



**BOYS & GIRLS CLUBS
OF DELAWARE**

**Registration Packet
CR/Lake/AOD
2016/2017 Before & After Care**

Member Name: _____

Club Contact Information:

Allen Frear/Postlethwait	824-4832	jthomas@bgclubs.org
W.B. Simpson/Fifer	757-5296	ldagley@bgclubs.org
Stokes	757-5414	bmarvel@bgclubs.org
McIlvaine	270-5820	javiola@bgclubs.org
Star Hill	757-5948	vmatthews@bgclubs.org
Lake Forest East	358-1471	dmaldonado@bgclubs.org
Lake Forest North	270-5817	dmaldonado@bgclubs.org
Academy of Dover	893-9316	jnelson@bgclubs.org

Hours of Operation:

School Day: 6:30 AM to start of school day/Dismissal until 6:00 PM M-F

In-service days 7:00 AM until 6:00 PM

General Pricing Information per Week:

Before Care \$52.00/After Care \$69.00/Before & After both \$80.00

Annual Membership Fee \$15.00 (POC exempt)

Purchase of Care (POC) Site ID # see inside for id#s

**** No refunds are granted for child care fees** We do not pro-rate weeks****

Office Use Only

Person accepting application initials: _____

Date: _____

Administrative initials: _____

Date: _____

Program Director Initials: _____

Date: _____

Intake Team Initials: _____

Date: _____

__MEMBERSHIP__ PHYSICAL/SHOTS __1ST PAID WEEK__ P.O.C. PAPERWORK
__IEP/504 Plan__

Before & After Care Information:

The Boys & Girls Club's Before & After Care Program runs throughout the school year. Doors open at 6:30 a.m. or and close at 6:00 p.m.

- Each child will be assigned to a group of children the same age
- All counselors are screened and trained. All have received a background check conducted by the State of Delaware.
- Homework time along with high yield learning activities and gross motor play are incorporated into the program daily.
- Snack will be provided daily. On No School Days please have your children eat breakfast before coming to the club. Parents/Guardians will be responsible to provide lunch on those days unless otherwise notified.

Purchase of Care Information:

The Boys & Girls Club of Claymont accepts Purchase of Care, however, the proper steps must be taken before and throughout enrollment to ensure program placement

1. To see if you qualify under the new limits set by Delaware Division of Social Services, please call 1-800-372-2022. The Boys & Girls Club does not approve or oversee the Purchase of Care Program.
2. Purchase of Care approval forms **must be present and submitted at the time of registration**. We will only accept official forms from Delaware Division of Social Services. **Site ID#**

Lake Forest East	1710323000	302-358-1471
Lake Forest North	1710461000	302-270-5817
McIlvaine	1710428300	302-270-5820
Allen Frear	1710403400	302-824-4832
Stokes	1710403300	302-757-5414
Simpson	1710390300	302-757-5296
Star Hill	1710405600	302-757-5948
Academy of Dover	1710462600	302-893-9316
North Smyrna	1710338300	302-893-9320
Sunnyside	1710419600	302-893-9319
Clayton	1710337800	302-893-9317
Woodbridge	1710327600	302-893-9312
Milton	1710323100	302-893-9313

3. Purchase of Care approval **does not** automatically ensure a spot in the program. Registration is still necessary and all registration rules and deadlines apply.
4. Please be sure your Purchase of Care approval sheet has the following information:
 - a) Location of the Boys & Girls Club must be named as the care provider
 - b) Dates must coincide with the school year program
 - c) If you plan on sending your child(ren) on no-school days, "Extended Care" must be marked yes

The following items are required at the time of enrollment for our Child Care Program:

- ☐ The first week of Before & After Care payment (including POC co-payments) must be paid
- ☐ All Purchase of Care documentation must be on file
- ☐ Read and sign the parent and member Code of Conduct
- ☐ Completed and signed registration packet
- ☐ Membership Form must be completed and signed each time your child is signed up for a program (i.e. childcare, summer camp, etc).
- ☐ Membership must be paid in full or current at the time of enrollment
- ☐ Current physical form and shot records (or an appointment scheduled. Physical needed in our hands within 30 days)
- ☐ Receipt of Parent Handbook signed

***** No refunds are granted for any Child Care Payment***

CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth, and Their Families

Child's Information			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
Parent/Guardian Information (1) Emergency Contact/Authorized to Pick-up Child		Parent/Guardian Information (2) Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	
Additional Emergency Contacts and People Authorized to Pick-up Child			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	

☐ **Emergency Medical Care**

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

☐ **Transportation**

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the center.

