 25 degrees so ALL children must have proper attire to go out. This includes, boots, snow pants, hat, mittens, etc. They will need these items every day, especially: hat, mittens, winter coat.**

We **do not** follow the school district's closings; however, if businesses start to close we will close early. If schools close, Copper Beech students will be bussed here. If you are picking your child up at the school, please call to let us know. **215-572-0862 x211**. If we close early the time will usually be at 4:00 PM unless a state of emergency is called and we are asked to close earlier. We will post the early closing on the above stations but will also call every family to insure you know about the early closing. The decision to close early is usually made by noon. Our main goal is to get everyone home safely, including the children, you, and our staff. We expect parents to make every effort to be here by the early closing time. Please make sure you have a back-up plan such as a neighbor or other family member that can get here before you.

There are times we may need to open late in the event that the parking lots have not been plowed or the travel conditions are expected to improve later. Please check the above stations for this information.

EMERGENCY CONTACT /PARENTAL CONSENT FORM

CHILD'S NAME:		Date of Birth:	
Address, Town, State, Zip Code		Child's Race:	
PARENT # 1 NAME/LEGAL GUARDIAN:		Home Tele#	Cell Phone #
Address, Town, State, Zip Code: (May NOT write "Same as Above")		e-mail address	
Business Name:		Business Tele #	
Address, Town, State, Zip Code:		Zip Code	
PARENT # 2 NAME/LEGAL GUARDIAN:		Home Tele#	Cell Phone #
Address, Town, State, Zip Code: (May NOT write "Same as Above")		Zip Code	
Business Name:		Business Tele #	
Address, Town, State, Zip Code:		e-mail address	

EMERGENCY CONTACT PERSONS / PERSONS TO WHOM CHILD MAY BE RELEASED (OTHER THAN PARENTS)

Name	Address, Town, State, Zip Code	Phone # while in Child Care

Medical Information

NAME OF CHILD'S PHYSICIAN /MEDICAL CARE PROVIDER	Medical or Dietary Information Necessary in an Emergency Situation:
Address	Special Disabilities(if any):
Town, State & Zip Code	Allergies including Medication-Reaction: I give permission to post these allergies. Signature _____
TELEPHONE #	Medication, Special Conditions:
Name of Health Insurance Coverage for Child or Medical Assistance Benefits:	Does child have an IFSP/IEP ☐Yes ☐No Please submit current copies after each evaluation ☐Enclosed
Policy #: (Required) Group #	Additional Information on Special Needs of Child:

☒ PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

☒ Obtaining Emergency Medical Care: _____	☒ Administration of Minor First Aid Procedures: _____
☒ Walks and Trips: _____	☒ Swimming/Wading: _____
☒ Transportation by the Facility: _____ Emergencies only _____	☒ Signature: _____ Date: _____

***PERIODIC REVIEW: To be signed after 6 months + every 6 months to verify current information above.**

Signature of Parent/Guardian*:	Date:	Signature of Parent/Guardian*:	Date:

AGREEMENT

NAME OF CHILD:		
Grade/Age		
Fee Amount*: \$	MON TUE WED THUR FRI	FULL TIME PART TIME
*Holidays, sick days, and emergency closings are not deducted from tuition payments.	Payments are due on Monday mornings or as otherwise indicated	

Services to be provided as part of the day care fee (examples: care, snacks, curricular materials, etc.) Children will be supervised by Day Care Centers, Inc. staff at all times.

Arts and crafts, sports activities, reading and math enrichment and many other activities are just a few of the many things offered throughout the day. Child assessments will be completed at least every 6 months.

Child's Arrival Time:	Child's Departure Time:	Person(s) Designated to whom child may be released: See Emergency Contact in file
Late Fee: \$25 per 15 minute period started after 5:30 p.m.	All accounts not brought up to date by the last day of service will be turned over to a collection agency	A \$30 late fee will automatically be added to every account not paid in full by Friday each week.

*****Both parents must sign below at X!*****

	I have received complete written program information at the time of enrollment including the DCCI handbook and Curriculum statement.	
	I agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.	
	Signature of Operator	Date:
X	Signature of Parent/Guardian #1	Date:
	Signature of Parent/Guardian #2 _____	Date _____
	Date of Admission:	Date of Withdrawal:

DAY CARE CENTERS, INC.
Parent Agreement – February 2, 2026

Child's Name _____ **Date of Admission** _____

Parent(s) Signature _____ **Date** _____

I have read and will abide by all the rules set forth by Day Care Centers, Inc.

Email address _____

FEES: (All fees are non-refundable.)

