



ARMED SERVICES YMCA

Fisher Children's Center Registration Form:

SPONSOR INFORMATION				
Name: (First MI Last)	Address:		City/State/Zip:	Last 4 SSN:
Home Phone:	Cell Phone:	Email:		
Command/Unit/Employer:		Work Phone:		DOB:
Status: <input type="radio"/> Active <input type="radio"/> Retired <input type="radio"/> DoD Civilian <input type="radio"/> Contractor Mil Grade _____	Branch: <input type="radio"/> Marine Corps <input type="radio"/> Air Force <input type="radio"/> Navy <input type="radio"/> Army <input type="radio"/> Other	Housing: <input type="radio"/> On Base <input type="radio"/> Off Base		
SPOUSE/GUARDIAN INFORMATION				
Name: (First MI Last)	Address: (if different from above)		City/State/Zip:	
Home Phone:	Cell Phone:	Email:		
Command/Unit/Employer:		Work Phone:		DOB:
Status: <input type="radio"/> Active <input type="radio"/> Retired <input type="radio"/> DoD Civilian <input type="radio"/> Contractor Mil Grade _____	Branch: <input type="radio"/> Marine Corps <input type="radio"/> Air Force <input type="radio"/> Navy <input type="radio"/> Army <input type="radio"/> Other			
LOCAL EMERGENCY CONTACT/RELEASE DESIGNEES				
Name (first, last)	Address (Include City/State/Zip)	Home Phone	Cell Phone	Relation to Child



ARMED SERVICES YMCA

CHILD INFORMATION			
Name (First MI Last):		Nick Name:	
Gender: <input type="radio"/> Male <input type="radio"/> Female	Age:	Birthdate:	Special Needs/Allergies:
Program Enrollment: <input type="radio"/> Full Day Care (6weeks-2years old) <input type="radio"/> Full Day Care (3yrs-5yrs Potty Trained) <input type="radio"/> Part Day Preschool (3yrs-5yrs Potty Trained) 3 Days (M/W/F) <input type="radio"/> Part Day Preschool (3yrs-5yrs Potty Trained) 2 Days (TU/TH)			
Please answer the following questions by checking the correct box.			YES NO
I allow use of video and photographs of my child within the ASYMCA program.			
I allow use of video and photographs of my child for marketing purposes.			
I approve my child to go on nature walks. (Around the building)			
I have received a copy of the "Parent Handbook".			
Parent/Guardian Signature:		Date:	



ARMED SERVICES YMCA

Fisher Children's Center

Parent Agreement

&

Handbook

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MISSION STATEMENT

The Armed Services YMCA (ASYMCA) enhances the lives of military members and their families in spirit, mind and body through programs relevant to the unique challenges of military life

PHILOSOPHY

Our philosophy is based on respect for all people, especially the children. We strive to create an environment where we recognize the uniqueness of each individual and value each person's gift to life.

We are committed to providing quality programs where children feel safe and loved. We promote a program to meet the needs of the total individual – socially, emotionally, physically and intellectually. We want to instill in each child a feeling of competence, autonomy and a positive self-concept through creative curriculum.

PROGRAM POLICY

Armed Services YMCA (ASYMCA) offer programs that serve as a supplement to, not a substitute for the family. It is the responsibility of the parent to plan for childcare and make childcare arrangements that meet work schedules. Our programs are designed to reduce the stress of families who have the primary responsibility for the health, safety, and well-being of their children and help them balance the competing demands of military life and the Department of Defense (DoD) mission. ASYMCA provides an affordable, quality program that meet the basic needs of children from 6 weeks through 5 years of age, in a safe, healthy, and nurturing environment. ASYMCA shall provide parents with opportunities for direct participation in program services.

PARENT - PROGRAM AGREEMENT

The purpose of this agreement is to create a set of mutual terms for childcare arrangement. **Please initial each page of this agreement.** It is your responsibility to let us know of any changes of address, telephone numbers as well as emergency contact numbers. Parents are welcome to visit at any time.

HOURS AND DAYS OF OPERATION

Services:

Full Time Care, Monday: Friday 0700 - 1600

Part Day Preschool (Ages 3-5 must be potty trained):

Monday/Wednesday/Friday: 0830 - 1230

Tuesday/Thursday: 0830 - 1230

Fisher Children's Center will be open each Monday through Friday throughout the year with the exception of the following holidays: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Day After Thanksgiving, Christmas Eve, Christmas Day, first Friday of every month closed early, and any other day determined by a higher authority.