 Signature of parent/guardian

 Date

Medical Information	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.

Membership Information Form

Office Use Only

How did you hear about the Club?

- ☐ News Journal
- ☐ School
- ☐ Radio
- ☐ Mailer
- ☐ Flyer/Poster
- ☐ Friend/Family
- ☐ Staff/Club Member
- ☐ Attended a Club Event



Club:
Address:
Phone:

KidTrax ID []	Member ID []	Data Entry Rec'd: []
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Entered: []
Comment: [] [] []		ID Issued: []
		Membership Dates Service: []
		Termination: []
		Initial: []
		Renewal: []

Member Information (Please Print)

First Name: []	Middle Name: []	Last Name: []
Name of Adult(s) or Guardian(s) Member Lives With: []	Home Phone Number: []	Emergency Contact Name: []
Home Address: []		Emergency Phone & Extension: []
City: []	State: []	Postal Code: []
		Email Address: []

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth date: []	Age: []	Ethnicity:						
School/District: []	Grade: []	<table border="0"> <tr> <td>Caucasian</td> <td>African-American</td> <td>Latino</td> </tr> <tr> <td>Native American</td> <td>Asian</td> <td>Other</td> </tr> </table>		Caucasian	African-American	Latino	Native American	Asian	Other
Caucasian	African-American	Latino							
Native American	Asian	Other							
Family Totals- Sisters: [] Brothers: [] Household: []									
Lives With: []									
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: []	Name of Unit: []							

Parent/Guardian

Father's First Name: []	Father's Last Name: []	Father's Work Phone & Ext: []
Father's Employer: []	Father's Occupation: []	Military Branch: Status: []
		Start Date: [] End Date: []
Mother's First Name: []	Mother's Last Name: []	Mother's Work Phone & Ext: []
Mother's Employer: []	Mother's Occupation: []	Military Branch: Status: []
		Start Date: [] End Date: []
Guardian's First Name: []	Guardian's Last Name: []	Guardian's Work Phone & Ext: []
Guardian's Employer: []	Guardian's Occupation: []	

Medical/Emergency:

Medical Problems/Allergies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		Medications: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Physician: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Physician Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Preferred Hospital or Clinic: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Hospital Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Insurance Company: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Insurance Policy Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Can Member Swim?	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>

Pick up Information: (Licensed child care only)

Names of two Persons Authorized to pick up Member.	
1.) First Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
2.) First Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Authorized Password: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Persons Not Authorized: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Notes:

Participation in other Youth Programs: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Hobbies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Nickname: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Mother's Maiden Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Confidential The following information is necessary for our records and the funding of our Organization. Your cooperation is appreciated and necessary.

Annual Family Income: <div style="border: 1px solid black; padding: 5px;"><div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> Under 15,000</div><div><input type="checkbox"/> 15,001-20,000</div><div><input type="checkbox"/> 20,001-25,000</div><div><input type="checkbox"/> 25,001-30,000</div><div><input type="checkbox"/> 30,001-35,000</div><div><input type="checkbox"/> 35,001-40,000</div><div><input type="checkbox"/> 40,001-45,000</div><div><input type="checkbox"/> 45,001-50,000</div><div><input type="checkbox"/> Over 50,000</div><div><input type="checkbox"/> Decline to Submit</div></div></div>	Check all that Apply: <div style="border: 1px solid black; padding: 5px;"><div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> SSDI</div><div><input type="checkbox"/> SSI</div><div><input type="checkbox"/> TANF</div><div><input type="checkbox"/> Day Care Voucher</div><div><input type="checkbox"/> Food Stamps</div><div><input type="checkbox"/> General Assistance</div><div><input type="checkbox"/> School Lunch</div><div><input type="checkbox"/> Vet. Compensation</div></div></div>	Disabilities or other special circumstances: <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<div style="border: 1px solid black; padding: 10px; display: inline-block;"><input type="checkbox"/> Individual Education Plan (IEP)</div>		

