



**SCHOOLAGE CHILD CARE
2018-2019
APPLICATION FOR ENROLLMENT**

The Fulton County YMCA
213 Harrison Street
PO Box 629
Johnstown, New York 12095
(518) 848-3447
www.fultoncountyyymca.org

The Fulton County YMCA SACC Program

School Age Child Care Application

CHILD'S FULL NAME _____ PHONE _____

ADDRESS _____

SCHOOL _____ GRADE _____ BIRTHDATE _____

APPLYING FOR:		
BEFORE SCHOOL PROGRAM:		
_____ JOHNSTOWN	_____ BOULEVARD	_____ MAYFIELD
AFTER SCHOOL PROGRAM:		
_____ JOHNSTOWN		_____ MAYFIELD

FATHER'S NAME _____ PHONE _____

FATHER'S ADDRESS _____

FATHER'S EMPLOYMENT _____ WORK PHONE _____

MOTHER'S NAME _____ PHONE _____

MOTHER'S ADDRESS _____

MOTHER'S EMPLOYMENT _____ WORK PHONE _____

ARE THERE SPECIAL LIVING ARRANGMENTS OF WHICH WE SHOULD BE AWARE?
YES NO (IF YES, PLEASE EXPLAIN _____)

DOES CHILD HAVE ANY HEALTH OR MEDICAL CONDITIONS?
YES NO (IF YES, PLEASE EXPLAIN _____)

IS CHILD A FOSTER CHILD? YES NO

CERTIFICATION: I understand that the above information is true and correct. I understand that the YMCA officials may verify the information and that deliberate misrepresentation of the information may prevent my child from being permitted in the program or dismissed if enrolled. All information on this form shall remain confidential.

PARENT SIGNATURE _____	DATE _____
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WELCOME FAMILIES!

THE FULTON COUNTY YMCA provides school-age childcare for families of the community at the YMCA facility and at various schools throughout the county.

REGISTRATION:

SACC registration begins in June for the following school year. Children may be enrolled into the program at any time during the school year if space is available. A completed application packet, physical form, and shot records are all required to register your child in the program. **A REGISTRATION FEE of one month's tuition is also required when submitting your child's completed application packet.** This payment is **applied** exclusively to the following June's tuition. *A child is not registered until all paperwork and registration fees have been submitted to the YMCA!* **REGISTRATION FEES ARE NON-REFUNDABLE AND ARE APPLIED TO JUNE'S OR LAST MONTH YOUR CHILD ATTEND TUITION!**

The program is a **MONTHLY PAID** program and children are expected to attend on a full **MONTH** basis and pay full month fees. Parents must agree to comply with the general rules and policies of the program.

TUITION PAYMENTS:

PAYMENTS ARE DUE ON OR BEFORE THE 1ST OF EACH MONTH. Checks must be made payable to the **FULTON COUNTY YMCA**. A late fee of \$15.00 will be charged to participants after the 1st week of the month. The monthly fee is a standard amount and not effected by varying school days in the month. Financial aid is **NOT** available on a regular basis through the YMCA. However, temporary circumstances may be given consideration. In the event the parent becomes unemployed, the child will be permitted to remain in the program for a maximum of forty-five days while the parent searches for employment. The Fulton County Department of Social Services can be contacted for childcare payment assistance. Should any check payment not be honored by your bank, you are still responsible for that payment plus a service charge applied by the YMCA. This fee is in addition to the service fees that your bank may charge. The YMCA may at their discretion adjust the monthly rate applicable to the payment category. Families will be given a four weeks' notice prior to any such change.

RECEIPTS:

Every month a payment is made for your child, you will receive a receipt. It is very important that you keep these. **The SACC program will not be responsible to calculate the year ending total tuition paid for tax purposes.**

WITHDRAWAL:

Parents are required to notify our program Director if they are removing their child from the program for whatever reason. Please give our program at least two weeks' notice if you choose to remove your child. Parents not notifying the staff will be charged for time children are registered in the program even if they have not attended. Remember that another child may be waiting for a place in the program. Registration fees are non-refundable.

