

Heart of Learning Child Development Center
Registration Form

Child's Name: _____
 Last First Middle

Date of Birth: _____ Sex: Male _____ Female: _____
 Month/Date/Year

Ethnicity: (Circle One)

____ American Indian	____ Asian or Pacific Islander
____ Black	____ Hispanic
____ Middle Eastern	____ White
	____ Other: _____

Child's Social Security: ____ - ____ - _____

Address: _____
 Street City State Zip Code

Father's Name _____ Occupation _____
Cell # _____ Work # _____

Mother's Name _____ Occupation _____
Cell # _____ Work # _____

Child Lives With:

____ Both Parents	____ Mother & Stepfather	____ Legal Guardian
____ Mother Only	____ Father & Stepmother	____ Foster Parents
____ Father Only	____ Grandparents	____ Other _____

Marital Status of Biological / Custodial Parent(s)

____ Married to Each Other	____ Married but Separated	____ Divorced
____ Single at Birth of Child	____ Single but Living Together	____ Widowed

Person(s) Who has/ have Legal Custody of Child: _____

Dominant Language Spoken in the House: _____

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

Name: _____ Phone #: _____ Relationship to Child: _____

Name: _____ Phone #: _____ Relationship to Child: _____

Name: _____ Phone #: _____ Relationship to Child: _____

Medical Care:

Child's Doctor: _____

Address: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Child's Health Insurance:

Name of Insurance Plan: _____

ID# _____ Subscriber's Name on Card _____

Hospital Pref. _____

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answer here:

List any SPECIAL CONDITIONS, DISABILITIES, or MEDICAL INFORMATION such as: allergies to bee stings, ant bites, free bleeder, frequent nose bleeds; epilepsy, etc.

Parent/ Guardian Consent and Agreement for Emergencies:

As parent/guardian, I give consent to have my child receive first aid by facility staff, and if necessary, be transported to receive emergency care. I give consent for the emergency contact persons listed above to act on my behalf until am available. I agree to review and update this information whenever a change occurs and at least every six months.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

Permission to Release Photograph

I give permission for _____ to release a
{Name of Center}

photograph/recording of my child _____ to
(circle one) {child's name}

_____ on _____
(Source) (Date)

Parent's Signature

Date

Parental Awareness of Recordings

I am aware that _____ utilizes recordings
(Name of Center)

and/or taping of my child such as digital recordings, videotaping, audio recordings, web cam while in *the* center for observation/security purposes.

Parent's Signature

Date

5321.1

Authorization for the Application of Topical Products

Child's Name: _____

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided.

Yes No

 sunscreen

 insect repellent

 diaper rash ointment

(name)

This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature

Date

5313.A

WATER ACTIVITIES PERMISSION FORM

My child _____ has permission to participate in the following

Type of water activity: _____

Location of activity: _____

(Description of all types of water activities included)

_____ Parent's Signature	_____ Date
_____ Parent's Signature	_____ Date
_____ Parent's Signature	_____ Date
_____ Parent's Signature	_____ Date

Permission must be updated at least annually.

- If activity is off-site, transportation authorization is required and regulations regarding transportation must be followed.

5319.H

Bottle Authorization

I give permission for my child _____
(Child's Name)

to hold his/her bottle while in a crib, on a mat, cot, etc.

Parent's Signature

Date

Acknowledgement

I acknowledge that I have read The Heart of Learning Child Development Center Parent Handbook and I am fully aware of the educational philosophy, discipline policy and all other policies and procedures.

I have read and understand the fee arrangements and conditions detailed in this booklet. I agree to these conditions and will abide by them.

I have read and understand the Heart of Learning Child Development Center's holiday schedule.

This acknowledgement will be placed in our files. Please sign the form and return it to The Heart of Learning Child Development Center's office.

Parent's Signature

Date

Parent's Signature

Date

Director's Signature

Date

Heart of Learning Child Development Center

Uniform Order Form

Girls Uniform: Red Gingham Checkered Jumper
(Purchase from Stitches, Inc.)

Closed in Red or White Shoes

Boys Uniform: Red Short Sleeve Polo Shirt with Center's Logo \$14.00
(Purchase from Center)

Navy Blue Shorts or Pants

Closed in Shoes

Child's Name: _____

I would like to order _____ red polo shirts at \$14.00 each in size

2T

4T

5/6

6/8

Please attach check with order.