CONTACT NUMBERS

Fisher Children's Center.....760-725-0845

Fax Number.....760-725-0846

Building 160101

DESCRIPTION OF SERVICES

CHILD DEVELOPMENT CENTER (6 WEEKS THROUGH 5 YEARS OF AGE):

Children's learning occurs through experiences and interactions with the world around them. The early years are truly learning years. Every moment is an opportunity to learn, to practice social skills, and to gain knowledge about the world. The early years lay the foundation for all later learning in life. Curriculum goals and developmental plans are based on regular, documented observations and assessments of each child's level of development. The assessments and observations recognize each child's strengths and interests, while respecting the diversity of their culture and family values. Our Child Development Center (CDC) use the Creative Curriculum Gold as the basis for lesson planning. Lesson plans are posted in each child's classroom and are readily available for parents to see. If you would like a copy, please speak directly to your child's teacher.

Our program is child initiated and teacher supported, with an emphasis on active participation through individual and small group learning experiences. Children's learning is the most meaningful when their play is self-directed. The CDC classroom staff provider's activity centers, which are learning areas that allow children the opportunity to explore, create, imagine and experience their environment. Teachers are readily available to facilitate learning and provide nurturing encouragement to each child. The goal of each activity is to promote further development and prepare your child for age-appropriate learning.

REGISTRATION

Patrons desiring to use full-time childcare and or part-day programs, must request care by calling in and getting on the waitlist. Once a childcare space is offered and accepted, patrons' complete registration and enrollment at Fisher Children's Center. Annual registration is renewed at the beginning of each year and requires a \$40 annual registration fee per family.

INCLUSION

We accept children based on our ability to build on their strengths and capabilities. We work in conjunction with various base and local agencies in order to best serve your child. Every effort will be made to provide childcare services to families with special needs children. Prior to enrollment or once a special need is identified, the CYP Health Assessment Form (the NAVMC1750/4) which describes medical diagnosis and accommodations must be completed and signed by a physician or specialist and submitted to the program. The form should specify the following: the particular nature of disability, food allergies, special requirements such as medication, appliances, communication aids, or self-care assistance and accommodations that the facility must make to serve your child. Before ASYMCA can enroll your child in care, an Inclusion Action Team (IAT) meeting will take place with the appropriate staff.

You may also have a knowledgeable professional accompany you to this preadmission conference. The purpose of this meeting is to define the specific needs of your child, determine the ability of the ASYMCA to meet the needs of the child, determine appropriate age group assignment, and develop a plan that meets your child's needs and abilities. For children requiring specialized care beyond the capability of the program or if it is determined that the program cannot meet the needs of your child, ASYMCA will provide referrals to an appropriate civilian agency.

ADMISSIONS

ELIGIBILITY Services are available to all children six weeks through 5 years of age who are dependents of the following: active duty military personnel, Department of Defense (DoD) civilians, reservist on active duty or inactive duty training status, combat related wounded warriors, surviving spouse of military members who died from a combat related incident, those acting in loco parentis for the dependent child of an otherwise eligible patron, and (DoD) contractors stationed aboard Camp Pendleton. Please note retirees may be eligible for admission requirements when a waiting list does not exist and space is available.

NOTE: Either parent may register child(ren), however, **SPONSOR must sign forms in the ASYMCA office to complete registration or a Power of Attorney must be presented.**

REGISTRATION

- Parent(s) must complete the following registration requirements before a child's admittance into Fisher Children's Center:
- Enrollment Form
- Health Assessment Form
- Provide proof of age-appropriate immunizations
- Emergency Contact Form; families must designate three individuals (within an hour distance) who may pick up their child in case of an emergency.
- Power of Attorney for Care of Children if sponsor is deployed.

In addition, there is an annual registration fee of \$40.00 due at the beginning of each new year. Annual registration fee is per family and is prorated throughout the year. **Fees must be paid prior to service and are due on the first day of attendance, regardless of the start date.**

EMERGENCY CONTACT INFORMATION Families are required to provide three emergency contacts. Emergency contacts must reside within a one-hour commuting distance of Fisher Children's Center. You will be asked to show your ID every time you or your designated person arrives to pick up your child both at the front desk and in the classroom. If important contact numbers change frequently, then the emergency contact information should be updated accordingly. If emergency numbers are not kept current or correct, the patron can be refused service until proper emergency numbers can be obtained.

POWER OF ATTORNEY Sponsors are encouraged to obtain a "Power of Attorney for Care of Children" and providing it to a designee if planning to be out of the area for an extended amount of time or if going on a deployment.

WAITINGLIST Call Fisher Children's Center to add yourself to the waiting list.

PATRON FEES

Full Time Care Monday through Friday 0700-1600, available to children from the ages of six weeks through five years. Flat rate of \$165.00 a week per child. A late fee is charged for children who are not picked up by 1600.

Part-Day Preschool This program is available to children from the ages of three years through five years old. Hours of care are 0830-1230 Monday/Wednesday/Friday with the cost of \$60.00 a week per child or 0830-1230 Tuesday/Thursday with the cost of \$40.00 a week per child. A late fee is charged for children who are not picked up at the end of the Part-Day session.

