

PARENT HANDBOOK
NEWPORT ASSEMBLY OF GOD CHILD
CARE CENTER

PROVIDING
ALL DAY CARE
PRESCHOOL PROGRAMS
AND
SCHOOL AGE CHILD CARE PROGRAMS
(SACC)

Located at:
253 N. 6TH Street
Newport, PA 17074

Phone:
717-567-3333

But Jesus said, "Let the little children come to me, and don't prevent them. For of such is the Kingdom of Heaven."

Matthew 19:14

2011 - 2012 SCHOOL YEAR

Newport Assembly of God Child Care Center Price List

- There is a yearly \$30.00 Non-refundable Registration Fee
 - Plus Infant room pays a one time sheet fee of \$20.00
 - All classes require a two day minimum
 - All fees are subject to change

DAYCARE PRICES

	6wk-approx. 15mo INFANT ROOM	Approx.15mo-24mo WADDLER ROOM	Approx.24mo- TODDLER ROOM	3&4 YR. ROOMS
Week	\$182.00	\$156.50	\$146.50	\$136.50
	or \$37.40 per day	or \$32.30 per day	or \$30.30 per day	or \$28.30 per day

PRESCHOOL PRICES
\$19.50 a DAY

3 YR OLD /PRESCHOOL CLASS
MON, WED. & FRIDAY
8:00am – 11:00am

4 YR OLD / PRE-K CLASS
MON, WED. & FRIDAY
8:00am-11:00am

- Must be 3 or 4 by September 1st to move into 3 or 4 yr. rooms
- Child care price (3+4 yr) includes preschool
- Must be potty trained for 3 and 4 yr rooms

10% discount for additional children, given on lowest tuition

School Age Child Care
S A C C

NEWPORT SCHOOL DISTRICT

KINDERGARTEN THRU 6TH GRADE

Before and after \$91.80 per week or \$19.36 per day
 Before \$61.25 per week or \$13.25 per day
 After \$71.25 per week or \$15.25 per day
 There is a \$3.60 charge per hour for school delays and early dismissals
\$26.50 PER FULL DAY
 Includes lunch and two snacks

SUMMER RATES FOR S A C C:

\$ 127.50 - 5 FULL DAYS
 or \$26.50 per day
 Partial day same as full day rate

PAYMENTS

Payments must be made the week prior to dates of service. A \$15.00 late fee will be assessed to your account after a 5-day grace period unless other arrangements are made with the Child Care Director. You can be asked to withdraw your child from our center if you are unable to bring your account up to date. We do charge a \$30.00 fee for each returned check we receive.

You are required to pay a flat weekly rate for your child. When you register your child, you circle the days in which your child will be in attendance. Those are the number of days in which you will pay whether your child is in attendance or not. If your child is entitled to vacation days, please make sure their teacher is informed when you are using them so they can let the Director know to bill you accordingly.

HOLIDAYS

There are 8 holidays throughout the year that this facility will be closed. If your child normally attends on that day of the week, you will be charged for that day.

New Year's Day
Good Friday
Memorial Day
July 4th

Labor Day
Thanksgiving Day
The Friday after Thanksgiving
Christmas

Holiday Celebrations

As Christians, we all have different ways of celebrating holidays. For example, some Christians allow Halloween activities, some include Santa as part of their Christmas celebration, and others allow the Easter bunny to be part of their celebration of Easter. We here at Newport Assembly of God Child Care celebrate the Christian meaning of holidays and ask you to keep these things in mind when you give gifts, snacks, or decorations for your child to bring to school. Please do not send any of the following items; anything that pictures or mentions; ghosts, witches, Jack-O-Lanterns, Easter Bunnies (with baskets), Santa Claus, Santa Claus hats, reindeer, elves, North Pole or Cupids. This would include decorations on cupcakes, cupcake papers, cookies, candy, cakes, paper goods, wrappings, etc. If you have any doubt, please contact your child's teacher before sending items to child care. Thank you for your cooperation in this matter.

CHILD CARE

The Child Care Center is open weekdays from 6:00 am to 6:00 pm.

If you have an emergency that does not allow you to reach our center by 6:00 pm we ask that you make other arrangements. If unable to make other arrangements, please call our center so we are aware of the situation. If you pick your child up after 6:00 pm, there will be \$1.00 per minute charge for every minute you are late. This amount will be added to your bill.

