

# 2015 CAMP APPLICATION FOR ENROLLMENT



Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of June 1, 2015 \_\_\_\_\_

Grade Completed as of June 1, 2015 \_\_\_\_\_

Telephone # \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

School Attending \_\_\_\_\_ Sex \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Are parents Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Living Together \_\_\_\_\_

Other Family Members (names and ages) :  
\_\_\_\_\_

Person to notify in Case of Illness (other than Parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Health Insurance coverage for child under family insurance policy or medical assistance if applicable:

PROVIDER: \_\_\_\_\_ **POLICY #(REQUIRED)** \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Any additional information or special needs of the child that may require special attention (re: allergies, unusual health considerations or child custody considerations) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camp Group Request \_\_\_\_\_

**(LIMIT 2 FRIEND REQUESTS, PLEASE BE ADVISED FINAL GROUPINGS WILL BE AT THE DISCRETION OF CAMP MANAGEMENT)**

office use only: rgfee \_\_\_\_\_ dep \_\_\_\_\_ med \_\_\_\_\_ rdexed \_\_\_\_\_ emer cntct \_\_\_\_\_



## EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
Address		
MOTHER'S NAME/LEGAL GUARDIAN		Home Telephone
Address		
Cellular Phone		
Business Name		Bus. Telephone
Address		
FATHER'S NAME/LEGAL GUARDIAN		Home Telephone
Address		
Cellular Phone		
Business Name		Bus. Telephone
Address		
<b>Emergency Contact Person(s)</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Person's To Whom The Child May Be Released</b>	<b>Address</b>	<b>Telephone Number</b>
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
Address		
Special Disabilities (If Any)		
Medical or Dietary Information Necessary in An Emergency		Allergies (Including Medication Reaction)
Additional Information On Special Needs Of Child		Medication, Special Conditions
Health Insurance Coverage For Child Or Medical Assistance Benefits		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>
Walks And Trips	Swimming	
Transportation By The Facility	Wading	
Administration of Sunscreen (SPF of 30 or Higher)	PLEASE BE SURE YOU HAVE AFFIXED FULL SIGNATURES (NO INITIALS, PLEASE) TO ALL SEVEN BOXES AND ALSO TO THE SPACE PROVIDED BELOW	

\_\_\_\_\_  
**Signature Of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature Of Parent or Guardian**

\_\_\_\_\_  
**Date**

# 2015 CAMP REGISTRATION FORM



## *registration:*

- ☺ A camp day consists of the hours 8:40 AM – 4:10 PM, however, your tuition allows you to take advantage of extended hours (7:00 AM until 6:00 PM). Tuition also includes breakfast (until 8:00 AM), AM snack, lunch, and PM snack and 1 WDC color battle tee shirt! Camper registration fees are not included in your tuition and must be submitted with your completed 2015 camp application and security deposit. Applications will not be accepted without the applicable registration fee.

**There is NO registration fee prior to 6pm Friday February 27, 2015 for new and returning campers!**

### Registration fees will apply after February 27th as such:

Feb 28 - May 1, 2015	<b>\$50.00/</b> camper registration fee
After May 1 - June 1, 2015	<b>\$100.00/</b> camper registration fee
After June 1, 2015	<b>\$150.00/</b> camper registration fee

- ☺ There are three options for registration: 3,4 or 5 days per week. (Sorry, no ½ days.)
- 5 DAYS PER WEEK (4 WEEK MINIMUM)= \$460/WK EACH ADDITIONAL WEEK @ \$435/WEEK\*\*\***
  - 4 DAYS PER WEEK (6 WEEK MINIMUM)= \$410/WK EACH ADDITIONAL WEEK @ \$390/WEEK\*\*\***
  - 3 DAYS PER WEEK (6 WEEK MINIMUM)= \$350/WK EACH ADDITIONAL WEEK @ \$330/WEEK\*\*\***
  - C.I.T. PROGRAM (4 WEEK MINIMUM)= \$320/WK EACH ADDITIONAL WEEK @ \$290/WEEK\*\*\***
  - J.C PROGRAM \$95.00 PER WEEK**

**\*\*\*\*DISCOUNTED PRICING NOT AVAILABLE FOR ADDITIONAL WEEKS IF REGISTERING AFTER JUNE 1ST, 2015\*\*\*\***

If you are registering your camper for a 3 or 4 day week, please select your days. (Circle Below)

**M T W H F**

**Sorry, but we cannot allow “make-up days” for any reason, and we cannot allow part-time campers to switch their days for any reason. Contact Lisa Silverstein if you need to add on a day to check availability. The per diem rate to add on to a scheduled part time week is \$110/day.**

- ☺ Counselor In Training (C.I.T.) Program is offered for returning Windmill campers 13 (by June 1st, 2015) to 15 years of age. This program is also contingent upon an interview with our Camp Director.
- ☺ The Junior Counselor Program is offered for returning Windmill campers 15 (by June 1st, 2015) to 17 years of age. This program is also contingent upon an interview with our Camp Director.

