

White Plains YMCA Child Care/After School Registration Form 2018 -2019

Participant Information /Información del Participante											
Child's First Name /Nombre del niño:					Child's Last Name /Apellido del niño:						
Date of Birth /Fecha de nacimiento:				Telephone /Teléfono:				<input type="checkbox"/> M	<input type="checkbox"/> F		
Address /Dirección:							Apt:				
City /Ciudad:			State /Estado:			Zip Code/Código Postal:					
Program Enrollment/ Inscripción al Programa											
Start date you would like your child to enroll in the program / Fecha de inicio le gustaría que su hijo/a se inscriba en el programa:										/	/
Please select the program you would like to enroll your child in /Por favor seleccione el programa que le gustaría inscribir a su hijo/a:											
<input type="checkbox"/> Infants /Infantil (6 WKS to 18 MO)	<input type="checkbox"/> Toddlers (18 MO to 2.9 YO)	<input type="checkbox"/> Preschool /Preescolar (2.9 YO to 5 YO)	<input type="checkbox"/> UPK (4 YO to 5 YO)	<input type="checkbox"/> Before School / Antes de la Escuela (W. P. Location)	<input type="checkbox"/> White Plains (K – 5 th)	<input type="checkbox"/> Seely Place (K – 6 th) After School Only	<input type="checkbox"/> Greenville (K – 6 th) After School Only	<input type="checkbox"/> Virginia Road (K – 2 nd) Before School Only	<input type="checkbox"/> Kensico (3 rd – 5 th) Before School Only		
Please select the days you would like to enroll your child in /Por favor seleccione los días que desea inscribir a su hijo/a:											
<input type="checkbox"/> All 5 Days / Todos Los 5 Días		<input type="checkbox"/> Monday /Lunes		<input type="checkbox"/> Tuesday /Martes		<input type="checkbox"/> Wednesday / Miércoles		<input type="checkbox"/> Thursday / Jueves		<input type="checkbox"/> Friday / Viernes	
Please select the amount of hour you would like to enroll your child in the program for /Por favor seleccione la cantidad de hora que le gustaría inscribir a su hijo/a en el programa para:											
<input type="checkbox"/> 9 Hour /Hora		<input type="checkbox"/> 11 Hour /Hora		<input type="checkbox"/> UPK		<input type="checkbox"/> Before School		<input type="checkbox"/> After School			
:	AM	-	:	PM	7:30AM – 6:30PM	9:00AM – 3:00PM	7:30AM – 9:00AM	3:00PM – 6:30PM			
Guardian Contact Information / Información de Contacto del Guardián											
Mother or Guardian's Name /Nombre de la Madre o Guardián:											
Cell Phone /Teléfono Celular:					Work Phone /Teléfono de Trabajo:						
Email /Correo Electrónico:											
Father or Guardian's Name /Nombre del padre o Guardián:											
Cell Phone /Teléfono Celular:					Work Phone /Teléfono de Trabajo:						
Email /Correo Electrónico:											
Emergency Contact Information / Información de Contacto de Emergencia											
Please fill out the information below to explain who is allowed to pick up your child from child care or after school. Parents are already assumed as allowed to pick up their children, unless previously noted with proper documentation and photo with the director. Note: anyone who is not listed below will not be allowed to leave the White Plains YMCA or Offsite location property with your child for any reason unless verified in person from a parent/guardian prior to the time of the actual pick-up. They must be 18 years old. /Por favor llene la siguiente información para explicar a quién se le permite recoger a su hijo/a después de la escuela. Los padres ya son asumidos como permitidos para recoger a sus hijos, A menos que ya se haya observado con la documentación adecuada y la foto con el director, que no les está permitido. Nota: cualquier persona que no esté listada abajo no será permitida a salir de la YMCA de White Plains o propiedad fuera del sitio con su niño por cualquier razón a menos que sea verificado la persona de un padre/guardián antes de la hora de la recolección y deben tener 18 años.											
My child may be picked up from the program by / Mi hijo/a puede ser recogido del programa por:											
Name /Nombre:				Phone /Teléfono:				Relationship /Relación:			
Name /Nombre:				Phone /Teléfono:				Relationship /Relación:			
Name /Nombre:				Phone /Teléfono:				Relationship /Relación:			
Name /Nombre:				Phone /Teléfono:				Relationship /Relación:			
Name /Nombre:				Phone /Teléfono:				Relationship /Relación:			
My child may not be picked up from the program by / Mi hijo/a no puede ser recogido del programa por:											
Name /Nombre:				Phone /Teléfono:				Relationship /Relación:			
Name /Nombre:				Phone /Teléfono:				Relationship /Relación:			
By signing below, I approve and authorize the following people above to pick up my child /Firmando abajo, apruebo y autorizo a la gente siguiente encima a recoger a mi hijo.											
Parent/Guardian's Signature /Firma del Padre/Guardián:								Date /Fecha:			

