BOYS & GIRLS CLUBS OF DELAWARE

Registration Packet
CR/Lake/AOD
2017 Before & After Care & Summer

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  bsipple@bgclubs.org
McIlvaine 270-5820  jhill@bgclubs.org
Star Hill 757-5948  vmatthews@bgclubs.org
Lake Forest East 358-1471  dmalдонado@bgclubs.org
Lake Forest North 270-5817  dmalдонado@bgclubs.org
Academy of Dover 893-9316  jnelson@bgclubs.org

Hours of Operation:
6:30 AM to 6:00 PM School Days/7:00 AM to 6:00 PM Inservice Days & Summer Days

General Pricing Information:
Before Care $52.00/After Care $69.00/ABefore & After both $80.00
Annual Membership Fee $15.00 (POC exempt)
Purchase of Care (POC) Site ID # See next page
** No refunds are granted for child care fees** **We do not pro-rate weeks**

Office Use Only
Person excepting 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
**SITE ID#S AND SITE PHONE NUMBERS:**

<table>
<thead>
<tr>
<th>Site</th>
<th>Phone 1</th>
<th>Phone 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake Forest East</td>
<td>1710323000</td>
<td>302-358-1471</td>
</tr>
<tr>
<td>Lake Forest North</td>
<td>1710461000</td>
<td>302-270-5817</td>
</tr>
<tr>
<td>McIlvaine</td>
<td>1710428300</td>
<td>302-270-5820</td>
</tr>
<tr>
<td>Allen Frear Stokes</td>
<td>1710403400</td>
<td>302-824-4832</td>
</tr>
<tr>
<td>Simpson Star Hill</td>
<td>1710390300</td>
<td>302-757-5296</td>
</tr>
<tr>
<td>Academy of Dover</td>
<td>1710462600</td>
<td>302-893-9316</td>
</tr>
<tr>
<td>North Smyrna</td>
<td>1710338300</td>
<td>302-893-9320</td>
</tr>
<tr>
<td>Sunnyside Clayton</td>
<td>1710419600</td>
<td>302-893-9319</td>
</tr>
<tr>
<td>Clayton Woodbridge</td>
<td>1710337800</td>
<td>302-893-9317</td>
</tr>
<tr>
<td>Milton</td>
<td>1710323100</td>
<td>302-893-9313</td>
</tr>
</tbody>
</table>
Before & After Care Information:
The Boys & Girls Club’s Before & After Care Program runs throughout the school year. Doors open at 6:30am or 7:00am (ask site), 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:
Boys & Girls Club of Delaware 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#
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 fee 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
- IEP or 504 Plan

**No refunds are granted for any Child Care Payments**
Child’s File Checklist

All items are to be completed before the child attends the center, except as noted:

<table>
<thead>
<tr>
<th>Child file requirements:</th>
<th>Date completed or documented:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Date of enrollment:</td>
</tr>
<tr>
<td>☐ Parents'/Guardians' names</td>
<td></td>
</tr>
<tr>
<td>☐ Parents'/Guardians' place(s) and hours of employment and work phone number(s), if applicable</td>
<td></td>
</tr>
<tr>
<td>☐ Parents'/Guardians' home phone number(s)</td>
<td></td>
</tr>
<tr>
<td>☐ Parents'/Guardians' cell phone number(s)</td>
<td></td>
</tr>
<tr>
<td>☐ Names and phone numbers of two people authorized to pick up the child</td>
<td></td>
</tr>
<tr>
<td>☐ Name and phone number of child's doctor</td>
<td></td>
</tr>
<tr>
<td>☐ Court orders on custody and visitation arrangements, if applicable</td>
<td></td>
</tr>
<tr>
<td>☐ Hours/days child is to attend:</td>
<td></td>
</tr>
<tr>
<td>☐ Parents' Right to Know acknowledgement</td>
<td></td>
</tr>
<tr>
<td>☐ Permission for emergency medical treatment</td>
<td></td>
</tr>
<tr>
<td>☐ Physical (within 30 days of enrollment)</td>
<td></td>
</tr>
</tbody>
</table>

| Documents required, if applicable              |                              |
| ☐ Infant/Toddler development plan (within 45 days of enrollment) |                              |
| ☐ Preschool-age child’s annual progress on developmental and educational goals |                              |
| ☐ Screen time permission (TV, DVD, computer, tablet, etc.)      |                              |
| ☐ Written infant feeding schedule               |                              |
| ☐ Permission to sleep on a mat (if 12-18 months old and walking) |                              |
| ☐ IEP, IFSP, or Section 504 plan                |                              |
| ☐ Information on allergies                      |                              |
| ☐ Existing illnesses or injuries, previous serious illnesses or injuries |                              |
| ☐ Prescription and non-prescription medication |                              |
| ☐ Swimming permission                           |                              |
| ☐ Transportation permission                     |                              |
| ☐ Child accident/injury reports                 |                              |
| ☐ Administration of medication records          |                              |
| ☐ Statement that parent is providing meals and/or snacks |                              |