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

\_\_\_\_\_  
DATE

# 2015 CAMP REGISTRATION FORM



## register below:

☺ WHEN REGISTERING, PLEASE KEEP IN MIND THAT YOU WILL BE FINANCIALLY OBLIGATED FOR ANY AND ALL WEEKS FOR WHICH YOU HAVE REGISTERED REGARDLESS OF ACTUAL ATTENDANCE. ALL REGISTRATIONS SHALL BE CONSIDERED FINAL AS OF JUNE 1ST, 2015.

** June 15-19	_____	July 6-10	_____	August 3-7	_____
June 22-26	_____	July 13-17	_____	August 10-14	_____
June 29-July 3	_____	July 20-24	_____	** August 17-21	_____
		July 27-31	_____	** August 24-28	_____

\*\* LIMITED AVAILABILITY WEEKS, MODIFIED SCHEDULES MAY APPLY

## tuition:

- ☺ Windmill Day Camp will be closed on Friday, July 3<sup>rd</sup>, 2015 in honor of Independence Day. Full tuition is due for this week despite the scheduled holiday.
- ☺ In order to secure a spot for enrollment, a registration fee must be paid along with 25% of your child(ren)'s total camp tuition. Keep in mind that the camp registration fee is not included in your camp tuition. Another 25% will be due no later than May 1st, 2015. The remaining camp tuition balance (50%) shall be due no later than June 1st, 2015.
- ☺ There is a late charge of \$2.00 per minute per camper picked up after 6:00 P.M.

In order to secure a spot in our 2015 Camp Enrollment for your child(ren), the following must be received:

**Completed Camp Application  
Registration Fee  
25% of Your Child(ren)'s Total Camp Tuition**

- ☺ After June 1st, 2015, any additions to your child(ren)'s registration(s) must be applied for and paid in full at the time of your request. Spaces will be granted on a first-come first-serve basis .
- ☺ There is a **one-time \$150.00** discount per additional sibling enrolled in our camp program. There is a **one-time \$100.00** discount for additional siblings enrolled into our Toddle House Program. This discount does not apply to any campers who are enrolled in our JC program
- ☺ There is a \$20.00 charge for each returned check.

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

\_\_\_\_\_  
DATE



# 2015 CAMP REGISTRATION FORM



## **absences:**

Full tuition is due even when your camper is absent from camp. There shall be no refunds or reductions in tuition (to include any deposits and registration fees) for reasons of absence, withdrawal, illness, or dismissal. Sorry, but we cannot allow "make-up days" for any reason, and we cannot allow part-time campers to switch their days for any reason. Full tuition is due for all registered weeks, scheduled holidays (Friday, July 3<sup>th</sup>, 2015) and any weather emergency days. Please remember that June 1st, 2015 is the last day that changes are allowed to be made to your registration without incurring a **CHANGE FEE (\$50.00 per change/deletion per camper)**. After that date you will be financially responsible for all weeks for which you have registered.

## **illness:**

It is our policy to ask all parents to keep home any camper who exhibits any of the following symptoms (accordingly, we reserve the right to contact a parent or emergency contact to have the camper picked up if he/she exhibits any of the following symptoms): diarrhea, severe coughing, difficult or rapid breathing, yellowish skin or eyes, pinkeye/conjunctivitis, vomiting, contagious rashes, unidentifiable rashes, fever (over 100 degrees orally or 101 degrees rectally) and head lice (Windmill maintains a "nit free" policy). We also ask that any campers who require more than a reasonable accommodation (to be determined by Windmill Day Camp) make alternative arrangements, or if already at camp, be picked up by a parent/guardian or emergency contact. Windmill Day School also utilizes a "24 hour fever free policy." This policy mandates that any child sent home with a fever (see above) cannot be readmitted to camp within 24 hours. Students with vomiting and/ or diarrhea will be sent home or need to stay home for 24 hours until free of vomiting and/ or diarrhea for 24 hours WITHOUT medication.

## **dismissal policy:**

Windmill Day Camp reserves the right to cancel any enrollment or dismiss a camper whose conduct, influence or behavior is deemed unsatisfactory or inimical to the best interest of the camp.