***All programs are closed on federal holidays in addition to early closures for staff trainings or sanitation. There may be additional days of closure based on decisions by the Commanding General, Executive Director of the ASYMCA or higher authority. Cost of care is prorated for any closures.**

PAYMENT POLICY

The registration fee is assessed per family, rather than assessed by each child. The registration fee is assessed on the first day of enrollment.

Late Fee Patrons will be charged \$1.00 per minute, per child remaining after 1600 for full time children. Patrons utilizing Part Day Preschool will be charged \$1.00 per minute, per child remaining after 1230 unless a reservation has been made for extended care. Late fees are due the week they are incurred. The proper authorities will be contacted to pick up the child after 30 minutes if the parents and/or any of the emergency contacts cannot be reached.

DISENROLLMENTS

Disenrollment forms must be submitted to Front Desk by the patrons. Patrons are responsible to submit a signed standard disenrollment form with no less than a two weeks' notice.

CUSTODY DISPUTES

The center staff will not become involved in custody disputes. The sponsor must have primary physical custody for the child to be eligible for enrollment. For the child's protection, a copy of the court order granting custody must be on file at the CDC. Divorced or separated parents, who do not have physical custody of a child, may not pick up the child unless authorized in writing by the child's sponsor. If the non-custodial parent attempts to take the child from the center, the Provost Marshal's Office (PMO) and the admitting parent will be notified. In the event of physical force, the staff will not endanger other children or staff members to prevent the parent from taking the child from the premises. Non-custodial parents seeking information regarding the child may submit a request for information to the Assistant Chief of Staff, Manpower under the Freedom of Information Act.

DAILY ARRIVAL AND DEPARTURE PROCEDURES

Patrons must use their fingerprint at the front desk upon drop-off and pick-up. Parents are required to accompany their child to his/her classroom and sign them in/out.

Persons authorized to pick up a child must be listed on the enrollment form and must present a valid photo identification before a child will be released. Photo identification will be requested at the front desk upon entry to the facility and will also be requested in the child's classroom prior to release of the child. Persons authorized to pick-up a child must be at least 18 years of age.

Please note that it is against Base Regulations to park in the fire lane, and at no time should a vehicle be left with the engine running. Vehicle Code Section 15620 prohibits children age 6 and under from being left unattended in a vehicle without the supervision of a person who is 12 years of age or older.

CHAIN OF COMMAND

PARENT COMPLAINTS OR CONCERNS Any concerns or problems should be brought to our attention immediately. We adhere to the philosophy that problems should be resolved at the lowest level possible.

ASYMCA has an open-door policy for parents. You are encouraged to discuss your suggestions and/or concerns with program management. Patrons using profanity or disrespectful conduct in ASYMCA will not be tolerated and may result in voidance of the agreement and permanent suspension of ASYMCA services. Disrespectful conduct will be considered as behaviors which cause a hostile work environment.

STAFF RATIOS

DoD-mandated staff to child ratios are maintained at all times in order to provide adequate supervision and ensure expeditious evacuation of all children in the event of a fire or other emergencies. The following staff/child ratios are in effect at all times.

(Staffing ratios for pre-school children are modified based on COVID operations)

Ages	Staff	Child	Ratio
6 WKS- 12 MOS	1	4	1:4
13 MOS- 24 MOS	1	5	1:5
25 MOS- 36 MOS	1	7	1:7
37 MOS- Kindergarten	1	12	1:12

STAFF TRAINING

Regularly scheduled staff training is required of all staff and the following subjects must be kept current:

- CPR
- First Aid
- Child Abuse Identification, Prevention, and Reporting
- Basic Child Care (Child growth and development, age-appropriate activities, and discipline techniques)
- Fire Safety
- Nutrition
- Inclusion
- Blood Borne Pathogens
- Right To Know (Hazmat Training)
- Sanitation: (proper hand-washing procedures for all staff/children, and visitors, diapering procedures, protective barrier in infant rooms, sanitizing of toys with bleach and water solution)

In addition, each staff member must successfully complete the following DoD required training:

- Keeping Children Safe
- Promotion Good Health and Nutrition
- Creating and Using an Environment for Learning
- Promoting Physical Development
- Promoting Communication
- Promoting Creativity
- Promoting Cognitive Development

- Building Children's Self-Esteem
- Promoting Social Development
- Providing Positive Guidance
- Working with Families
- Being an Effective Manager
- Maintaining a Commitment to Professionalism
- Baby Signs
- Second Step (a violence prevention program for children ages preschool through school age)
- Conscious Discipline
- Food Friends

DEVELOPMENTAL PROGRAM

TRAINING AND CURRICULUM SPECIALIST

The CDC program has a Part-time, professionally qualified Training and Curriculum Specialist on staff. It is their responsibility to provide our caregivers with training, guidance, and resources to meet your child's needs in an interesting and meaningful way in the classroom or playground. Caregivers are encouraged to utilize the resources and knowledge of their Training & Curriculum Specialist in order to grow professionally, and ensure that they are following best practices for children's optimal growth and development.