If your child is in attendance year round, you will receive double the number of days in which they attend on a weekly basis for vacation days. For example if your child attends five days per week year round, you will receive ten vacation days. If they attend four days per week year round, you would receive eight days vacation and so on.

PRESCHOOL K-3 & K-4

The preschool program runs September through June from 8:00am to 11:00am. K-3 is for children who have turned three years old by September first. Class is held every Monday, Wednesday and Friday that public school is in session. K-4 is for children who will be attending kindergarten the following school year, (age four by Sept. 1st.) This class is also held Monday, Wednesday and Friday mornings. The cost of \$19.50 a day is the same for both classes. You are charged for your assigned days whether your child is in attendance or not.

Should there be a two-hour weather delay for the Newport School District, there will be no Preschool for that day. If this is one of the days your child is assigned, you will not be charged.

Should there be a one-hour delay for Newport School District, we will have classes as normal and you will be charged for that day.

There are no vacation days given for Preschool.

S.A.C.C.

School Age Child Care

The S.A.C.C. program operates from 6:00 am to 6:00 pm Monday through Friday. During the school months, at approximately 7:45 a.m. the children are placed on the Newport School District bus to be taken to Newport Elementary School. The children will return by bus to the center at approximately 2:50 p.m.

If you pick your child up from the center after 6:00 p.m. there will be a \$1.00 a minute per every minute you are past 6:00 p.m. added to your bill.

There are no vacation days given for S.A.C.C. during the school year.

When there is a “no school” day and your child does not attend our center for that day, you will not be charged for that day, with the exception for holidays listed on page 3.

When there is a “no school” day and your child does attend our center for that day, you will be charged for that day, the full day rate. You will also be charged an additional hourly rate for early dismissals and school delays.

There will not be service provided for Kindergarten registration “no school” days when they are the only children off school.

In the summer months, if your child attends year-round, your child will receive an equal amount of vacation days according to the amount of days in which they attend the center. This would be 5 vacation days for a child that attends 5 days year round, 4 for 4, and so on.

POLICIES AND PROCEDURES

- **ILLNESS:** Please see page 9, Admission and Exclusion of Ill Children.
- **TOYS:** We ask that you **do not** allow your child to bring toys from home, unless it is a rest-time toy. Rest-time toys need to be put in your child's basket when you drop them off. These toys seem to cause more distress for the workers and your child than they are worth. (The director reserves the right to add to or delete from this policy, as he/she sees fit for a given situation.)
- **GUM:** Because of possible damage to clothing, furniture, and carpets, there will be no gum chewing allowed anywhere on church property.
- **BREAKFAST:** You are welcome to provide a breakfast for your child. Breakfast time ends at 7:00 for SACC and 7:30 for younger children. If your child comes later than this please feed them their breakfast before coming to the center. We ask that any breakfast brought for your child to eat here consists of food that needs no preparation and all utensils must be provided.
- **LUNCH:** Lunch is provided every day. A menu will be sent home at the end of each month. Please review the menu. The children are encouraged to try one bite of each item on their plate and only complete the things they do like. If there is a lunch your child will not like **or has food restrictions against**, please pack them a lunch from home for that day. There are no substitute lunches served.
- **SNACK:** Snack is provided everyday. One in the morning and one in the afternoon. If you would like to bring a special snack to share with the class please let your child's teacher know in advance. If you want your child to have special items for snack or more than 1 serving of snack we would ask that you provide them.
- **END OF DAY:** At the end of the day when picking up your child, please make sure you have all of their belongings, except their bedding that goes home on Fridays. Check their baskets (Child Care Only) for classroom papers/projects, parent information, and the possibility of "soiled clothes." Please remember that our facility is used for much more than just a child care center. We will not be responsible for items left behind.
- **PARKING:** The parking lot across the street belongs to Newport School District; they ask that we not use the lot during school hours when school is in session. When dropping off or picking up your child during these times please use the space beside the sidewalk directly in front of the church or the gravel lot beside the church.

POLICIES AND PROCEDURES CONT.