Enrollment and Parent Policy Agreement /Acuerdo de Política de Inscripción y Padres

Parent's Responsibilities /Responsabilidades de los Padres

Upon the acceptance of the child to the school, I understand that I have the following responsibilities:

1. To pay tuition on the 20th of the prior to the month care is requested.
2. To remain with my child until a positive separation experience had been achieved.
3. To submit my child's health records before the first day of enrollment and to insure that the records are kept up to date
4. To make alternative arrangements for child care when my child exhibits symptoms of a contagious disease. If so I must notify Child Care/After School if my child had contracted an illness, including bacterial meningitis, chicken pox, mumps, pertussis, pneumonia, conjunctivitis, strep throat or Coxsackie and to provide a doctor's note indicating that my child is able to return to the program.
5. To pick my child up promptly at the designated time.

All Program Participants General Agreements /Acuerdos Generales

- Please note: After School follows the calendar of their primary district; Child Care follow the YMCA Child Care Calendar.
- I understand that my child will not be permitted to attend unless ALL required documents have been submitted.
- I am aware that a completed medical form signed by a physician is required before my child may begin program.
- If give permission for administrators, teaching staff and regulatory authorities to access my child's records.
- I give my permission to the Y staff to administer any standard first aid as needed.
- I fully understand that my child is responsible for his/her possessions.
- I fully understand that the White Plains YMCA is NOT responsible for lost, broken or stolen items.
- I give my child permission to use bug repellent and or sun screen as needed. I must provide their own sun screen and repellent. This will be kept by the Child Care Staff for the duration of the school year.
- I fully understand my child will be released at the end of the program to the parent/guardians and no child will be released to another person without a written release or under 18 years old.
- I give permission for my child to accompany YMCA staff on local outings as designated by the administration. I understand that my child will always be under the direct supervision of YMCA staff.
- I agree that the White Plains YMCA, its officers, directors, employees, and independent contracting staff (YMCA of Central & Northern Westchester), are not responsible for and do not assume any liability, responsibility or obligations for any and all claims, damages, injuries, accidental or otherwise including: actions or omissions by other persons.
- I have received, read, and understand the Parent Handbook which includes the Agreement Contract, Termination of Agreement, Procedure, and Basic Discipline Policy
- I fully understand and agree to abide by the YMCA's policies & procedures.
- The YMCA of Central & Northern Westchester is committed to protecting the privacy of members, program participants and guests. All information provided to the YMCA with regard to any individual, family or group is for internal use only.

Photo Consent /Consentimiento de Foto:

I fully understand and approve for my child being photographed, or otherwise recorded during an events and activities to be used in any promotional materials to be displayed by the White Plains YMCA publicity including print in newspapers

White Plains YMCA Location Policy only / Sólo Política de Ubicación de la YMCA White Plains:

- I understand I must swipe in and out upon entering the YMCA, escort my child to their room, and sign my child in. Also, when picking up swipe in upon entering the YMCA, pick my child up and sign out of the program daily. Photo ID must be available upon request.

Trips (child care participants only) / Viajes (participantes del cuidado de los niños solamente):

- I fully understand and approve the White Plains YMCA staff to transport my child when necessary. All field trips follow the New York State regulation on staff to child ratios. All trips leaders are out full time child care staff and have gone through training and background checks. Children are put into groups with their teachers. A travel first aid kit will be taken for routine medical care and travel files with medical contact information will be brought on the trip. Each teacher will have a cell phone and there will be assigned meeting times and areas to maintain constant communication. All child care participants are required to bring their own lunches to school on trips in a separate containers clearly labeled with their name. Lunches will be stored in a cooler until consumption.