HOURS OF OPERATION:

YMCA Johnstown:

Before School 7:00am-8:30am
After School 3:30pm-5:30pm

Mayfield:

Before School 7:00am-8:30am
After School 2:45pm-5:30pm

Boulevard: Before School 7:00am-8:30am

PARKING:

The Fulton County YMCA childcare programs have their own parking lot on the left side of the building. Please be cautious to young children when you are entering the parking lot. Do not leave your car unlocked and running.

SIGN-IN/SIGN-OUT:

It is very important that your child is signed in and signed out every day. This is to ensure the safety of your child and is a good time to speak to our staff with any positive feedback or issues/concerns.

CHILD PICK-UP FORMS:

Child Pick-Up Forms are an important part of the childcare application for the safety of your child. Parents are required to provide a list of names and phone numbers of individuals allowed to pick up their child. **Children will not be released to individuals not listed on the form. Children may only be picked up by an adult (age 18 or older). Individuals picking children up should have photo identification. Parent or adult picking up the child must come into the building.** We will not allow a child to leave the building without an adult. This not only assures the safety of the children, but gives you an opportunity to communicate with the staff.

All children must be picked up promptly. A fee of \$5 is applied for every 15 minutes that you are late. At 6:00pm our staff is instructed to call the local sheriff's department to help locate an authorized pick-up person.

TRANSPORTATION:

BUS TRANSPORTATION is provided by the hosting school district. Gloversville: Park Terrace and Kingsborough students are transported from Boulevard YMCA SACC programs. Johnstown: Pleasant, Glebe, & Warren students are transported to and from the Fulton County YMCA on Harrison Street.

******It is required that every parent fills out the attached transportation sheet and returns it to the YMCA and TO THE SCHOOL the child attends if it applies.** The school office needs to sign the form indicating that it has been received and changes were made by the school to update their records. Then the YMCA director will send the form to transportation. Once they receive this information, it will take up to **48 hours** to process the sheet then your child will be able to use the bus.

INCLEMENT WEATHER POLICY:

SCHOOL DELAY: SACC programs will open at our regular time of 7:00am and remain open until school starts. If school decides to close before the expected start time and you have already dropped off your child you will need to pick up your child from that school SACC site ASAP. Contact the Fulton County YMCA for information on "Snow Days" being offered which is a separate program and cost. Parents will be expected to provide transportation for their children to and from the YMCA.

SCHOOL IS DISMISSED EARLY DUE TO WORSENING WEATHER CONDITIONS: THERE WILL BE NO AFTER SCHOOL PROGRAMS. Please make alternate arrangements directly with your child's school regarding pick-up or transportation.

ALL AFTER SCHOOL ACTIVITIES CANCELLED: If announcement is made at the end of the school day and children have already been let out of school, SACC staff will dismiss the program children from their program site as parents arrive. For the safety of everyone involved, parents are strongly encouraged to pick up their children immediately after school dismissal. Please make sure site director knows of any changed pickup arrangements.

SCHOOL CLOSING: There will be no morning or afternoon program run by the YMCA. Please call the YMCA at (518)848-3447 to inquire if a snow day or special day is available at the YMCA which is a separate program from the SACC program so you will be responsible for drop off and pick up and separate program cost.

HEALTH AND SAFETY:

A). BREAKFAST/SNACK:

Johnstown Site: Breakfast and PM Snack
Mayfield Sites: PM Snack

Our program serves your child a full course breakfast (if they are at the Johnstown site) and an afternoon snack. This is a nutritional food program and our monthly menus are available for every child. Please be sure to list any allergies that your child may have on his/her application sheet. The Fulton County YMCA respects your privacy and will not disclose this information with others.

B). SNACKS FROM HOME:

Parents are invited to send special snacks for birthday celebrations. However, we ask that the snack **NOT** be homemade and that it is nutritionally within our guidelines. We appreciate foods that reflect traditional, ethnic, and cultural influences. **Keep in mind that we are a NUT FREE program.** Please speak to the Staff for approval before bringing in treats.