CDC CURRICULUM

Children are born natural learners whose curiosity about the world around them motivates them to acquire knowledge and develop skills. Children are learning and exploring their environment every minute of the day. Play, whether at home or within a group setting, becomes the means through which education occurs. Through play, children develop a foundation of skills needed to participate in formal academic learning. Our program is designed to promote child-initiated learning with hands-on experiences that encourage responsibility, decision-making, problem solving, self-reliance, self-esteem and respect for another person's ideas, cultural values and personal interests. ASYMCA uses The Creative Curriculum Gold to observe, assess, and plan for individual development based on the interests and needs of children. Creative Curriculum Gold uses classroom observations and assessments performed by teachers on each child to formulate a lesson plan promoting physical, intellectual, cognitive and social growth. Our curriculum creates a balance of both active and quiet activities. Outdoor experiences are planned for children of all ages as well. Each classroom is designed to meet the needs of the age and developmental level of the children enrolled, while respecting each child's unique style of learning. A variety of diverse toys, equipment, and activities are available that will promote interaction between the children and the world which surrounds them. Teachers facilitate learning by guiding children to an activity/learning center and encouraging participation.

Teachers prepare lesson plans for each learning center based on the particular interest of the children and the established goals. The child is allowed to make choices when selecting an activity, thus learning valuable life lessons that will have long-lasting effects. Learning centers generally consist of: science area, block area, music area, art area, library area, table top toy area, water table, sand table and dramatic play area.

CDC DEVELOPMENTAL ASSESSMENTS Each child is assigned a primary teacher when he/she is enrolled. The teacher assess growth using a list of developmentally sequenced behaviors in four different skill areas (self & others, communication, cognitive or “thinking” skills, and motor skills). Combining knowledge of development with observations of a child’s interests, the teachers develop activity plans that will promote individual growth and development. Formal Developmental Conferences are offered bi-annually to families. In addition, conferences may be also scheduled anytime at the request of the family or staff members.

CDC REST PERIOD/NAPS Rest periods or naps are scheduled for all full-day enrolled children from 1200-1400. Infants establish their own sleeping patterns. All children in the pre-toddler through preschool classrooms will have an opportunity to rest. Children are not required to sleep, but are encouraged to rest quietly during this time. After an initial quiet time, children who do not fall asleep will be offered quiet activities. Each child is assigned a crib or cot. Crib/cot sheets are laundered daily. Parents are encouraged to provide a blanket for their child (excluding infants), soft toy, or any other appropriate item that will provide them comfort during rest periods. Blankets should be taken home each Friday to be laundered. Per Marine Corps Order 1710.30, all infants must be placed on their backs to sleep. Any variation to this policy requires medical documentation. No soft items in crib to include blankets. Per REF, GENADMIN, USMTF, 2007

OUTDOOR PLAY Children should be dressed appropriately for the season regarding daily outdoor play and activities. Children will not be kept inside per request by family due to staff/child ratio requirements. Children too ill to participate in the normal daily activities should be kept at home. Outdoor play keeps children physically healthy and mentally well. When playing outdoors, children will, release energy, develop gross motor skills, discover different sounds, smells and textures. Flag conditions are implemented to reduce the risk of weather-related health risks.

INCLEMENT WEATHER During inclement weather conditions and/or fires all facilities will remain open until directed to close. During such conditions, parents should maintain close contact with the program in preparation for worsening of conditions and changes in operational status.

FIELD TRIPS AND PHOTOGRAPHS Field trips and nature walks are considered an important part of the CDC educational program and may be taken periodically to nearby places. ASYMCA will provide the required responsible adult supervision for these excursions.

PETS & PLANTS Pets and nonpoisonous plants are important components of the child development setting. Nonpoisonous plants are grown in activity rooms and playgrounds to enhance the physical environment. Pets may reside in the activity room or be an occasion visitor. All pets must have a veterinary certification indicating they are disease-free and have current shots. Pet visits may be arranged with your child's teacher. Please ensure to touch base with your site Director if your child has a pet allergy.

BIRTHDAY AND HOLIDAY CELEBRATIONS Birthdays are an especially important time in a child's life. If you would like to bring in a boxed cake mix and frosting for the classroom to bake, make arrangements with the front office.

Multi-cultural holidays are celebrated in the CDC. Parents are encouraged to participate in these holiday celebrations by engaging in special activities designed for parent-child interactions. If your child cannot participate in these events for any reason, please make plans to pick your child up from the CDC prior to the celebration.

TOILET TRAINING Child Development Center staff will partner with parents with toilet training after it has been initiated in the home. The child must be able to realize the sensation of the need to eliminated, have control of his/her bowels, and be able to communicate the need for toileting to the teachers. Parents should provide several complete changes of clothing. Should a child soil all his/her own clothing, parents may be notified to bring more clothing or center base donated clothing may be used when available. Teacher will encourage the child to toilet at regular intervals but will not restrain the child on the toilet. Due to sanitation requirements, the child may be placed in a diaper during nap until he/she gains bladder control during sleep. Parents who are preparing for this major milestone should discuss toilet training with the child's teacher and plan the transition from home to the CDC.