By signing below, I have read, acknowledge, approve and fully understand to all of the statements above that applies for my child. / Al firmar a continuación, he leído, reconozco, apruebo y entiendo completamente a todas las declaraciones anteriores que se aplican a mi hijo/a.

Parent/Guardian's Signature /Firma del Padre/Guardián:	Date /Fecha:
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Nap Policy / Política de la Siesta:

Infants /Infantil

The American Academy of Pediatrics strongly recommends the following rules regarding infant sleep position and surroundings:

- Infants under 12 months of age shall be placed on their backs on a firm, tight-fitting mattress for sleep in a crib that meets the standards of the US Consumer product Safety Commission.
- Waterbeds, sofas, soft mattresses, pillows, and other soft surfaces are prohibited as infant sleep surfaces.
- For infants younger than 12 months, bumper pads, wedges, pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products will be removed from the crib.
- If a blanket is needed, the infant's head shall remain uncovered during sleep. The blanket shall be placed around the child's chest and tucked under the mattress.
- Unless the child has medical reasons, and thus a note from his/her physician specifying otherwise, infants shall be placed on their backs for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
- When infants can easily turn over from their back to stomach or side, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep. Unless a doctor specifies the need for a positioning device that restricts movement within the child's crib, such devices will not be used.
- Children will be moved from a crib to sleep on a cot when developmentally appropriate at or around 12 months of age. If prior to 12 months, the child can be moved with parent's written permission to do so.
- I understand that all infants will be placed on their back to sleep.

This series was created by the Infant Mortality Risk Reduction Work Team of the National SIDS and Infant Death Program Support Center (NSIDPSC). You may copy it with proper credit. The NSIDPSC is a cooperative project of the SIDS Alliance, Inc. and the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) Sudden Infant Death Syndrome / Infant Death Program.

Toddlers, Preschool, Pre-K and UPK

- Children will nap in their classrooms. Cots will be placed in the rooms to allow for movement around each cot, away from doorways, and not blocking emergency exits.
- Each child will have their own cot that is labeled with their name. Sheets are provided by the family and sent home weekly, or as needed for laundering.
- Children are supervised during nap time using the same ratios that apply as when the children are active.
- All children are provided a time for rest. After a reasonable time period that meets individual needs, when children awaken, or for those who do not sleep, activities are provided in the classroom.
- Television, or other electronic visual media, is not used to calm children at naptime.
- I understand that if my child awakens or does not sleep after a reasonable period of time, he/she will provided alternate means of activity until the daily scheduled activities resume.

By signing below, I have read, acknowledge, approve and fully understand the White Plains YMCA Nap Policy. /Al firmar a continuación, he leído, reconozco, apruebo y entiendo completamente la política de la siesta de la YMCA de White Plains.

Parent/Guardian's Signature /Firma del Padre/Guardián:	Date /Fecha:
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Billing Agreement / Acuerdo de pagos:

- When submitting child's application a \$60.00 registration is due (This includes DSS participant)
- I understand that the registration fee is not refundable
- I fully understand that I cannot combine the 10% Sibling Discount with any other discounts like scholarship, early bird discount, or third party including DSS or 1199
- I fully understand all payments are due before or on the 20th of the prior to the month care
- I fully understand I will be charged a \$35.00 late fee after due date or charged \$35.00 for each declined transaction
- I understand I must inform the White Plains YMCA in writing of any changes to my account information.
- I understand any adjustment in schedule or withdrawal from program is require 30 days' notice in writing.
- I authorize a onetime \$60.00 program membership payment at the time of registration.
- I authorize the renewal of my program membership at the time of expiration.
- I agree to the terms of the YMCA of Central and Northern Westchester's Credit/Debit Card Payment Plan Authorization Agreement.