C). HANDWASHING:

Staff and children are frequently washing their hands. This is very important to ensure the health of everyone. It is required to wash your hands upon arrival to the program, when they are visibly dirty, before and after handling food, before and after handling medication, after using the restroom, after contact with bodily fluids, and after being outside or in the gym.

D). FIRE DRILLS/SHELTER IN PLACE:

Fire drills are conducted once a month and documented on sheets provided by OCFS. We practice this by using our primary and secondary routes that are posted in our programs. Shelter in place are done 2x a school year, parents will be notice when this drill is practiced and where children will be. Children are reminded to act appropriately and stay quiet throughout the drill to ensure their safety.

E). DAILY HEALTH CHECKS:

A daily health check is a head to toe check of the physical and emotional well being of a child. These are conducted daily as the children arrive to the program. Anything abnormal will be documented on our daily health check sheet. If we have any concerns about the child their parent will be contacted.

F). SUSPECTED CHILD ABUSE AND MALTREATMENT:

All staff employed in the Fulton County YMCA SACC program is considered Mandated Reporters. "Reasonable cause to suspect" that any child is being abused, maltreated, or neglected will be reported to the New York State Child Abuse and Maltreatment Register. (See attached sheet)

G). FIRST AID/ACCIDENT REPORTING:

Every School Age Child Care staff is First Aid and CPR certified. Our staff is trained to assist children with minor injuries such as bumps, bruises or scrapes. Anytime a child is injured the parent will be notified by using our incident reports. Parents are asked to read and sign the report then return it to a staff member. Parents will be notified immediately if a serious injury occurs. Sunscreen forms are required to be filled out by the parents and kept on file, or if you do not want to have a form filled out them you must dress your child in light weight full coverage clothing for them to participate outside on sunny, overcast warm days.

H). INSURANCE

When participating in any physical activity within the YMCA programs, there are risks which could lead to injury. *Each participant should carry their own medical insurance coverage.* Although we strive to provide a safe and healthy environment for your children, accidents do happen. If your child has a special health care plan a form is required to be filled out by the physician, parent and the staff.

D). WHEN YOUR CHILD IS ABSENT:

All parents are required to notify staff if their child will be unable to attend the after school program due to sickness, vacations, appointments, etc. Continuous and regular absences may result in removal from the program when in the opinion of the YMCA a child is not participating in accordance with the design of the program and it is envisioned that another child may more readily benefit by participating in that space.

CLOTHING:

Children should come to childcare ready for active participation with sneakers and seasonally appropriate clothing. Our program is very active, on the go doing activities daily, and outside when the weather is nice. Please label your child's personal belongings.

ELECTRONICS:

Electronic games (ex: Nintendo DS, PSP, etc), mp3 players, trading cards, and cell phones are **not** allowed in the program. Please remind your child/ren regularly to keep these items turned off and put away. The YMCA is not responsible for lost or damaged personal belongings.

FAMILY INVOLVEMENT:

We have an open door policy to all of our families, it is important to us that you know our daily program activities we offer your children. We welcome and encourage family involvement and insight to your child's learning and development. You are very welcome to participate with us in any of our learning activities throughout the time of our program. We consider every aspect of our program a learning experience for your child through play and structured activities. Our SACC program is always open for any suggestions to expand our activities and centers. If any parent has a special hobby or would be interested in teaching our children something new, we would be willing to have you as a "special guest" in our program. Some examples include Zumba, cooking, or sewing. Please talk to one of our SACC staff if you are interested.

COMMUNICATION:

In our program we believe that communication is very important. We have a parent board available for our program information. Please do not hesitate to ask questions or talk to our staff available onsite. Another option is to contact the director.

Director: Kelly Landrio (518) 848-3447 ext. 179

FUNDRAISERS:

We have fundraisers throughout the school year to help expand our program activities or events. It is important that all of our families participate in these fundraisers so we are able to give your children extra fun and new learning experiences. If you do not want to participate, a \$10.00 fundraising donation is appreciated.

DONATIONS:

Donations to our program are greatly appreciated. Donations include (but are not limited to) junk art supplies, arts and crafts supplies, games, and toys. These donations should be in good working condition and age appropriate for school age children.