LOUISIANA IMMUNIZATION REQUIREMENTS FOR STUDENTS IN ACCORDANCE TO
R.S.17:170
STUDENT IMMUNIZATIONS- SCOPE OF REQUIREMENTS

Pre-Kindergarten / Daycare / HeadStart:

Beginning school year 2014-2015, two (2) doses of Varicella vaccine will be required in Louisiana schools for entry into Pre-K, Kindergarten, Daycare, and HeadStart programs for children aged 4 years and older. If a second dose of Varicella vaccine has been received at least 30 days after the first dose, no additional doses are required. This is in addition to the regular age appropriate vaccines required depending on the child's age. Prior to entry, these students must have documented proof of immunizations for: two (2) doses of Measles-Mumps-Rubella vaccine; three (3) doses of Hepatitis B vaccine; and booster doses of DTaP and Polio vaccines administered on or after their 4th birthday and prior to school entry.

All children aged less than 4 years of age enrolled in Pre-K, Daycare, HeadStart, etc should be vaccinated against and must show proof of immunizations for: Diphtheria Tetanus Acellular Pertussis vaccine (DTaP); Inactivated Poliovirus vaccine (IPV); Haemophilus Influenza Type B vaccine (Hib); Hepatitis B vaccine (HBV); Pneumococcal Conjugate Vaccine (PCV -for children less than 24 months of age) If a child is less than 24 months of age and has received 4 doses of PCV-7 he/she is to get a single dose of PCV-13 for Daycare and Head Start; and one (1) dose of Varicella vaccine. If the child is not complete or up-to-date for age, he/she must present a record indicating that the child is in progress of receiving vaccines, and follow-up must be provided for compliance with the above requirements .

STUDENT EMERGENCY INFORMATION

Student Name: _____ Sex: _____ Race: _____
Last First Middle

Social Security: _____ Date of Birth: _____

Parent/ Guardian: _____

Are there any custody papers or protective orders currently in force? YES NO
(Please note that any such papers must be on file in daycare office.)

Current Address: _____
Street Number and Name City State Zip Code

Mailing Address (if different from residence): _____
Street City State Zip Code

Email Address: _____ Home: _____

Mother's Cell Phone: _____ Mother's Work: _____

Father's Cell Phone: _____ Father's Work: _____

Important Medical Information: _____

Emergency Contacts

Primary Emergency Contact (other than parents or guardian): _____

Relationship to Child: _____ Home Phone: _____

Work Number: _____ Cell Phone: _____

Secondary Emergency Contact (other than parents or guardian): _____

Relationship to Child: _____ Home Phone: _____

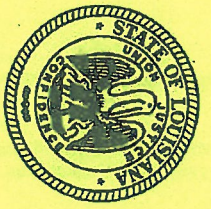
Work Number: _____ Cell Phone: _____

PERSONS TO WHOM MY CHILD MAY BE RELEASED

Name: _____ Relationship to Child: _____ Phone Number: _____

Parent's Signature: _____

Date: _____



LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
IMMUNIZATION SCHEDULE

2014 through 2015

Depending on the child's age, choose the appropriate initial set of immunizations.

AGE	RECOMMENDED SCHEDULE FOR IMMUNIZATION OF INFANTS AND CHILDREN	ACCELERATED SCHEDULE FOR CHILDREN STARTING IMMUNIZATIONS LATE		
		CHILDREN 4 MONTHS TO 7 YEARS OF AGE	CHILDREN 7-18 YEARS OF AGE	
Birth	HBV	1st Visit †	1st Visit	Td, IPV, HBV, MMR, Var
2 Months [§]	DTaP, Hib, IPV, HBV, PCV ^o , RV	DTaP, Hib*, IPV, MMR, HBV, HAV, Var, Flu, PCV ^o	2nd Visit (4 wks. after the 1st visit)	Td, IPV, HBV, MMR
4 Months	DTaP, Hib, IPV, PCV, RV	DTaP, Hib, HBV, IPV, PCV, Flu	3rd Visit (6 mos. after the 2nd visit)	Td, IPV, HBV
6 Months	DTaP, Hib, IPV, HBV, PCV, Flu, RV	DTaP, Hib, PCV	1-1-12 Years	Tdap, MCV4, HPV [∞] (Var, MMR, MMR, HBV, IPV if needed)
12-15 Months	DTaP, Hib, MMR, Var, PCV, HAV	DTaP, Hib, HBV, IPV, PCV, HAV	16 Years	MCV4
18-23 Months	HAV	4th Visit (6 mos. after the 3rd visit)		
4 Years Of Age Or Prior To School Entry	DTaP, IPV, MMR, Var	4 Years Of Age †		
11-12 Years	Tdap, MCV4, HPV [∞] (Var, MMR, HBV if needed)	11-12 Years		
16 year	MCV4	16 Years		