Financial Responsibility / Responsabilidad Financiera

- Tuition is set at \$ _____ per month for a 10 or 12 month period, paid by the 20th of the prior month. I agree that my child is enrolled for the above school year. I recognize that I am responsible for the total amount set forth in this Enrollment Agreement, and that I shall not be entitled to any reduction, refund, or allowance in the event of my child's withdrawal or absence from the school for any reason. If a change of schedule is requested, an amendment to this contract must be approved.

Refund Policy /Política de Reembolso:

- I fully understand and agree that I shall not be entitled to any reduction, refund or allowance in the event of my child's withdrawal or absence from the program for any reason including program closure, sick or vacation.

By signing below, I have read, acknowledge, approve and fully understand the White Plains YMCA Billing Agreement Policy and all of the statements above

Parent/Guardian's Signature /Firma del Padre/Guardián:	Date /Fecha:
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White Plains YMCA Child Care/After School Registration Form 2018 -2019

New York State Office Of Children And Family Services Day Care/ After School Registration

PHOTO OF CHILD (Optional)	Child's Full Name:
	Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your child allergic to?
	Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name:	Telephone Number:
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Child's Source of Dental Care/Dentist's Name:	Telephone Number:
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Name of Medical Care Facility/Hospital:	Telephone Number:
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Would you like information on Child Health Plus? Yes No

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

Provider/Day Care Facility Name and Address: White Plains YMCA	CHILD'S FULL NAME:			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	CHILD'S HOME ADDRESS:			DATE OF BIRTH:
	City:	State:	Zip:	HOME TELEPHONE NUMBER:
	DATE OF ACCEPTANCE:		DATE OF DISCHARGE:	
	NAME OF PERSON APPLYING FOR CHILD:		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other []	Home Telephone Number:
				Daytime Telephone Number:
	Address of Person Listed Above: (If different from child's):			
	AGREEMENTS I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates. I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE			DATE:

White Plains YMCA Child Care/After School Registration Form 2018 -2019

Intake Form

Only Children enrolling in Infants – UPK

Child's Name: _____ Nickname: _____

Date of Birth: _____ Gender: M ____ F ____

Parents Name: _____

Family History

Who lives in the child's home? (Include names and ages of siblings)

Who is the child's primary caretaker? _____

Other family members involved: _____

Sibling's reaction to child's birth: _____

Any recent changes on your family's situation: _____

Age at which child first left with caretaker: _____

Language(s) other than English regularly spoken at home: _____

Are there any family traditions/cultural practices that you would like us to be aware of to make your child more comfortable?

School History (include preschool, day care, nursery school, Head Start)

Has your child attended school before, if so for how long?

Child's Medical History

Pregnancy/birth – normal/full term? _____

Does your child have a history of the following?

Frequent colds: _____ Frequent diarrhea: _____ Asthma: _____ Nosebleeds: _____

Ear Infections: _____ Stomach Aches: _____ Seizures: _____ Headaches: _____

Urinary Infections: _____

Please indicate what brings on the above conditions if you know:

What illness (es) has your child had and at what age?

Chicken Pox: _____ Scarlet Fever: _____ Mumps: _____ Measles: _____

Other: _____

Does your child have?

Hepatitis: _____ Diabetes: _____

Does your child vomit easily? _____

Does your child run high fevers often? _____

Has your child had any serious accidents? If so please explain:

Does your child have any allergies?

If so, how are they manifested?

Asthma: _____ Hay Fever: _____ Hives: _____ Other: _____

Does your child have any FOOD allergies?

Does your child receive any medication regularly?

Do you have any concerns in these areas?

Speech: _____ Physical: _____ Hearing: _____ Vision: _____

Child's Development

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
1. Can your child:			
a. Use a spoon and fork to eat without spilling a lot?	_____	_____	_____
b. Wash and dry his/her own hands?	_____	_____	_____
c. Dress him/her self?	_____	_____	_____
d. Do buttons?	_____	_____	_____
e. Be left alone with a babysitter without a big fuss?	_____	_____	_____
2. Does your child have?			
a. Problems with eating?	_____	_____	_____
b. Problems with sleeping	_____	_____	_____
3. Does your child soil his/her pants?	_____	_____	_____
4. Does your child:			
a. Play successfully with puzzles, blocks and other construction toys without help?	_____	_____	_____
b. Hold a crayon/pencil properly?	_____	_____	_____
c. Write and draw rather than scribble?	_____	_____	_____

Does your child prefer their right, left, or both hands? _____

General

What adjectives best describe your child?