Revised 6/12/15
# Child Information Card

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

<table>
<thead>
<tr>
<th>Child’s Information</th>
<th>Parent/Guardian Information (1)</th>
<th>Parent/Guardian Information (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s name:</td>
<td>Emergency Contact/Authorized to Pick-up Child</td>
<td>Emergency Contact/Authorized to Pick-up Child</td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Date of enrollment:</td>
<td>Address, if different from child’s:</td>
<td>Address, if different from child’s:</td>
</tr>
<tr>
<td>Date of discharge:</td>
<td>Home phone:</td>
<td>Home phone:</td>
</tr>
<tr>
<td></td>
<td>Cell phone:</td>
<td>Cell phone:</td>
</tr>
<tr>
<td></td>
<td>Work phone:</td>
<td>Work phone:</td>
</tr>
<tr>
<td></td>
<td>Hours of employment:</td>
<td>Hours of employment:</td>
</tr>
<tr>
<td></td>
<td>Employer name and address:</td>
<td>Employer name and address:</td>
</tr>
</tbody>
</table>

## Additional Emergency Contacts and People Authorized to Pick-up Child

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

☐ 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

<table>
<thead>
<tr>
<th>Name of child’s physician:</th>
<th>Office phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special medical information, medications, allergies, diet:</td>
<td>Health insurance identification information:</td>
</tr>
</tbody>
</table>

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

Created by the DE Office of Child Care Licensing. Revised July 2015. Facility must retain this information for 3 months after child is removed from care.
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:

**Member Information (Please Print)**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

Name of Adult(s) or Guardian(s) Member Lives With:
Home Phone Number:
Emergency Contact Name:

Home Address:
City:
State:
Postal Code:
Email Address:

**Demographic**

- Gender: □ Female □ Male
- Birth date: [ ] Age:
- Ethnicity: Caucasian □ African-American □ Latino □ Native American □ Asian □ Other

School/District:
Grade:

- Family Totals: □ Sisters: □ Brothers: □ Household: □

Lives With:

Member before? □ Yes □ No
Number of Years:
Name of Unit:

**Parent/Guardian**

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

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

Guardian's First Name:
Guardian's Last Name:
Guardian's Employer:
Guardian's Occupation:
Medical/Emergency:

Medical Problems/Allergies:

Physician:

Preferred Hospital or Clinic:

Insurance Company:

Physician Phone:

Hospital Phone:

Insurance Policy Number:

Can Member Swim? □ Yes □ No

Pick up Information: (Licensed child care only)

Names of two Persons Authorized to pick up Member,
1.) First Name: ______________________ Last Name: ______________________
2.) First Name: ______________________ Last Name: ______________________

Authorized Password: ______________________ Persons Not Authorized: ______________________

Notes:

Participation in other Youth Programs: ______________________ Hobbies: ______________________

Nickname: ______________________ Mother's Maiden Name: ______________________

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

Annual Family Income:

- □ Under 15,000
- □ 15,001-20,000
- □ 20,001-25,000
- □ 25,001-30,000
- □ 30,001-35,000
- □ 35,001-40,000
- □ 40,001-45,000
- □ 45,001-50,000
- □ Over 50,000
- □ Decline to Submit

Check all that Apply:

- □ SSDI
- □ SSI
- □ TANF
- □ Day Care Voucher
- □ Food Stamps
- □ General Assistance
- □ School Lunch
- □ Vet. Compensation

□ Individual
Education
Plan (IEP)

Disabilities or other special circumstances:

Internal Use Only:

UDC 1  Physical Disability  UDC 4  Summer Camp  UDC 7  Swim Lessons  UDC 10  Soccer  UDC 13  Childcare
UDC 2  POC  UDC 5  Track  UDC 8  Jr. NBA  UDC 11  Flag Football  UDC 14  
UDC 3  21st Century  UDC 6  Future Stars  UDC 9  Community Service  UDC 12  Swim Team  UDC 15  

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, 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 anesthetize that is deemed necessary by the professionals or the staff. I also give permission for the school district to release reports cards and educational, behavioral, and attendance data to the Fairfax 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, 302-892-5800, 3411 Silverside Road, Concord Plaza Hagley Building, Wilmington, Delaware 19810-4803 or Dover 302-739-5487, 821 Silver Lake Blvd, #103, Delaware 19904

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

**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 casual 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. A more detailed explanation is in the Parent Handbook.