DIAPERS Only disposable diapers and wipes are permitted in the CDC. Should cloth diapers be needed, a physician's certification is required stating the period of time for which such diapers are necessary. Families are asked to leave a supply of diapers and a container of wipes at the center. Teachers will notify parents of the need for additional diapers and wipes.

CLOTHING AND PERSONAL BELONGINGS Children should wear comfortable play clothes which may get dirty during indoor and outdoor activities. The children have opportunities to participate in art, sand & water, sensory, science and gardening experiences. They create and explore with paint, glue, markers, colored water & ice, shaving cream, pudding, jell-o and sand. While these items are nontoxic and generally washable, they can be very messy.

Caregivers make every effort to have the children use smocks when appropriate but their clothing can get soiled. Every child must be allowed to participate in all of the different activities. We cannot exclude them in order to keep clothing neat. Having a child worry about dirty clothes can put a damper on an otherwise fun filled day. Children must be fully clothed when brought to the site, including socks, shoes, pants, shirt, underwear, and a jacket when the weather warrants. Sandals, to include flip-flops, jelly shoes, "Crocs", etc., are a safety hazard and may not be worn at the sites. Shoes must be close-toed and have a supportive back. The foot must be fully enclosed to include the heel. No sling backs or straps.

Precautions will be taken to safeguard clothing and/or personal belongings. However, the ASYMCA is not responsible for lost or damaged articles. Children's names printed on the inside labels of their clothing and personal items is strongly recommended. Please ensure your child is dressed appropriately and has appropriate outer wear for the season.

In addition, The ASYMCA is not responsible for personal items of children. Please leave all toys, books, coins, money, candy, food, gum, valuables, etc. at home. Jewelry for young children is not allowed (bracelet, necklaces, charms, and earrings or the backings) may fall off and become a choking hazard. **Children must have at least one extra change of clothing or more if requested by center management (to include underwear and socks) in case of accidents or bad weather.** Please label all items of clothing. Soiled clothing will be returned to the parent.

MONTHLY DRILLS As a part of fire prevention, fire inspections are conducted monthly. Fire and earthquake drills are done on a regular basis as a way to better prepare for an actual emergency. Our building is equipped with emergency relief kits.

DISCIPLINE Our programs strive to practice the principles of "Conscious Discipline." We believe that discipline is the continuous process of teaching a child to have control over his/her own behavior. Our goal is to aid the child in developing self-discipline and achieving socially acceptable behaviors. We believe that children learn best when they feel safe, feel loved and have the power to make choices. We believe that a parent or teacher's job is to make a child safe and the child's job is to try to stay that way. We will try to make each classroom a safe environment with fair and consistent limits where children can learn to make appropriate choices. Teachers are expected to use positive reinforcement of responsible behaviors and redirection of unsafe or otherwise unacceptable ones in guiding children's behavior. Because different cultures may vary in child rearing practices communication between teachers and parents is vital so that the home and the school work together in developing consistent behavioral expectations.

COOL OFF PERIOD If a child cannot be directed away from an unacceptable behavior and is unable to regain self-control, he/she will be given a "cool off" period. The child may be directed to a safe place where he/she can be helped in practicing calming activities or the child may be allowed to choose another area for solitary play. During this period of time, the child is allowed time to reflect on the occurrence and discuss it with the teacher before returning to group activities. Children will not be restrained. The child will be allowed to choose a quiet, solitary activity that assists him/her in recovering self-control

The following behaviors are considered inappropriate and unacceptable at the ASYMCA:

- a. Causing physical harm to another child or adult by hitting, biting, kicking, throwing, or any other physical action.
- b. Use of inappropriate language, spitting, or other forms of verbal abuse or degradation by children directed at other children or adults, to include bullying.
- c. Repeated refusals by a child to comply with center or room rules, and/or failure to listen to instruction by caregivers.
- d. Children's behavior which is potentially harmful to themselves such as running out of classroom.

Failure to conform to these standards may result in the child's removal from the facility/program.

GUIDANCE TECHNIQUES The following techniques are used to guide children in developing self-discipline and self-control.

WE DO	WE DO NOT
Praise, reward, and encourage	Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish children
Reason with and set limits with children	Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse
Model appropriate behavior	Shame or punish children when toileting accidents
Modify the activity room environment in an attempt to prevent problems before they occur	Deny food or rest as punishment
Listen to children	Relate discipline to eating, resting, or sleeping
Provide children alternatives to inappropriate behavior	Leave children unattended
Provide the children with natural and logical consequences of their behaviors	Place children in locked rooms, closets, or boxes as punishment
Treat children as people and respect their needs, desires, and feelings	Allow discipline of children by children

Ignore minor misbehaviors	Criticize, make fun of, or otherwise belittle children, parents, families, or ethnic groups
Explain things to children on their level	Use cribs or high chairs for disciplinary purposes
Use a cool off period for children to regain self-control	Bind or restrain movement of mouth or limb
Stay consistent in our expectations while working with young children.	