How would you describe your child's personality?

How does your child respond to other children?

Has your child had any other group play experiences?

How does your child cope with separation?

What characterizes your child's behavior when upset, angry or afraid?

Does your child have any specific fears?

What helps your child regain balance?

Do you have any special concerns about your child's development?

Is there any other information our staff should be aware of to better care for your child?

Parent Name (please print) _____

Parent Signature _____

Date _____

White Plains YMCA Child Care/After School Registration Form 2018 -2019

Child Care Monthly Tuition Fees /Mensuales de Cuidado Infantil

<input type="checkbox"/> Infants /Infantil		<input type="checkbox"/> Toddlers		<input type="checkbox"/> Preschool /Preescolar		<input type="checkbox"/> UPK		<input type="checkbox"/> Before School / Antes de la Escuela		<input type="checkbox"/> Afterschool /Despues de la Escuela	
9 Hour Day (designated time)						(9:00am - 3:00pm)		(7:30am – 9:00am)		(3:00pm – 6:30pm)	
Days	Tuition	Days	Tuition	Days	Tuition	Days	Tuition	Days	Tuition	Days	Tuition
<input type="checkbox"/> 3	\$1,030.00	<input type="checkbox"/> 3	\$900.00	<input type="checkbox"/> 5	\$1,375.00	<input type="checkbox"/> 5	Free	<input type="checkbox"/> 3	\$150.00	<input type="checkbox"/> 3	\$330.00
<input type="checkbox"/> 5	\$1,655.00	<input type="checkbox"/> 5	\$1,400.00					<input type="checkbox"/> 5	\$215.00	<input type="checkbox"/> 5	\$500.00
11 Hours (7:30am – 6:30pm)											
Days	Tuition	Days	Tuition	Days	Tuition						
<input type="checkbox"/> 3	\$1,240.00	<input type="checkbox"/> 3	\$1,055.00	<input type="checkbox"/> 5	\$1,675.00						
<input type="checkbox"/> 5	\$1,900.00	<input type="checkbox"/> 5	\$1,700.00								

Credit Card Information:

Credit Card Holder's First Name:						Credit Card Holder's Last Name:								
Card Type:				<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover							
Card #:				-						-				
Expiration Date:	Month			Year										

By signing below, I have read, acknowledge, approve and fully understand the White Plains YMCA will drafted on the 5th of the prior to the month care for my child care tuition. Also I understand any adjustment in schedule or withdrawal from program is require 30 days' notice in writing. I also understand that I shall not be entitled to any reduction, refund or allowance in the event of my child's withdrawal or absence from the program for any reason including program closure, sick or vacation.

Credit Card Holder's Signature:	Date:
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Child Care Program 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 or child care program
 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). Yes No

Immunization History

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1st Date	2nd Date	3rd Date	4th Date	5th Date
Polio (IPV or OPV)	1st Date	2nd Date	3rd Date	4th Date	
Haemophilus influenzae type B (Hib)	1st Date	2nd Date	3rd Date	4th Date OR 1st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08	1st Date	2nd Date	3rd Date	4th Date	
Hepatitis B	1st Date	2nd Date	3rd Date		
Measles, Mumps and Rubella (MMR)	1st Date	2nd Date			
Varicella (also known as Chicken Pox)	1st Date	2nd 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										Mantoux Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative		mm
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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:									
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Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year							Result:		mcg/dL	<input type="checkbox"/> Venous	<input type="checkbox"/> Capillary
2 years							Result:		mcg/dL	<input type="checkbox"/> Venous	<input type="checkbox"/> Capillary

Most recent date of lead screening (if different from above):

							Result:		mcg/dL	<input type="checkbox"/> Venous	<input type="checkbox"/> Capillary
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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.

Child Care Program 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

Title:		Phone:		Date:	
Signature of Examiner:		Please Print Name:			
Address:					
City:	State:	Zip Code:			

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.