VACCINE ABBREVIATIONS

HBV HEPATITIS B VACCINE, HAV HEPATITIS A VACCINE, DTaP DIPHTEHERIA - TETANUS - ACCELLULAR PERTUSSIS VACCINE, Hib HAEMOPHILUS INFLUENZA TYPE B VACCINE, TD ADULT TYPE TETANUS AND DIPHTEHERIA VACCINE, Tdap TETANUS AND DIPHTEHERIA TOXOIDS AND ACCELLULAR PERTUSSIS VACCINE, IPV INACTIVATED POLIOVIRUS VACCINE, RV ROTAVIRUS VACCINE, FLU INFLUENZA VACCINE, MCV4 MENINGOCOCCAL CONJUGATE VACCINE, HPV HUMAN PAPILLOMAVIRUS VACCINE, MMR MEASLES - MUMPS - RUBELLA VACCINE, VAR VARICELLA VACCINE, PCV PNEUMOCOCCAL CONJUGATE VACCINE.

THE SCHEDULE ABOVE AND THE FOLLOWING GUIDELINES ARE SUMMARIES, FOR MORE DETAILED INFORMATION ON EACH VACCINE, REFER TO THE MANUFACTURERS' PRODUCT INSERT.



HBV - Unimmunized infants should be given a first dose of Thimerosal-free HBV when first encountered, a second dose a minimum of 1 month later, and a third dose a minimum of 4 months after the first. Children aged 11 through 18 years of age who have not previously received 3 doses of Hepatitis B vaccine should be vaccinated. The 2nd dose should be administered at least 1 month after the 1st dose, and the 3rd dose should be administered at least 4 months after the 1st dose and at least 2 mos. after the 2nd dose. The minimum age for dose #3 is 6 months. **Hepatitis B vaccine is routinely recommended for all children up to 19 years of age.**

HAV - Hepatitis A is recommended for all children at age 1 year (i.e. 12-23 months). The two doses in the series should be administered at least 6 months apart.

DTaP - DTaP vaccine is recommended and can be administered any time after 6 weeks of age. The 4th dose of DTaP vaccine should be given at least 6 months after the 3rd dose. Pediatric DT (Diphtheria-Tetanus) should be substituted for DTaP when Pertussis vaccine is contraindicated. Td vaccine should be used for those 7 – 10 years of age. Tdap is recommended at age 11-12 years for those who have completed the recommended DTaP series and have not received a Td booster dose. Adolescents 13-18 years who missed the 11-12 year Td/Tdap booster should also receive a single dose of Tdap if they completed the recommended childhood DTaP series. No minimum interval required between giving doses of Td and Tdap. Subsequent routine Td boosters are recommended every 10 years.

Hib - Hib vaccine can be administered any time DTaP vaccine is given. If PRP-OMP (PedvaxHIB [Merck]) is administered at 2 and 4 mos. of age, a dose at 6 mos. is not required. Children who are 7 months of age or older at the time they receive the 1st Hib vaccination should be immunized as follows: (1) Unimmunized infants 7-11 months of age should receive a 3-dose regimen. A first dose should be given now, a second dose 1 month later, and a 3rd dose after 12 months of age, at least 2 months after the previous dose. (2) Unimmunized children 12-13 months of age should receive a primary series of one dose and a booster at age 15 months. (3) Unimmunized children 15 months of age or older who have not yet reached their 5th birthday should receive 1 dose.

PCV - All children should receive a 3 dose primary series and a booster if vaccination begun at ≤ 6 mos. of age; a 2 dose series and a booster if vaccination is begun between 7 and 11 months of age; a 2 dose series and no booster if vaccination is begun between 12 and 23 months of age. If vaccination is initiated at ≥ 24 months of age, the child should receive 1 dose of PCV. Children 24 through 59 months of age should receive a single dose of PCV13. Children with underlying medical conditions, a single supplemental PCV13 is recommended following primary series. High risk or presumed high risk for pneumococcal disease should be immunized with Polysaccharide Vaccine (PPSV) depending on the number of doses of PCV that they have received. PCV vaccination is required as part of the Daycare/LeadStart Immunization Requirement for children less than 24 months of age.