- **SIGN IN / OUT:** Upon arrival, each child will be observed by the caregiver for signs of illness/injury that could affect the child's ability to participate in the days activities. The parent will then sign your child in with the date and time of arrival. When your child is leaving for the day, a parent or authorized person (person on your pick up list) must sign the child out for the day. We require a signature and time of day that you are picking up signed in the teacher's presence. If the worker does not know you from previous pickups, he/she will ask for picture I.D. If you are sending someone to pick up your child who is not on the pick up list, you must make the request in writing. In an emergency we will expect a phone call from you for someone not on the list, and then you will have to give a number that we can call you back to verify. Either way, anyone we do not know must show picture I.D.
- **EMERGENCIES:** It is extremely important that we have all current information. As soon as there is any change in address, phone number, contact person, or any other information on the "Child Care Emergency Contact Form," please contact the Director immediately. Remember, accidents can happen.
- **DISCIPLINE:** We believe the parent is the ultimate authority in each child's life. We ask for your support in discipline situations. If a child chooses an inappropriate behavior, they also have chosen to spend time in "time out." The child is warned before this about what he should be doing instead of what he is doing. The child is talked to before and after their "time out" concerning the choice they made and the consequences of each choice. We do require that respect be given to teachers as well as other students and property.

Parents are notified of discipline situations with a "write up" attached to your child's sign in/out sheet, which you sign; keep the original and the copy will be put in your child's permanent file. If your child has continual behavior situations, and we have either worked together as much as possible, or you, the parent, do not back up the actions taken, you will be asked to remove your child from the center. This will only occur if all efforts to work with you, the parent, have failed. This would be necessary for the protection of the other children enrolled and the staff.

- **CLOTHES:** Washable play clothes are recommended for weekday activities. We go outside everyday, weather permitting. Please dress your child appropriately to enjoy God's beautiful world. Parents are expected to bring an extra set of clothes labeled with the child's name for emergency purposes. Please remember to check these clothes as seasons change.
- **SHOES: "SNEAKERS" are required!** This way we avoid the problems that can be encountered with other types of footwear (sandals, flip-flops, cowboy boots, jellies, water shoes, dress shoes, etc...) that are not appropriate for the type of "play" we do here or on the playground equipment. (We encourage SACC children to wear sneakers also, but SACC can wear the shoes they wore to school. Parents, we will not be responsible for injuries that may be caused by other types of shoes).

POLICIES AND PROCEDURES CONT.

- **SNOW DAYS:** As much as possible, this facility will be open full days on snow days. If the facility is closed or delayed opening due to inclement weather, you will hear announcements on ABC 27, CBS 21 and NBC 8. It should be announced as Newport Assembly of God Child Care or Newport A.O.G. Child Care.
Full day rates are charged to any SACC student who comes here that day. There is no charge for a SACC student or Preschool (8a.m. - 11a.m.) student if Newport School District is canceled and you do not attend the center that day.
- **REST TIME:** * This does not pertain to Preschool classes or SACC during the school session. (All ages will have rest time during the summer unless they are out on a day trip.)
Your child will be required to have a time of resting during the day. The children are not required to sleep; however, they must rest quietly not disturbing the other children who are sleeping. Your child may bring their favorite stuffed animal or “resting friend” to rest with. However, bottles or pacifiers are not permitted.
Children will receive a mat or cot that is provided by the center to use during their stay with us. We will put your child’s name on it and it will be cleaned every Friday. You may bring in a sleeping bag, blanket, pillow, or whatever will make your child more comfortable and secure. These items need to be brought into the center in a pillowcase marked with the child’s name and taken home every Friday to be laundered. All items brought to the center must be marked with your child’s name.
- **DIAPERS AND WIPES:** Parents are responsible for supplying diapers and baby wipes as needed for your Toddler room child.
- **HOLIDAYS:** Please see “Holiday Celebrations” on payment page.
- **MEDICATION:** Because administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, **families should check with the child’s physician to see if a dose schedule can be arranged that does not involve the hours the child is in the center.**

Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction.

PROCEDURE:

1. **Staff will administer medication only if parent or legal guardian has provided a “Medication Log” filled out completely, signed by the parent.**
2. Medication must be signed in and out, either daily or weekly.
3. All medication must be in the original, child-resistant container.
4. Prescription medication shall be labeled by the pharmacist with child’s name, the name of the medication, the date the prescription was filled, the name of the health care provider that wrote the prescription, the medication’s expiration date, time and amount of dosage, and storage instructions.
5. Non-prescription medication will be labeled with child’s first and last name; specific, legible instructions for administration and storage. If child is under two, permission and instructions must be faxed to us by the doctor. 717-567-7013
6. No medication will be given on an as-needed basis.