Internal Use Only:

UDC 1 <div style="border: 1px solid black; padding: 2px 5px;">Physical Disability</div>	UDC 4 <div style="border: 1px solid black; padding: 2px 5px;">Summer Camp</div>	UDC 7 <div style="border: 1px solid black; padding: 2px 5px;">Swim Lessons</div>	UDC 10 <div style="border: 1px solid black; padding: 2px 5px;">Soccer</div>	UDC 13 <div style="border: 1px solid black; padding: 2px 5px;">Childcare</div>
UDC 2 <div style="border: 1px solid black; padding: 2px 5px;">POC</div>	UDC 5 <div style="border: 1px solid black; padding: 2px 5px;">Track</div>	UDC 8 <div style="border: 1px solid black; padding: 2px 5px;">Jr. NBA</div>	UDC 11 <div style="border: 1px solid black; padding: 2px 5px;">Flag Football</div>	UDC 14 <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
UDC 3 <div style="border: 1px solid black; padding: 2px 5px;">21st Century</div>	UDC 6 <div style="border: 1px solid black; padding: 2px 5px;">Future Stars</div>	UDC 9 <div style="border: 1px solid black; padding: 2px 5px;">Community Service</div>	UDC 12 <div style="border: 1px solid black; padding: 2px 5px;">Swim Team</div>	UDC 15 <div style="border: 1px solid black; height: 15px; width: 100%;"></div>

I have read the completed application, understand the rules of the Boys & Girls Club and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club will not be responsible for any accident/incident to the boy/girl while on the Boys & Girls Club premises or while engaged in any of its activities away from the Boys & Girls Club. I give my consent for photographs, interviews, and press releases, in which my son/daughter may appear, to be used at the Boys and Girls Club discretion. I hereby grant the Club permission to admit to the hospital for emergency care the above named child. I grant permission to any hospital or medical facility selected by adult leaders, to carry out whatever treatment, surgery, or anesthesia that is deemed necessary by the physicians or the staff. I also give permission for the school district to release reports cards and educational, behavioral, and attendance data to the Frain Boys & Girls Club and the Boys & Girls Club of Delaware for the purpose of data collection and analysis. I also understand that the Club has an open door policy and not be held responsible for my child leaving the premises. General membership hours differentiate between the school year and the summer. During the summer, the club is open for licensed child care participants only.

Parent Signature_____
Member Signature____/____/____
Date

Please read each item carefully and place initials in the space below the statement. Signature confirms that parents/guardians have read and understand each policy and procedure.

PARENTS RIGHT TO KNOW NOTICE

Under the Delaware Code you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact: Ann Marie Bercy, Office of Child Care Licensing, 3411 Silverside Road, Concord Plaza Hagley Building, Wilmington, Delaware 19810-4803

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

Parent Initials: _____

I understand the hours of operation are 6:30am or 7am – 6pm and late fees will apply to those members picked up after 6pm. Fees will start promptly at 6:01pm. The late fee is \$5 per child for the first 15 minutes you are late and \$1 per minute for each additional minute per child payable at the of pick up. I understand that I am responsible for paying the late fee BEFORE my child can return to the program.

Parent Initials: _____

I further understand that payments (including POC co-payments) are due by 6pm the Friday prior to the start of the next session and failure to make a payment on time will result in my child no longer being able to attend the child care program. We do not pro-rate weeks.

Parent Initials: _____

I, the parent/guardian hereby give permission for my child to be transported by or travel with the Boys & Girls Clubs of DE for special events, trips or by bus to and from school (if applicable).

Parent Initials: _____

I acknowledge that cell phones may not be used, must be turned off while at the Boys & Girls Club, and must be out of sight. In addition, I understand that electronics and other computer devices are not permitted at the Boys & Girls Club. I understand that staff will confiscate any device that my child brings to the Club.