IPV - For infants, children and adolescents up to 18 years of age, the primary sequential series of IPV consists of four doses. The primary series is administered at 2 months, 4 months, 6-15 months and 4 years of age, or as age appropriate. A minimum of 6 month is required between the last two doses of IPV.

RV - Administer the first dose between 6 and 14 weeks, 6 days of age. Maximum age for any dose is 8 months. Minimum interval between doses is 4 weeks. Monovalent RV1 is administered at 2 and 4 mos. of age, and then a dose at 6 mos. is not required. Pentavalent RV5 is administered at 2 months, 4 months and 6 – 8 months. If RV brand is unknown a total of three (3) doses are needed.

HPV - Administer the first dose of HPV vaccine between 11-12 years. Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose. HPV catch up schedule: Four week minimum interval between dose 1 and dose 2. A minimum interval of 12 weeks required between dose 2 and dose 3. The 3rd dose should be given at least 24 weeks after the 1st dose.

MMR - Two doses of MMR vaccine after 12 months of age are required with a minimum of 28 days separating them. • If a child has received 2 doses of MMR vaccine after 12 months of age, another dose after the 4th birthday is not necessary. • Children 11-18 years of age not previously immunized with MMR should receive two doses. Individuals with one dose of MMR must receive an additional MMR Vaccination. • Students in schools of higher learning must receive 2 doses of MMR prior to registration.

MCV4 - Meningococcal conjugate vaccine should be administered to all children at age 11-12 years, a booster dose on/after 16 years. The minimum interval between doses of MCV vaccine is 8 weeks.

Var - All susceptible children who are at least 12 months old through 18 years of age are eligible. Administer the second dose of Varicella at age 4 – 6 years. Varicella Vaccine may be administered prior to 4-6 years, provided that ≥ 3 months have elapsed since the first dose and both doses are administered at ≥ 12 months. Susceptible persons aged ≥ 12 years should receive two doses at least 1 month apart. Parental history of having had chickenpox is acceptable. Physician documentation is not necessary at this time.

Flu - **Routine annual influenza vaccination is recommended for all children 6 mos – 18 years.** Two doses administered at least 1 month apart are recommended for children aged 6 mos – 8 yrs who are receiving the influenza vaccine for the 1st time, as well as, those who only received 1 dose in their previous year of vaccination, if applicable.

§ • DTaP, IPV, HBV, PCV, RV and Hib can be administered as early as 6 weeks of age and simultaneously.

† • **LOUISIANA STATE LAW** requires prior to school entry: 2 doses of MMR, 3 Hepatitis B, 2 Varicella and booster doses of DTaP and Polio vaccines on or after the 4th birthday and prior to school entry. A preschool dose is not necessary if the 4th dose of DTaP and the 3rd dose of IPV (provided it is administered at least 6 months after dose 2) are administered after the 4th birthday. Sixth graders (11 -12 years of age) are required: 1 Tdap, 2 VAR, 2MMR, 3 HBV, 1 MCV.

‡ • Depending on the child's age, choose the appropriate initial set of immunizations. Sometimes a scheduled dose of vaccine may not be given on time. If this occurs, the dose should be given at the next visit. It is not necessary to restart the series of any vaccine due to extended intervals between doses.

* • see Hib section ∞ • see HPV section ◊ • see PCV section

Adolescents and post adolescents (11-18 yrs.) should be vaccinated with a second dose of MMR, Varicella (if no history of disease) and Hepatitis B if no history of previous vaccination.

Four Day Grace Period: All vaccine doses administered less than or equal to four days before the required minimum interval or age shall be considered valid doses when evaluating a student record for compliance with immunization requirements for schools and child care entry. The Advisory Committee on Immunization Practices (ACIP) continues to recommend that vaccine doses not be given at intervals less than the minimum intervals or earlier than the minimum age.

For additional information about vaccines, including precautions and contraindications for immunizations and vaccine shortages, please visit the National Immunization Program Web Site at www.cdc.gov/vaccines or call the National Immunization Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).