Thank you so much for choosing our Child Care Center. We feel it a privilege to be able to minister to your child. With the Lord's help in all we do, we will do our best to provide your child with a safe, nurturing, and loving environment. We understand the importance for you to know your child will be safe and happy during the hours you need to be apart. Our center is always open to you. Please feel free to stop by anytime.

Admission and Exclusion of Ill Children

Children will be excluded from care if ...

1. The child is vomiting, has diarrhea (two or more bouts within a short period of time or is not containable in diapers), or is running a fever of 101 degrees F or over.
2. The child does not feel well enough to participate comfortably in the usual activities of the program. (Including going outside).
3. The child's illness requires more care than the child care staff is able to provide without compromising the needs of the other children in the group.
4. The child has signs or symptoms that indicate a contagious illness, other than a common cold, that threaten the health of the other children or staff (Example: Lice, Chicken Pox, Conjunctivitis, etc.) as per state law.

The director or group supervisor, not the child's family, will make the final determination about whether the ill child can receive care in the child care program.

If your child becomes ill during the course of the day we will contact you. You must pick up your child as soon as possible. We cannot give a sick child the additional care he needs to give optimal care to the rest of the group. The presence of a sick child puts all the other children and staff at risk. NOTE: If you are not going to be able to be reached at your regular phone numbers remember to leave an alternative number with us.

Children who are sent home with a fever of 101 or more and must be fever free for 24 hours (without medication) before returning to the center. If you cannot pick your child up within 30 minutes, or we cannot contact you right away, we ask that you sign the "Fever Reducer Permission Slip."

If your child has an illness, which your physician has prescribed an antibiotic for, they must take it 24 hours before they can return to the center.

Because of the danger of contagion, all instances of communicable disease must be reported to the director immediately so that center parents can be notified.

Non-Discrimination Policy

The Newport Assembly of God Child Care does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, nation of origin, religious creed, disability, ancestry, sex, age, or sexual orientation in employment or in admission to, participation in, or receipt of the services and benefits of any of its programs and activities, whether carried out by Newport Assembly of God Child Care directly or through a contractor or any other entity with whom Newport Assembly of God Child Care arranges to carry out its program and activities.

This policy statement is in accordance with the provision of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the American with Disabilities Act of 1990, Regulations of the U.S. Department of Health and Human Services issued pursuant to the acts, Title 45 Code of Federal Regulations Part 80, 84, 91 and other applicable Federal, State and Local Laws and Regulations.

Christine Inman

Director of Child Care

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

Administration
Newport Assembly of God
253 N. 6th Street
Newport, PA 17074
717-567-3333

Application for Child Care Services

Name of Child: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Legal Guardian #1: _____ Relationship: _____

Address: _____

Phone (Home): _____ Work: _____ Hours: _____

Cell: _____ Email: _____

Legal Guardian #2: _____ Relationship: _____

Address (If different from above): _____

Phone (Home): _____ Work: _____ Hours: _____

Cell: _____ Email: _____

Days / Hours when care is needed _____

Composition of family in the home: _____

Special needs of child (medication, treatments, allergies, food intolerance, medical conditions, etc.)

no yes, if yes please explain: _____

Usual eating habits: _____

Elimination Patterns (Potty Trained, Wets Bed, etc.): _____

Things that comfort child: _____ scare child: _____

Home circumstances that may affect the child's behavior: _____

Who will care for child when he/she is sick: _____
(Complete the Child Care Emergency Contact Information Form)

Legal Guardian's Signature: _____ Date: _____

Child's Admission Date: _____ Child's Withdrawal: _____

Emergency Contact Information

Child's Name: _____ DOB: _____

Legal Guardian #1 Name: _____

Telephone Numbers: Home: _____ Work: _____

Cell: _____

Legal Guardian #2 Name: _____

Telephone Numbers: Home: _____ Work: _____

Cell: _____

Non-Emergency; list of designated persons who may pick child up: _____

Emergency Contacts (to whom child may be released if legal guardian is unavailable)

Name #1: _____

Telephone Numbers: Home: _____ Work: _____

Cell: _____

Name #2: _____

Telephone Numbers: Home: _____ Work: _____

Cell: _____

Child's Usual Source of Medical Care

Name: _____

Address: _____

Telephone Number: _____

Child's Health Insurance

Name of Insurance Plan: _____ ID# _____

Subscriber's Name (on insurance card): _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