Parent Initials: _____

I acknowledge that my child is responsible for any personal belongings that are brought into the Boys & Girls Club. In addition, I understand and agree that Boys & Girls Club is not responsible for any personal items regardless of the value that may be lost, stolen, or destroyed even if item is confiscated while a member is attending the club.

Parent Initials: _____

I acknowledge that bullying and harassment are not permitted at Boys & Girls Club. I understand that bullying can entail verbal abuse, physical abuse and technological abuse (i.e. Facebook, etc.). I understand that Boys & Girls Club has **zero tolerance** when it comes to bullying and harassment.

Parent Initials: _____

I understand that members will spend a portion of the day outdoors; weather permitted, and understands that appropriate attire and enclosed toe shoe must be worn and that sunscreen is my responsibility.

Parent Initials: _____

Screen Time Permission

Children over the age of two may have an educational video, movie (G or PG), or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent Initials: _____

I, the parent/guardian, hereby give permission for my child to swim while attending the Boys & Girls Club
Parent Initials: _____

I understand that snack will be offered daily by the club and that if my child does not plan to eat what is being offered I will pack him/her a nutritious bag snack. I understand there will NOT be access to a microwave for food which needs to be heated. I also understand that no members will be able to order or receive "take out" or fast food at the club.

Parent Initials: _____

I understand that the failure of my child to comply with the member code of conduct may result in suspension or removal from the program. **No refunds are granted should this occur.**

Parent Initials: _____

I understand that all parents, guardians and person who enter the club with me must follow the Visitor Code of Conduct. If any of the above named act disrespectful or aggressive towards any staff member, they will be asked to leave the premises and the child's membership privileges may be **revoked. No refunds are granted should this occur.**

Parent Initials: _____

I understand that I or whomever is dropping off or picking up my child/ren must enter the building at drop off and pick up to sign members in/out. In addition, I understand that whomever is picking up may be asked for ID on any given day. (This is an Office of Childcare Licensing Regulation)

Parent Initials: _____

I understand that pictures may be taken while at the Boys & Girls Club or on a field trip to use in the program or in promotional materials for the club.

Parent Initials: _____

I have received and understand it is my responsibility to read the Boys & Girls Club Parent Handbook.

Parent Initials: _____

I understand that it is my responsibility to contact both school district transportation and my child's school to have his/her bus stop changed to the Boys & Girls Club stop or to let the school know my child will be getting on the Boys & Girls Club bus. (If applicable)

Parent Initials: _____

I understand that if my child is going to be absent from Boys & Girls Club, I must contact someone by 2:00pm. If your child uses our causal care we must be notified by 1:00pm on the day they are attending.

Parent Initials: _____

I understand that the Boys & Girls Club needs a copy of my child's report card for reporting and funding purposes. I give permission for them to make copies of all report cards.

Parent Initials: _____

I understand that prior to my child starting I must provide a copy of his/her IEP or 504 accommodation to the Boys & Girls Club in order to ensure academic and behavioral consistency and success.

Parent Initials: _____

My initials indicate that I have read and understand all policies and procedures in the registration packet:

Parent/Guardian Signature: _____ Date: _____

Positive Behavior Management Approach

The Boys & Girls Club approaches behavior management in a serious, but positive manner. Appropriate behavior will be rewarded with positive reinforcement. In the event that the child exhibits inappropriate or negative behavior, the staff will use positive redirection. Staff shall use positive age-appropriate methods of guidance of children which encourage self-control, self-discipline, self-esteem, & cooperation. The following behavior policy will be reinforced by staff throughout the school year. PARENTS please make sure that you discuss the behavior policy with your child.

Behavior Policy

Minor Violations: Those violations that relate to behavior and do not endanger the safety of themselves or others.

Examples: Using profanity around children or staff, not obeying counselors, etc.

- ☐ Verbal Warning
- ☐ Write up in file and phone call to parents
- ☐ Write up in file and parents conference
- ☐ Write up in file and sent home
- ☐ Write up in file and 1 day suspension

Major Violations: Those violations that endanger the safety or well-being of the child, other children or staff.