1. A \$90 registration fee for one child, \$120 for 2 children, \$150 for 3 or more children. **An annual family re-enrollment fee of \$80 is due in September every year.**
2. The registration fee and the last 2 weeks tuition (prepay) are payable upon registration. **These fees are non-refundable.**
3. **Two weeks written notice of withdrawal is required and prepay will be used to pay these last 2 weeks.**
4. **Tuition is due on Monday morning.** Invoices are sent out weekly through Procure. You can pay directly from your invoice or put a check or cash in your child's classroom's tuition folder. A \$30.00 per week late fee will automatically be added to every account not paid in full by 1:00pm Friday of each week. **Holidays, sick days, and up to 5 emergency closings are not deducted from tuition payments.** A child who is here only part time will pay a set fee for set days. Parents owing more than 2 weeks may be asked to leave the center until account is current. **School Age care** has an added cost for early dismissals, days off, and snow/emergency days. Care is limited to availability of staffing.
5. **Each family is permitted a total of three (3) full weeks per calendar year (January to January) at a reduced rate of 50%,** which may be used for vacation and/or illness. These weeks must be taken as full weeks (Monday-Friday); partial weeks or individual days do not qualify for the reduced rate. Any full week absences beyond the 3 allotted weeks will be charged at the full tuition rate, as the child's enrollment spot is held and staffing must be maintained regardless of attendance. This policy allows the center to plan appropriately for staffing and ratios, support our teachers, and ensure fair and consistent tuition practices for all families while still offering flexibility for planned vacations or extended illness. **(Does not apply to the school aged Summer Camp)**
6. There is a \$25 fee charged for returned checks. After the third time a check is returned, a parent is required to pay in cash, money order or credit card. Any delinquent accounts over 2 weeks may result in termination of children.
7. The Day Care Center is open from 7:30 am to 5:30 pm M-F. **Parents who arrive after closing time will pay a \$25 fee per child for every 15 minutes (or part thereof) after closing time. Fee is payable upon arrival.**
8. Families with 2 children will be issued a 15 % discount off the oldest child. Discounts are given only on full time children. No discount is given on part time children. Families with 3 children are charged full price for the youngest child, a 15 % discount for the second child and the oldest child pays a weekly rate of \$175.
9. If desired, a leave of absence for the last 2 weeks of June, the month of July and the month of August may be approved with the following conditions: Children must be absent for 10 consecutive

weeks; a fee of \$700 per child will be invoiced and must be paid prior to starting the leave of absence to hold your child's spot. All fees are non-refundable. The re-enrollment date will be dependent on the day care staffing situation. Our new school year begins the day after Labor Day

GENERAL INFORMATION:

1. **Parent(s) must sign their child in/out of the day care daily using the Procare system.** Parents must accompany children to their assigned rooms. The Center does not accept responsibility for your child until they have been signed in. Children are supervised by parents/guardians and/or Day Care Centers, Inc. staff at all times.
2. The Center may offer one to two snacks a day depending on the classroom. Parents provide lunch.
3. **Parent(s) are asked to notify the Center before 9 am if their child will not be there that day.**
4. **To support consistent routines, appropriate staffing, and a smooth start to the learning day, children must arrive by 9am. Late arrivals after 9 cause disruptive classroom routines, learning activities, and supervision plans.**
5. Parent(s) are responsible for bringing supplies for their children and must replenish them when needed. Diapers/Wipes are provided by the day care center for the Care Bears, Fozzie Bears, and Gummi Bears during Day Care hours. The Center provides a cot for nap time.
6. Parent(s)/Guardians are encouraged to go to the **Parent Nook** tab section on our website www.DayCareCentersInc.com to print out forms, medication information, see resources, frequently asked questions, and daily events. A monthly calendar, newsletter, and Thursday Lunches can also be found here. Newsletters and calendars are sent through Procare as emails.
7. Information and updates are sent out by email through Procare. A current email address is required in order to receive updates and important information by email.
8. The Center is not responsible for items lost or stolen. See that your child's name is on all their supplies.
9. Students who exhibit continuous disruptive behavior will result in conference, suspension or expulsion. DCCI reserves the right to terminate services for families that do not adhere to Center policies or behave in a fashion which is considered threatening/harmful to staff, students, or other families or family members.
10. I give permission for Day Care Centers, Inc. to use any pictures taken of my child during child care hours including special days in specific publications, ads, flyers, DCCI website, DCCI Facebook, etc.

SICKNESS:

1. Children with fevers or communicable diseases will not be admitted to the Day Care. If a child becomes sick during the day, parents will be notified to take their child home when necessary. Children are to remain home until they have been symptom free without medication for 24 hours. (Starting the day after being sent home. Children may not return to care mid-day.).
2. Parents must receive approval from office personnel if their child needs prescription medication during the day. We will only give OTC medicine when necessary and with a current doctor's note. **ALL Medication must be in the original prescription bottle/box.**

Parent Signature _____ Date _____

Child Health History Form

Please complete this form and return it with your child's registration papers. If any questions do not apply to your child please put N/A. You will be requested to have a formal parent/teacher conference 2-3 times a year. It is important to keep communication lines open between family, teachers, and directors. Please read the daily note that is sent through Procure and respond to items requested in an effort to keep everyone informed regarding your child's development.