DAILY ACTIVITIES:

Every day during the SACC program the children participate in various activities. This includes going to the gym, going outside, having dance parties, and going swimming (YMCA/Special days). Children should come to childcare ready for active participation with sneakers and seasonally appropriate clothing. Please make sure these items are labeled. The SACC program also has various learning centers so every child has an opportunity to participate in educational activities of their choice. This includes a homework center, a take a-part center, an arts and crafts center, a science/social studies/math center, a literacy center, a games center, and a Lego center. Nutritious snacks will be provided daily to all children in our care.

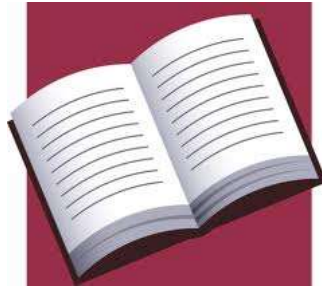
HOMEWORK POLICY:

In our SACC program we have a homework center that allows the children to work on or complete their assigned work. We have arranged a quiet space in our programs to accommodate the needs of the children. It is the responsibility of the child to stay on task and complete their homework. An announcement to do homework will be given, and the children will be encouraged to be responsible for completing their assignments. A staff member will be available to assist children if they are in need of help. **Attached is a homework agreement form. Please make sure this is filled out so there is a clear understanding of what is expected from your child.**

Our mission...

The YMCA is a charitable non-profit organization dedicated to putting Christian principles into practice through programs that build a healthy mind, body, & spirit.

We are dedicated to the promotion of fitness and healthy lifestyles, strengthening family life, community development, and instillments of leadership qualities in our young people, and strengthened international understanding based on Judeo-Christian principles.



HOMWORK CLUB AGREEMENT

The SACC program has arranged a quiet space in our room to accommodate the needs of the children. It is the responsibility of the child to stay on task and complete their homework. An announcement to do homework will be given, and the children will be encouraged to be responsible for completing their assignments. A staff member will be available to assist children if they are in need of help.

Please indicate your preference about your child participating in our Homework Club.

Preferences

_____ My child may *choose* where to do homework while in SACC.

_____ My child *must complete* as much of his/her homework as possible while in SACC.

_____ My child *should not* do homework while at SACC. I prefer that homework be completed at home.

Child's Signature

Parent's Signature

Behavior Guidance

The YMCA will encourage the following concepts through our daily activities to help promote the development of good character as part of the Y mission:

Character – as a general concept including leadership, courage, duty, honor and heroism

Trustworthiness- honesty, sincerity, reliability, dependability

Respect- the Golden Rule, acceptance, courtesy, manners and nonviolence

Responsibility- accountability, self control, doing one's best

Fairness-playing according to the rules, justice, openness and listening

Caring- kindness, sharing, compassion, understanding others, gratitude

Citizenship- doing one's share to help the community, respecting authority, obeying the law and protecting the environment.

The YMCA SACC Staff will provide each child with guidance that helps the child acquire a positive self image, self-control, and teaches acceptable behavior. Discipline and behavior guidance will at all times be constructive, positive and age appropriate.

To prevent unacceptable behavior from occurring, the staff will:

Model appropriate behavior

Arrange the environment to enhance the learning of acceptable behavior

Use descriptive praise when appropriate behavior is occurring

Make certain that children know what is expected and contract with them to follow through.

When unacceptable behavior is occurring the staff will:

Redirect by substituting a positive activity or behavior

Distract by changing the focus of the activity or behavior

Actively listen to determine the cause of the behavior

Use disciplinary measures that are related to the offense

Behavior problems will be dealt with in accordance with the **severity** of the infraction and the number of times an infraction occurs. A child may lose the privilege of participating in a specific activity, be suspended from the program and terminated from the program.

Parents will be contacted for a conference when a child appears to be unusually stressed, anxious or otherwise motivated to engage in negative behaviors. Parents will be called after the first offense of foul language, fighting, defacing or destroying personal or public property and stealing as these are serious infractions.