Transportation Arrangement in an Emergency Situation

Ambulance service: _____ Child will be taken to: _____

(Parents/guardians are responsible for all emergency transportation charges)

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by staff, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by my insurance. I give consent for the emergency contact person listed above **to act on my behalf** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Date: _____ Parent/Legal Guardian's Signature #1: _____

Date: _____ Parent/Legal Guardian's Signature #2: _____

Fever Reducer Permission Slip

If _____ begins to run a temperature over 101 degrees, and I cannot be reached I give permission for the child care staff to give my child _____ (amount) or amount as per manufacturers directions, of aspirin-free fever reducer. (Such as children's chewable Acetaminophen) I understand that the center will be contacting my "emergency pick up person" to pick my child up.

We will always try to contact you first.

Parent or Legal Guardian #1 Signature

**IN CASE OF AN EMERGENCY SITUATION THAT WOULD REQUIRE US TO
EVACUATE OUR 6TH STREET LOCATION;**

PERMISSION FOR TRANSPORTING TO FAMILY LIFE CENTER

As part of our disaster readiness plan and other unforeseen situations, there may be times we would need to transport your child on our church bus or other “emergency” vehicle to our Family Life Center. If we know the day before you will be notified then. If it happens during the day we will transport them and notify you to pick them up there. (Our Family life center runs on its own well so if a problem has to do with public water supply there would not be toileting or cooking issues at that facility.)

I hereby give my permission for _____, who
Name of Student

attends Newport Assembly of God Child Care to be transported by church bus to the Family Life Center, 27 w. Short Cut Rd. Newport 717-567-6118
(Second building past McDonalds.)

Parent Name: _____

Student Address: _____

Home Phone:(_____) _____ Work Phone:(_____) _____

Cell: (_____) _____ Other: (_____) _____
Where you can be reached

- In the event of an emergency (injury, illness, disaster), I wish the following persons to be notified in case the parent cannot be contacted:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

- My student has these medical / health concerns: _____

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care, or in case of a disaster to be transported to a safe location. I understand that I will be responsible for all medical charges not covered by insurance. I give consent for the emergency contact person listed to **act on my behalf** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

#1 Parent/Guardian Signature

Date

2 Parent/Guardian Signature

Date

Child Care Agreement

I, _____, the legal guardian of _____
Agree to the following: (*Initial all that apply*)

_____ Pay fee for days circled. M T W TH F

_____ Payment is to be made on Fridays, weekly / biweekly, for the following week.
(Circle only one)

_____ If I cannot make my regular payment I will contact the Director to make payment arrangements. **I understand I will owe an additional \$15.00 along with any late payment.**

_____ Follow all policies and procedures set in application packet.

_____ Obtain a *Special Care Plan*, if applicable.

_____ Services to be provided as part of the child care fee are 1 snack in the morning, 1 snack in the afternoon, lunch, transportation to any scheduled outings, and craft or classroom supplies.

_____ Child's approx. Arrival time _____ departure time _____.
(This is just for our information. You are not tied into these times.)

_____ Pay \$1.00 per minute late after 6 p.m.

_____ Obtain health assessments for my child on a yearly basis.

_____ I understand that there are 8 holidays throughout the year in which child care will be closed. If my child normally attends on this day of the week, I will still be charged for this day.

_____ Notify the teacher 2 days in advance if I plan a special birthday treat for my child and his/her class. (You must contact teacher ahead to discuss any food allergy precautions.)

_____ Notify the staff when my child is ill or any family member has a contagious disease.

_____ I will call center if my child is not coming on any given day.

_____ Complete a medication consent form when requesting medication administration.

_____ Provide the program staff with a sleeping bag, blanket, pillow, or comfort items for rest time and will take said items home to be laundered weekly.

_____ Provide information on how to contact me in an emergency situation which I will notify the center upon any changes and/or every 6 months. (*Child Care Emergency Contact Form*)

_____ Agree to discuss my concerns with my child's teacher or the Director of child care.

_____ Notify a teacher every time my child arrives, and notify a teacher and sign my child out every time my child departs with a pre-designated person or me.

Parent or Legal Guardian's Signature

Date

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) <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.