It is the desire of the ASYMCA staff to provide your child with the support that is necessary to be successful in his/her classroom environment. Establishing early pro-social classroom behaviors will promote future school success. In the event that the above positive guidance strategies and re-direction are not successful in changing a child's challenging behaviors, a parent conference will be called. Parents and staff will create a plan for the child's success. Every attempt will be made to work with the child to facilitate classroom success. In the event that the child's behaviors jeopardize the safety of him/herself and/or others, removal from the program may be the result.

ASYMCA staff will apply the following steps when the child displays aggressive, or out of control behavior.

Each day will begin again with step one (1).

1. First occurrence: Child will be redirected to other activities.
2. Second occurrence: Child will be removed from the classroom/group and given the opportunity to calm down. Child will then be given the opportunity to rejoin the classroom/group.
3. Third Occurrence: A phone call to parents will be made. At this point the parents may choose to speak to the child over the phone, or come to the center to speak to the child in person.
4. Fourth Occurrence: Parents will be called and will have one hour to pick up. Child will be sent home for the day and may not return until the following day.

In order to maintain a safe classroom environment, when a child's aggressive or out of control behaviors jeopardize the safety of self, classmates or caregivers, step four may be implemented immediately without going through steps one through three.

The ASYMCA has a responsibility to provide a safe environment to the families we serve and to the caregivers we employ. If aggressive or out of control behaviors do not subside, alternate childcare options will be offered to the family. It is crucial that the ASYMCA Staff and parents work together to find a solution that will provide safety for all children and caregivers. If a solution cannot be agreed upon, in the interest of safety, the ASYMCA may contact their chain of command to request suspension or termination of child care services.

BITING Biting is a normal developmental occurrence among young children, especially in group childcare situations. It sometimes results from teething pain, but often is the result of frustration and the child's inability to communicate that frustration verbally. Discipline, not punishment, must be appropriate to the age level of the child, and it must be immediate. Diversion and re-direction to other activities can be the most effective strategies. Each case will be handled individually and in coordination with the child's parents and management. Only as a last resort will a child be sent home for biting and then it is only to break a cycle, not to punish a child.

The name of a child who bites will not be released to other parents, as it serves no useful purpose. Families of children who bite will be notified and receive an incident/accident report as will the child who is injured. Families will be immediately notified if a bite requires medical attention beyond first aid treatment. In most instances, the biting will continue for a period of time and gradually lessen.

TOUCH POLICY Children need to be given affection and comfort from their teachers. The following touch policy was designed to provide this necessary contact between children and staff without unduly alarming parents or the child. The Touch Policy is based on the premise that positive physical contact with children is absolutely necessary for their healthy growth and development. Based on this premise, individuals involved in direct care will provide positive physical contact (appropriate touch) and refrain from inappropriate touch. Children will always have the option to refuse touch except in case of danger to other children or the child himself/herself.

Examples of Appropriate Touch Include, but Not Limited To:

- 1) Hugs, holding hands and lap sitting (age appropriate) as expressions of affection to build self-esteem or when the participant needs to be comforted.
- 2) Reassuring touch on the shoulder or back to show approval or provide support.
- 3) Naptime back rubs to relax a tense participant.
- 4) Diapering of infants and toddlers.
- 5) Assistance in toileting and dressing for participants when needed.

Examples of Inappropriate Touch Include, but Not Limited To:

- 1) Forceful holding of a participant with sufficient force to cause pain or as a way to change behavior.
- 2) Forced hugs and/or kisses.
- 3) Corporal punishment (punishment inflicted directly on the body).
- 4) Sexual exploitation (fondling or molestation).
- 5) Hitting or in any way physically assaulting a participant.
- 6) Prolonged tickling.

CHILD HEALTH & NUTRITION

The health and well-being of all children enrolled is a priority. Every effort is made to stop the spread of communicable diseases. Families are asked to assist staff members by not placing sick children in the program. The ASYMCA works collaboratively with the installation medical authority and health departments to notify families of confirmed or potential exposure to communicable diseases to which children in the center have been exposed.

CHILD HEALTH SCREENINGS Staff members will observe each child upon arrival and during the day for obvious signs of illness. Children who appear to be ill will be denied admission or requested to be picked-up by a parent or emergency contact within one hour from initial phone contact. Child's return date to the program will be discussed with the program Director based on the current COVID restrictions and guidelines.