The YMCA complies with all federal, state and other relevant laws which prohibit the use of corporal or abusive punishment in child care settings. Our Staff are expressly prohibited from using unproductive or shaming methods of punishment.

Parent Signature _____ Date _____

Enrolled Child's signature: _____

**FULTON COUNTY YMCA SACC PROGRAM
STATE CHILD ABUSE MANDATE DOCUMENT**

****All staff members of a day care center are mandated reporters: that is if they have reasonable cause to suspect maltreatment, physical or sexual abuse or neglect, they MUST call the State Central Registry IMMEDIATELY.**

****All mandated reporters are immune from liability. Their failure to report a suspected case is a Class A misdemeanor.**

****Parents must realize that making a call to the State Central Registry is not a disciplinary action against a parent; instead, it is an assurance of the child's future safety.**

****After a call is made a Child Protective Services representative must speak with the child within 24 hours.**

****If you feel a great deal of stress in dealing with your child, you can contact the Intake Prevention Unit of the Department of Social Services in Schenectady.**

****The staff member reporting the suspected case will be reporting to the Child Protective Services.**

****All staff members employed after 1/1/86 must be cleared with the State Register in Albany of any incidents with child abuse during their whole life.**

****All prospective employees will fill out and sign forms stating clean records in Child Care and those forms will be kept in their permanent files.**

****All prospective employees will be fingerprinted.**

****Any parent observing or suspecting child abuse of their child by a YMCA staff should report this to the director immediately. If the alleged incident involves the director of the program the incident should be reported to the Executive Director of the Fulton County YMCA.**

Signature_____

Date_____

Fulton County YMCA SACC Current Tuition Agreement

Current School Year Rates for All Programs

Before School Program: \$110.00 a month per child

After School Program: \$175.00 a month per child

Before and After School Program: \$285.00 a month per child

I have enrolled my child/ren, _____, in the Fulton County YMCA before and/or after school program at the _____ site. I understand that my monthly fee is \$_____ and that a non-refundable registration fee of one month's tuition is due at the time of registration and will be applied exclusively to June's tuition.

No registration is final until this payment is made. **Fees are due on or before the first day of each month.** Fees submitted after the first day of the month will be charged an additional *late fee of \$15.00*. Payments not received by the tenth of the month may result in suspension from the program. If I am late picking up my child from the program, I will be charged *\$5.00 per every fifteen minutes that I am late. After 6:00 pm if there is no contact from an authorized pick-up person the local police department will be contacted for assistance.*

Hours of Operation:

YMCA Johnstown:

Before School 7:00am-8:30am

After School 3:30pm-5:30pm

Mayfield:

Before School 7:00am-8:30am

After School 2:45pm-5:30pm

Boulevard:

Before School 7:00am-8:30am

I have read and understand my responsibilities to the YMCA and agree to pay the amount stated above to the *Fulton County YMCA* on a monthly basis. I understand that if I prefer to make cash payments they must be made in person at the YMCA's front desk on Harrison Street in Johnstown. I understand that these are current fees and costs and can possibly increase during the school year. For your convenience personal checks and/or money orders will be collected by SACC staff at our offsite locations.

Signature _____ Date _____

CHILD release & consent FORM

The following information is needed to protect your child and to protect the YMCA:

Are you the natural parent or was the child placed in your care? _____

Does a divorce or separation have any influence on the child and custody? _____

If so, are there documents which regulate custody? _____

Does anyone else have joint custody of the child? _____

If yes, what are the days the child is allowed to go with this individual? _____

Do you have documentation to support visitation? _____

Are there any circumstances in which another person is NOT allowed to visitation, but may try to take the child? _____

If yes, please explain _____

I authorize the following people to pick up my child from the YMCA School Age Child Care:

NAME (print)

Relationship to the Child

I understand that my child will not be released to anyone unless their name appears on this list and they can verify their identity with a photo ID. I understand that under no circumstances can I add someone to the release form via telephone or fax. I will notify the YMCA of any additions or subtractions to the list.