Examples: Pushing, shoving, kicking, hitting, throwing objects at others, theft, bullying, etc.

- ☐ Write up in file, conference with parents and one day suspension
- ☐ Write up in file, conference with parents and three day suspension
- ☐ Child removed from the program

All behavior incidents are handled on an individual basis. Accommodations will be made for students with 504/IEP's. Some violations will require immediate action which may include dismissal from the program. They will be up to the discretion of the club's Directors.

Parent/Guardian Signature _____

Print Name _____

Date _____

Note: Giving your child permission to hit someone back is a major violation and will be handled accordingly.

Member Code of Conduct

As a member of the Boys & Girls Club, I am fully committed to:

- Treating all staff, adults, and other youth with Respect
- Lending a helping hand when needed
- Valuing all cultures and individual differences equally
- Doing my part to keep the building, property, and equipment clean, neat and working properly
- Being friendly to all and demonstrating a positive attitude
- Striving to do my best in everything I do
- Representing the Club's values, both in the Club and when I am outside the building
- Taking responsibility for my choices and the results from making those choices
- Using appropriate language and good manners at all times
- Participating in Club events and activities and following all the Club rules

**I understand that my membership privileges may be suspended or revoked if
I do not honor this Code of Conduct**

Member Signature

Parent and Visitor Code of Conduct

As a visitor or parent of a member of Boys & Girls Club, I am fully committed to:

- Treating all staff, adults, and other youth with Respect
- Valuing all cultures and individual differences equally
- Doing my part to keep the building, property, and equipment clean, neat and working properly
- Being friendly to all and demonstrating a positive attitude
- Respecting and reinforcing the Club's values while in the Club
- Modeling appropriate language and behavior at all times
- Following Club policies and procedures at all times
- Supporting Club activities and events whenever possible
- Voicing concerns and ideas for improvement to staff
- Reading all posted materials and asking questions if they are unclear
- Having a Supportive & Cooperative Partnership with staff

**I understand that my child's membership privileges and my ability to enter the
Club may be suspended or revoked if I do not honor this Code of Conduct**

Parent/Visitor Signature

"Getting to Know Your Child" Form

For YOUR CHILD to fill out

My name is: _____

My nickname is: _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite person is: _____

I am afraid of: _____

For YOU to fill out

Please list all the adults living in your child's household:

Name	Relationship	Name	Relationship
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

Please list all the children in the family along with ages and gender:

Name	Age	Gender	Name	Age	Gender
1. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	4. _____	_____	_____

Does your child have a special diet? _____

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child (please list)?

Please list any personal habits, thumb sucking, nail biting, etc. _____

What are your main expectations of this program or things your child needs additional help with?

Please list anything else that you feel is important for us to know about your child or any recommendations so that your child is successful:

Authorization & Release of Information Form

Dear _____:
(Name of school)

My child is participating in programs at the Boys & Girls Club. These Programs may include:

- ★ Power Hour-daily homework assistance, including help with problems, homework getting checked and weekly incentives
- ★ Tutoring Sessions
- ★ High Yield Learning Activities including team sports

In an effort to strengthen these programs for my child, I hereby give permission to the Boys & Girls Club Unit Director, Site Director, Program Director, Child Care Director or Education Director to speak with and get information from my child's teacher(s) and/or Guidance Counselor regarding homework, academic reports (report cards, test scores, 504 plans, IEP's, physical & shot records etc.) and any extra assistance which may be helpful to my child's academic and personal success.

If you have any questions or need to reach the Club, please contact them at:

Phone# _____ or Email: _____

Sincerely,

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

(Please Print)

Child's Name: _____ Grade: _____

NAME _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

Family Child Care
Large Family Child Care Home
Day Care Center

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Allergies
(food, medicine, bee sting etc.) | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Fainting | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Behavior Problem |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision Difficulty | <input type="checkbox"/> Asthma |

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS: _____

CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /		
IPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ ☐ M.D. ☐ P.N.P. Date: _____

Printed Name: _____ Telephone: _____