Criteria for denial of services are as follows (but are not limited to):

Fever - infants under 4 months of age 100.4 degrees or higher (by any method*) regardless of signs of illness *Fisher CDC does not practice the method of taking rectal temperatures	<ul style="list-style-type: none">▪ Recommended for immediate assessment by a health provider; within the hour if possible.▪ Doctor's note required to return for infants 2 months or less▪ Infants 2-4 months do not require a doctor's note to return AND Participant may return to care when they are fever free for 24 hour and without the use of fever reducing medications, such as acetaminophen (Tylenol) or ibuprofen (Motrin/Advil).
Fever - 4 months and older 101.0 degrees or higher axillary (underarm) AND symptoms of illness or behavior change	Participant may return to care when they are fever free without the use of fever reducing medications, such as acetaminophen (Tylenol) or ibuprofen (Motrin/Advil). Participant may return to care when they are fever free for 24 hours and without the use of fever reducing medications, such as acetaminophen (Tylenol) or ibuprofen (Motrin/Advil).
Diarrhea Loose watery stool that frequency exceeds two stools above child's norm, and/or <ol style="list-style-type: none">a. Diapered Children: two episodes not contained by diaperb. Toilet-trained children: Two episodes that cause soiling of pants or clothing.c. Any evidence of blood or mucus.	May return when frequency has returned to no more than two stools above normal and symptoms are at least as follows, prior to returning to care: <ol style="list-style-type: none">a. Diapered children: Stool is contained in diaper, even though it may remain loose/watery.b. Toilet-trained children: No longer soiling pants or clothing.c. Diarrhea containing blood will require a note from a health care provider to return to care
Vomiting More than one episode in 8 hours OR One episode associated with fever, other signs of illness, or behavior changes.	No longer vomiting and child is eating and drinking normally.
Yellow/Green drainage from eyes Pinkeye/Conjunctivitis	Doctor's note required to return.

Rash Rash with fever or behavior changes Oozing, open wound Tender, red area of skin Unexplained rash	Doctor's note required to return If antibiotics are prescribed, must be on medication for 24 hours before returning to center.
Impetigo Red, oozing sore capped with golden yellow crust	Doctor's note required to return. If antibiotics are prescribed, must be on medication for 24 hours before returning to center. Cover lesions if possible.
Chicken Pox	Return when all lesions have dried or crusted (usually 6 days after onset of rash)
Ringworm (other than scalp)	Return when treatment is started. Cover lesions for at least the first 24 hours.
Ringworm (scalp)	Doctor's note required to return
Scabies	Doctor's note required to return
Head lice	May return after treatment. Encourage parents to remove all nits. Some nits may be present upon return, but no live lice. Re-treat in 7-10 days.
Measles, mumps, rubella, pertussis, hepatitis A or other contagious illnesses	We will follow public health/preventive medicine guidelines.
Initiation of medications	Parents are asked to give initial doses of medications at home to assure response and observe for any adverse reaction.

ILLNESS In the event your child becomes ill while at the CDC, center personnel will contact you. We request that you pick up your child within the hour. When appropriate, a letter from the physician stating the child is free from communicable disease and may be readmitted to the center will be required. For some illnesses, the return date will be based on the current COVID restrictions and guidelines.

INJURY/INCIDENT REPORTS An Incident Report Form will be used to document non-serious incidents or accidents within Child Programs. A copy of the form will be provided to the parent/guardian and a copy will be retained in your child's file at the CDC.

MEDICAL ALLERGIES If your child has allergies or allergic reactions, please note this on your child's enrollment form. Parents are requested to provide a doctor's statement indicating all medical conditions that require special care with particular interest to severe allergic reactions to food, insects, latex, or other allergens that could result in the child experiencing anaphylactic shock. Failure to provide this information will absolve Fisher Children's Center from any and all liability and may render the staff unable to meet the child's medical needs adequately in an emergency.

WHEN EMERGENCY SERVICES MAY BE CALLED Emergency Medical Services (usually 911), as well as notifying the parent(s), may be called immediately for concerns such as the following:

- Management believes a child needs immediate medical assessment and treatment
- Severe respiratory distress, skin or lips that look blue, purple or gray
- Rhythmic jerking of arms and legs and loss of responsiveness, any child who is known to have seizures and who has a seizure
- Fever in association with abnormal appearance, difficulty breathing, or a problem with circulation indicated by an abnormal skin color, such as looking exceptionally pale, having a bluish skin tone, or having skin that is exceptionally pink
- Unconscious, unresponsive or decreasing responsiveness
- After a head injury, decreasing level of alertness, confusion, headache, vomiting, irritability, difficulty walking
- Severe stiff neck (limiting child's ability to put his or her chin to chest) with headache and fever
- Signs of severe dehydration with sunken eyes, lethargy, no tears and not urinating
- Suddenly spreading purple red rash
- Vomiting blood or a large volume of blood in the stools
- Symptoms of a severe allergic reaction

When Epipen/EpiPen Jr/Epinephrine, Glucagon, or Diastat medication is administered to a child, Emergency Medical Services (usually 911) and parent(s) will be called immediately.