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

The Boys & Girls Clubs reserves the right to determine suitability with or without a trial period, or at any time during a trial period. Based upon that determination, the Club may decide whether a particular child may continue in the program. If the Boys & Girls Clubs determine that continuing in the program is not a viable option, the Club will make recommendations for programs and services that best meet the needs of that youth.

Parent/Guardian Signature

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Print Name ___________________________ Date

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

Continued membership is contingent upon the ability to abide by the Code of Conduct. All stakeholders (i.e., Club members, parents, guardians, visitors, and groups using Club facilities, and/or participating in any Club activities in and out of the Club) are expected and thus required to abide by the following Code of Conduct. The Code of Conduct’s principles are as follows:

1. Treat all Club members and staff with respect.
2. Respect and protect Club property and take pride in keeping it clean.
3. Respect and protect what belongs to others.
4. Participate in the activities offered at the Club and refrain from loitering in and around Club property.
5. Refrain from profanity, obscene gestures, racial, ethnic, religious slurs and disrespectful language or actions.
6. Refrain from bullying and harassment, including physical, sexual, psychological and technological (i.e. social media), fighting and violence of any kind. There is a Zero tolerance policy.
7. Refrain from any use, distribution or possession of cigarettes, alcohol or illegal substances.
8. Refrain from possessing or involving yourself in any way with dangerous weapons or other items that are intended to be used violently.
9. Refrain from leaving your assigned group and or the building without proper authorization and supervision.

The Code of Conduct listed above is not intended to be all-inclusive; each club site may have additional rules and regulations appropriate for that Club. Inability and/or refusal to adhere to the Code of Conduct may result in suspension or removal from the Boys & Girls Clubs program. All stakeholders are subject to this policy.

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

________________________________________
Member Signature

________________________________________
Parent/Visitor Signature
“Getting to Know Your Child”

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
<td>4.</td>
<td></td>
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</tr>
</tbody>
</table>

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 and Education Director to speak with and get information from my child's teacher(s)/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          Print Parent/Guardian Name

______________________________

Date

(Please Print)
Child's Name: ________________________________  Grade: ________________________________
STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

NAME ____________________________

BIRTHDATE ________________________

CHIL 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

☐ Allergies (food, medicine, bee sting etc.) ☐ Frequent Colds ☐ Fainting ☐ Physical Handicap
☐ Constipation/Diarrhea ☐ Hearing Difficulty ☐ Speech Difficulty ☐ Behavior Problem
☐ Seizures ☐ Vision Difficulty ☐ Asthma
Other ___________________________________________________________________________

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>X - Within Normal Limits</th>
<th>O - See Remarks Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scalp, Skin</td>
<td>O</td>
<td>Lungs</td>
</tr>
<tr>
<td>Heart</td>
<td>O</td>
<td>Ear, Nose</td>
</tr>
<tr>
<td>Vision</td>
<td>O</td>
<td>Abdomen</td>
</tr>
<tr>
<td>Ear, Nose</td>
<td>O</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Lungs</td>
<td>O</td>
<td>Eyes</td>
</tr>
<tr>
<td>Height</td>
<td>O</td>
<td>Neck, Glands</td>
</tr>
<tr>
<td>Weight</td>
<td>O</td>
<td>Nervous System</td>
</tr>
</tbody>
</table>

REMARKS AND RECOMMENDATIONS: ______________________________________________________________________

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____________________________________________________

Examining’s Signature __________________________ Date __________________________

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 __________
Td 1 __________ Td 2 __________ Td 3 __________
OPV/IPV 1 __________ OPV/IPV 2 __________ OPV/IPV 3 __________ OPV/IPV 4 __________ TB Screening 12 mo
MMR 1 __________ MMR 2 __________ HepB 1 __________ 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 2 __________ Pneumococcal Polysaccharide 1 __________ Pneumococcal Polysaccharide 2 __________
Pneumococcal Conjugate 3 __________ Pneumococcal Conjugate 4 __________
Lyme Vax 2 __________ Lyme Vax 3 __________ Other: __________

Examiner’s Signature __________________________ M.D. ☐ ☐ P.N.P. ☐ Date: __________________________

Printed Name: __________________________ Telephone: __________________________

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