Date _____ Name (print) _____

(Signature) _____

Emergency Medical Authorization

As Parent/Legal Guardian of (name of child) _____, I hereby authorize the director and/or staff members of THE FULTON COUNTY YMCA to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide necessary medical treatment/care to the above named child IF I OR MY CHILD'S OTHER LEGAL PARENT/GUARDIAN OR _____ CANNOT BE REACHED

Child's Date of Birth _____

Child's Medical Insurance information:

Insurance Carrier: _____ Insured: _____

Policy # _____ Group # _____

Medical Restrictions: _____

Name of Parent/Legal Guardian

Mother's Name _____ Father's Name _____

Home Address _____ Home Address _____

Home Telephone _____ Home Telephone _____

Work Telephone _____ Work Telephone _____

Cell phone _____ Cell phone _____

Address during Daycare Hours _____ Address During Daycare Hours _____

Email address _____ Email address _____

Parent/Legal Guardian Signature _____

Printed Name _____ Date _____

The Fulton County YMCA SACC Program

School Aged Child Care Transportation Permission Slip

The Greater Johnstown School District has Permission to Transport:

STUDENT NAME: _____

PARENT NAME: _____

PARENT ADDRESS: _____

PARENT PHONE NUMBER: _____

MY CHILD WILL BE ATTENDING:

_____ YMCA BEFORE SCHOOL PROGRAM

_____ YMCA AFTER SCHOOL PROGRAM

NAME OF SCHOOL STUDENT ATTENDS: _____

NAME OF TEACHER: _____ GRADE: _____

EMERGENCY CONTACTS (Please list at least two)

1. _____

Name	Phone Number	Relationship
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2. _____

Name	Phone Number	Relationship
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3. _____

Name	Phone Number	Relationship
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The Fulton County YMCA SACC Program

School Aged Child Care Transportation Permission Slip

The Groversville Enlarged School District has Permission to Transport:

STUDENT NAME: _____

PARENT NAME: _____

PARENT ADDRESS: _____

PARENT PHONE NUMBER: _____

MY CHILD WILL BE ATTENDING:

_____ Boulevard AM Program

NAME OF SCHOOL STUDENT ATTENDS: _____

NAME OF TEACHER: _____ GRADE: _____

EMERGENCY CONTACTS (Please list at least two)

1. _____

Name	Phone Number	Relationship
------	--------------	--------------

2. _____

Name	Phone Number	Relationship
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3. _____

Name	Phone Number	Relationship
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The Fulton County YMCA SACC Program
School Aged Child Care Video/Media Release Form

Date _____

I hereby give permission for my son/daughter _____ to be photographed or videotaped by the Fulton County YMCA for the purpose of newsletter and/or displays. I understand that on occasion a member of the local newspaper/media, other TV/electronic print media, may come to the YMCA or out of program building events to take pictures of the children and these may be submitted for community viewing.

I do not want my child to participate _____

Name of Parent/Guardian _____ Date _____

The Fulton County YMCA SACC Program

Meal Form

Child's Full Name: _____

Program Site: _____

Meals Served (Breakfast and/or Snack): _____

(Johnstown Site serves breakfast in the AM/PM snack, and Mayfield serves PM snack)

Programs located at the off site school districts do not serve breakfast.

*****If your child has allergies to any food please state:**

**To substitute for our meals we will need a doctor's note. The substitute will be provided by the parent (for example milk for soy milk).

Parent/Guardian Signature: _____

Date: _____



Swimming Permission Slip

Children in our Johnstown afterschool program are given an opportunity to swim with our program. A lifeguard is always on duty and staff members are positioned all around the pool watching these children. They do a short swim test at the beginning of the swim session to see how well the kids swim. The child is assigned to a color based on how well they swim. Certain colors allow them to go into the deep end, while others keep them in the shallow end. The lifeguard also goes over pool rules and supervises these swim tests. We do have life vests for your child to use if your child is not a strong swimmer. If you choose not to have your child swim arrangements will be made to accommodate keeping your child in the classroom.

I give my child permission to swim with his/her class.

I do not give my child permission to swim with his/her class.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___
 Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
 2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics

Comments

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

Yes No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	() Phone Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.