## **relationships:**

Windmill Day Camp engages staff to provide services at the camp during the camp day. The camp does not recommend, sponsor, encourage, or condone any arrangements whereby counselors and/or other staff provide child tutoring, baby-sitting, or other out-of-camp services to parents of children enrolled in the camp. Parent(s) hereby acknowledge that if any such out-of-camp relationship exists, or develops in the future, the camp is not responsible and any involved counselor or staff is not acting within the framework or scope of his/her employment with Windmill Day Camp.

## **"talking brochure":**

Normally, summer camps will offer brochures and other written information as a means of informing prospective parents about their programs. At Windmill Day Camp, we believe that these prospective parents would value more the opinions and comments made by the people whose children are already enrolled at our camp. This way, Windmill Parents will become a valuable reference source, letting our future parents know about Windmill from an "un-cut" perspective. Don't worry, we won't give out your phone number without your permission. We will only use you as reference if you check the appropriate box below.

**DID WE MENTION WE REWARD YOU FOR SENDING NEW CAMPERS AND STUDENTS OUR WAY??**

**MAKE SURE THEY GIVE US YOUR NAME WHEN SIGNING UP!!! YOU WILL RECEIVE \$50 IN WDC BUCKS FOR EVERY NEW ENROLLMENT!**

- Please use me as a personal reference for Windmill Day School and Camp. You have my permission to distribute my name and phone number to prospective parents.
- Please do not use me as a reference for Windmill Day School and Camp at the present time.

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

\_\_\_\_\_  
DATE

**FIVE**



# 2015 CAMP REGISTRATION FORM



## photo release:

I hereby authorize Windmill Day School and Camp to use any photograph or representation of my child in any advertisement, brochure, press release and/or news story.

## windmill wear:

All Windmill campers are required to wear camp shirts on a daily basis. Windmill wear will be for sale before camp begins and during the camping season. Please see Windmill Wear Order Form for deadline to ensure your camper gets their color/size preferences.

## "peanut aware" policy:

Windmill Day School & Camp strives to be a **peanut/nut-aware facility**, and to this end desires to eliminate all products containing **peanuts/nuts** from our facility. Windmill Day School & Camp requires that any foods brought into the school by parents and/or children be **peanut/nut free** (even trace amounts.) However, foods that are manufactured in a facility that processes peanuts/nuts, but does not contain nuts in the allergen list are still acceptable. For example, food labels that provide "Processed in a facility that also processes nuts" or "Processed on a machine that also processes nuts" (or similar wording) are OK to bring to school/camp for personal consumption. This policy applies to all breakfast & lunch foods, snacks, party goods & favors, and any special "treats" brought to camp/school. If a peanut/nut food is discovered, it will be discarded immediately. We ask that all "home-baked" goods have a detailed ingredient list attached. We also require you to notify Windmill Day School & Camp **upon enrollment** if your child has never been introduced to peanut/nut products (this is to include physical exposure, as well as ingestion of peanut/nut products). The foregoing policy statement is not, and should not be construed, as a guarantee that Windmill Day School & Camp is a nut-free facility or that your child(ren) will not be exposed to nuts. Any and all concerns you have regarding nut exposure should be shared with Management and you should consult your physician.

## medications:

I understand that it is the policy of Windmill Day Camp to only administer medications brought from home during lunch (12:00 PM-1:00 PM). Medication will only be accepted if it is brought in the original container and with only the single dose to be administered (unless in liquid form). If medication is to be administered for a period of time longer than seven consecutive days, it will be necessary for a doctor's note to accompany the medication. All medications/containers will be sent home daily.

## john hancock's:

I (We) have read, understand, and agree to this policy sheet and have affixed my (our) signature(s) hereto. I also understand that I am financially obligated for all weeks for which I have registered my child(ren) without exception. All questions, if any, have been answered to my (our) satisfaction and that my (our) signature(s) signify agreement to abide by these policies:

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT OF TUITION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CAMP DIRECTOR / ADMINISTRATOR

\_\_\_\_\_  
DATE

**HOW DID YOU FIRST DISCOVER WINDMILL? (CIRCLE ONE, IF REFERRED, PLEASE LET US KNOW WHO TO THANK!)**

DRIVE-BY      WEBSITE      MAILER      REFERRAL \_\_\_\_\_      OTHER \_\_\_\_\_

**NAME OF YOUR CAMP TOUR GUIDE:** \_\_\_\_\_



**CIVIL RIGHTS COMPLIANCE  
PARENT AWARENESS**

IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS AND REGULATORY REQUIRMENTS, YOU AS A RESIDENT OF THIS AGENCY, HAVE THE RIGHT:

-to be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), age or sex.

-to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), age or sex.

COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH ANY OF THE FOLLOWING:

Windmill Day School & Camp  
36 North Chapman Rd.  
Doylestown, Pa 18901

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF EQUAL OPPORTUNITY  
SOUTHEAST REGIONAL OFFICE  
1105B STATE OFFICE BUILDING  
1400 SPRING GARDEN STREET  
PHILADELPHIA, PA 19130

AMERICAN WITH DISABILITIES ACT  
DIRECTOR  
GOVERNORS OFFICE  
ROOM 238 MAIN CAPITOL  
HARRISBURG, PA 17120

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES  
OFFICE FOR CIVIL RIGHTS  
SUITE 372, PUBLIC LEDGER BUILDING  
150 S. INDEPENDENCE MALL WEST  
PHILADELPHIA, PA 19106-9111

PA HUMAN RELATIONS COMMISSION  
711 STATE OFFICE BUILDING  
1400 SPRING GARDEN STREETS  
PHILADELPHIA, PA 19130

\_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE                      DATE

\_\_\_\_\_  
STAFF SIGNATURE                                      DATE



## WINDMILL WEAR ORDER FORM - 2015

CAMPER'S NAME: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_

YOUTH SIZES ARE AS FOLLOWS: SMALL (6-8), MEDIUM (10-12), AND LARGE (14-16).  
 ADULT SIZES ARE SMALL, MEDIUM, LARGE. CHECK OUT THE "WINDMILL WEAR" BUTTON  
 AT [WWW.WINDMILLDAYCAMP.COM](http://WWW.WINDMILLDAYCAMP.COM) FOR PHOTOS OF MOST ITEMS ON PROFESSIONAL  
 MODELS! ORDER FORM AND TOTAL AMOUNT IS DUE PRIOR TO MAY 1ST FOR  
 AVAILABILITY OF MOST COLORS & SIZES. AFTER MAY 1ST, SIZES AND STYLES MAY BE  
 UNAVAILABLE.

ITEM	COLOR	SIZE	QTY	COST	TOTAL
GREEN SHIRTS <span style="background-color: #90EE90;">OLDER TODDLES ONLY</span>	GREEN			\$15.00	
YELLOW SHIRTS <span style="background-color: #FFFF00;">YOUNGEST CAMP GROUP ONLY</span>	YELLOW			\$15.00	
YOUTH TEE SHIRT	BLUE			\$18.00	
YOUTH TEE SHIRT	WHITE			\$18.00	
YOUTH PINNEY (REVERSIBLE)	BLUE & WHITE			\$18.00	
ADULT TEE SHIRT	BLUE			\$20.00	
ADULT TEE SHIRT	WHITE			\$20.00	
ADULT PINNEY (REVERSIBLE)	BLUE & WHITE			\$20.00	
C.I.T. TEE SHIRT	ORANGE W/NAVY			\$20.00	
C.I.T. PINNEY (REVERSIBLE)	ORANGE & WHITE			\$20.00	
J.C. TEE SHIRT	LT BLUE & WHITE			\$20.00	
J.C. PINNEY (REVERSIBLE)	LT BLUE & WHITE			\$20.00	
YOUTH "OUR YARD" TEE	LIME GREEN			\$18.00	
ADULT "OUR YARD" TEE	LIME GREEN			\$20.00	
YOUTH "URBAN CAMO" TEE	PINK OR BLUE			\$18.00	
ADULT "URBAN CAMO" TEE	PINK OR BLUE			\$20.00	
YOUTH "OLD SCHOOL" TEE	NAVY			\$18.00	
ADULT "OLD SCHOOL" TEE	NAVY			\$20.00	
YOUTH COLOR BATTLE TEE	TBD	1ST ONE FREE WITH YOUR CAMP APPLICATION		\$18.00/ADDITIONAL	
ADULT COLOR BATTLE TEE	TBD	1ST ONE FREE WITH YOUR CAMP APPLICATION		\$20.00/ADDITIONAL	
WDC VISOR	RED, WHITE OR NAVY			\$15.00 (ONE SIZE)	
TODDLE SWIMSHIRT	TEAL/LIME GREEN			\$26.00	
YOUTH SWIMSHIRT	ORANGE & FUSCHIA OR ROYAL & BLACK			\$26.00	
ADULT SWIMSHIRT	ORANGE & FUSCHIA OR ROYAL & BLACK			\$28.00	

\*\*\*\* PLEASE SEE ATTACHED FORM FOR COLOR BATTLE NEWS AND HOODIE ORDERS \*\*\*\*

### TOTAL ENCLOSED:

\*\*PLEASE MAKE ALL WINDMILLWEAR CHECKS OUT TO "LISA SILVERSTEIN".  
 AS ALWAYS, PLEASE DO NOT INCLUDE IN YOUR TUITION CHECK..