Child's Name: _____ **Gender:** _____ **Date of Enrollment** _____

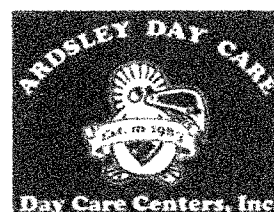
<u>Parent Name:</u>	<u>Parent Name:</u>
<u>Occupation:</u>	<u>Occupation:</u>
<u>Marital Status:</u>	<u>Marital Status:</u>

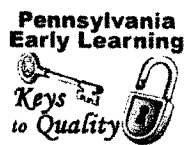
Does your child live in a smoke free environment? Yes No	
Describe your household (who lives there-names and relationship to child, the neighborhood). Is there any other information about your family's composition that you would like to share?	
Does your child have any parents that do not live in the home? Does your child visit this parent? How Often? Please describe any custody arrangements of which we should be aware.	
Does your child have any siblings (names and ages)?	
Does your family have any pets?	
Does your child respond to any nicknames? Does your child have any nicknames for family members?	
Describe the discipline techniques used with your child and which family member does most of the disciplining. If not yet using any, please describe what you would or will use.	
Has your child been in an early learning program or child care before?	
If yes, Where? When? For how long? What type of care (family day care home, relative, neighbor, center) If you have any of your child's records from that program, please share these with your child's teacher.	
What was the reason for leaving that program?	
Describe your child's disposition/personality (e.g. friendly, shy, aggressive, withdrawn, happy, etc.)	
Does your child have contact with other children and adults outside the home?	
Describe your child's schedule/routines: *Normal bedtime, waking time, nap time, duration *Mealtimes *Do schedules vary frequently? If so, describe.	
Does your child have any imaginary friends or favorite item they are attached to?	
Are there any special problems, fears, or dislikes that we should know about?	

Is your child completely toilet trained. (Asks to go to the bathroom, cleans himself, can pull up/down pants, etc.) What words do you use to describe bowel movements and urination?	
Does your child have any special needs (medical, developmental, social, mental health)? Please explain. Do any of these special needs require special care by our teachers? If yes, please describe briefly. If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.	
Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)? Provide a copy of the plan so we can provide the best possible learning experience for your child.	
Does your child have any allergies? (Food Allergies, Environmental Allergies, Allergies to medicine) How are your child's allergies treated? (Epi pen, inhaler, etc.)	
Does your child take any medicine regularly? If so, what, when, and dosage? <i>Please read our medication procedures located in each classroom, in the parent agreement, and the parent handbook.</i>	
Has your child ever been hospitalized? If so, when and why?	
What health problems has your child had in the past and/or currently?	
Does your child have any problems with or are you concerned about: ○ Talking or making sounds? ○ Walking, running, or moving? ○ Seeing or hearing? ○ Mood or behavior? ○ Playing well alone or with others? Please explain any concerns.	
Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know? Would you and/or your family like to be a resource for any cultural awareness activities?	

Please visit our website to check out Program Descriptions of the rooms, Family Handbook, Welcome Packs, and the Parent Nook for Forms, Newsletters, Events, etc. We use Procare for billing, parent and teacher communication, and signing children in and out. You will receive an email inviting you to sign up and download the app. Check us out on Facebook!

**Thank you for choosing Ardsley Day Care of
Day Care Centers, Inc. as your
Early Childhood Provider!**






DAY CARE CENTERS, INC.
2828 SPEAR AVENUE
ARDSLEY, PA 19038
(T) 215-572-0862 (F) 215-886-2202
www.DayCareCentersInc.com

SUBJECT: Nondiscrimination in Services Policy Statement

TO: Parents

FROM: Brooke Sheridan (Director) *Brooke Sheridan*

Admissions, the provisions of services, and referrals of clients shall be made without regard to 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 (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectionate or sexual orientation, and differences in sex), and retaliation,

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

DAY CARE CENTERS, INC.
2828 SPEAR AVENUE
ARDSLEY, PA 19038

Office for Civil Rights
U.S. Department of Health and Human Services
Centralized Case Management Operations
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)

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)

Pennsylvania Human Relations Commission
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
(Within 180 days from the date of incident)

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: Day Care Centers, Inc.		WORK PHONE:
FACILITY PHONE: 215-572-0862		
COUNTY: Montgomery County		
☐ 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:		

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

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:			
				LICENSE NUMBER:			
				DATE FORM SIGNED:			