\*\*\*ADDITIONAL SIZES ARE AVAILABLE, EXTRA CHARGES MAY APPLY...SEE MISS PAMMY!!!



# LET THE GAMES BEGIN!

THIS SUMMER WDC WILL BE HOSTING OUR 2ND ...

## BATTLE OF THE COLORS

WHAT THIS MEANS...

EACH CAMPER WILL NEED A WDC "COLOR" SHIRT FOR EVERY FRIDAY & FOR SPECIAL EVENT DAYS (AND YES, IT MAY BE WORN AS A REGULAR CAMP T-SHIRT ON "OFF" DAYS!) YOUR CAMPER'S FIRST COLOR SHIRT IS FREE WITH YOUR CAMP APPLICATION BUT YOU MAY ORDER ADDITIONALS. WHILE ORDERING OTHER CAMP GEAR, PLEASE NOTE ON YOUR ORDER FORM THE SIZE OF THE "COLOR" SHIRT YOU PREFER. YOUR CAMPER'S "TEAM" WILL BE REVEALED OUR FIRST WEEK OF CAMP

## ☺ CAMP READINESS REMINDER ☺

RETURNING CAMPERS AND NEW FRIENDS...

AS YOU CLEAN OUT YOUR CLOSETS THIS SPRING, PLEASE REMEMBER THAT YOUR CAMPER WILL NEED A PAIR OF GRUBBY-OLD-NOT-SLIPPERY SWEATPANTS FOR USE WHILE HORSEBACK RIDING! PLEASE MAKE SURE THEY ARE BIG ENOUGH TO FIT OVER SHORTS AND KEEP IN MIND...

WE PROMISE NOT TO RETURN YOUR EVEN GRUBBIER ☺ SWEATPANTS AT THE END OF OUR SUMMER.

## SUNSCREEN REQUIREMENTS NEW THIS SUMMER

AS PER SOME NEW REGULATIONS THAT HAVE RECENTLY COME DOWN THE "PA STATE PIKE" WE ARE RECOMMENDING THAT ALL CAMPERS USE THE SAME SUNSCREEN AS IT IS CONSIDERED A MEDICATION THAT NEEDS TO BE APPLIED AS PRESCRIBED AND SIGNING OFF EACH TIME THAT WE DO SO.. LONG STORY SHORT AND BY OVERWHELMING POPULARITY WE HAVE CHOSEN TO RECOMMEND



Coppertone Sport High Performance Sunscreen Lotion, SPF 30 8 fl oz (237 ml) CREAM ONLY, 3 BOTTLES, NO SPRAYS THIS YEAR...YOU'RE WELCOME!  
DRUGSTORE.COM SEEMS TO BE THE BEST DEAL IN TOWN.

REMINDER: IF YOUR CAMPER USES A DIFFERENT SUNSCREEN DUE TO ALLERGIES/SENSITIVITIES, WE REQUIRE YOUR CAMPER TO CARRY IT IN THEIR OWN FANNY PACK THAT THEY WILL CARRY WITH THEM THROUGHOUT THE CAMP DAY.

# **WINDMILL DAY CAMP HOODIE FORM**

**The perfect solution for those chilly mornings at camp!!**

**What: Athletic Gray Champion Hooded Sweatshirt - no zippers or strings!**

**Logo: All Embroidered  
Windmill Logo in navy  
WDC on right sleeve in navy  
Personal name on edge of hood in navy**

**\$\$\$\$: \$42.00 for youth sizes  
\$52.00 for adult sizes**

**SIZES: YOUTH SIZES ONLY: XS, S, M, L, XL**

**\*\*\*\*\*PLEASE BE SURE OF SIZES, ONCE EMBROIDERED THEY CANNOT BE RETURNED!!**

**1ST MASS ORDER WILL BE PLACED ON **MAY 2, 2015**  
PLEASE ALLOW 3 WEEKS FOR DELIVERY!**

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**CAMPER'S NAME/SIZE** \_\_\_\_\_

**NAME TO APPEAR ON HOOD** \_\_\_\_\_

**(YOU CAN CHOOSE FIRST NAME, LAST NAME OR NICKNAME...CAMP APPROPRIATE PLEASE!!)**

**\*\*AGAIN, PLEASE MAKE CHECKS PAYABLE TO LISA SILVERSTEIN AND THANK YOU!!**

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE: \_\_\_\_\_

**DO NOT OMIT ANY INFORMATION**  
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: _____ DATE FORM SIGNED: _____

Parents may write immunization dates; health professional should verify and complete all data.