IMMUNIZATIONS No child may be admitted without current immunizations as recommended by the American Academy of Pediatrics, except where religious beliefs preclude or clear medical contraindication exists. When a child cannot be immunized due to medical contraindication, parents must provide written documentation from the child's attending medical care provider providing the reason for the exemption, and the length of time the immunization(s) is contraindicated. This must be submitted annually. When religious beliefs preclude immunization, parents must compose a written statement annually that includes the specific immunizations requiring exemption. Failure to present documentation will preclude enrollment of the child or shall result in the disenrollment of the child until such time as certification is provided. Children who are not immunized may have their admission denied or delayed until all documents are reviewed by the installation medical authorities. In the event of an outbreak of a vaccine preventable communicable disease, children who are not vaccinated will be excluded from care until the outbreak is over. Influenza vaccinations are required, as appropriate, and by children utilizing care during influenza season and while influenza immunizations are available in the local area and at the Naval Hospital.

MEDICATIONS Medicine will be administered only to children who are enrolled with the ASYMCA, and only by trained staff that may include, but not limited to an ASYMCA Administrator, Site Manager, Program Lead, Training and Curriculum Specialist. The medication must be prescribed by a physician, and there must be no other reasonable alternative to the medical requirement for the child. The aforementioned staff members will not accept nor administer any form of medication without the thorough completion of the Authorization to Dispense Medication form.

The ASYMCA adheres to a strict medication policy for the safety, health and well-being of the children. For safety reason, only prescription medication in the proper form and prescribed by a physician, nurse practitioner, physician assistant, or military equivalent, will be accepted. The prescription medication must be on our list of approved medications. All prescription medication must include:

- Medicine in the original container and original packaging.
- Containers for pills must have a child proof cap.
- Containers will be clearly labeled with a pharmacy printed label. The pharmacy printed label will include the child's first and last name, name of the medication, amount or dosage of medication, strength of the medication, date of prescription, the physician's name who ordered the medication, specific instructions for administering the medication, including the frequency of administration.
- If any special storage instructions are required, such as keep refrigerated, the label should include special storage instructions.
- The prescription instructions must be understandable and complete. If there is a discrepancy between the pharmacy label and the medication, the discrepancy must be corrected.
- If additional information is specified in the prescription label, the additional information must be provided.
- The medication must have a proper measuring device, if applicable.
- No eye, ear, or nose medications of any type will be administered.
- No "as needed" medications can be given. This does not apply to rescue medications, for example, Epi-pen and albuterol inhalers, for medically necessary medications on the approved medication list.
- Tylenol or like products (Ibuprofen/Motrin) can be administered for a medical diagnosis such as migraines or febrile seizures contingent on completion of an Inclusion Action Team meeting.

- Tylenol and like product (Ibuprofen/Motrin) will not be administered at Fisher Children's Center for pain following outpatient or surgical procedures, as the child in pain meets Fisher's exclusion criteria. Tylenol or like products will not be administered prophylactically for pain following outpatient or surgical procedures.
- Epi-pens and asthma/allergy medications on as needed basis will be administered contingent on completion of an Inclusion Action Team review meeting.
- Children prescribed a life-saving medication that is listed on the ASYMCA's Physician's Statement, such as albuterol, Epi-pen Diastat must have the medication on site, and the medication meets all Fisher Children's Center requirements, in order for the child to remain in care.
- Medication must not be expired.
- Medication that needs to be administered once or twice per day will be given by the child's parent/guardian at home. Medication that is prescribed to be administered three times daily, with an AM, afternoon and PM dosing, the parent will give the AM and PM dosing, and the program will give the afternoon dose.
- Parent(s) must sign in the last time the prescription medication was given at home so as not to exceed the prescribed frequency.
- The prescription medication administered at the ASYMCA will be administered within one half hour of the time that is listed on the medication log for scheduled medications (such as antibiotics). This means that the medication can be given one half hour before the medication is due and one-half hour after it is due to administer the medication in order to be on time with the medication administration. This one-half hour time frame does not apply to as needed medications. For example, Benadryl or diphenhydramine prescribed for hives/itching due to an allergic reaction is prescribed every 4 hours, Fisher Children's Center cannot be given the Benadryl/diphenhydramine one half hour earlier; 4 hours must go by before another dose can be given.
- Most prescription medications (except, for example, time limited antibiotics or anti-fungal medications) will require an Inclusion Action Team meeting.
- No "over the counter" medications will be accepted unless on the list of approved over the counter medication. Substitutions for over-the-counter medications, such as those that say "compare to the active ingredients in", cannot be accepted. Each over the counter medication, such as diaper rash ointment, must be provided for each individual child and cannot be shared with siblings. No spray sunscreen. "Over the counter" medication must be in the original container/packaging.
- Parents are to apply the first coat of sunscreen prior to drop off.

Parents can also sign the topical permission slip for sunscreen, diaper cream, calamine lotion, eczema cream, and moisturizing lotion. These items need to be non-aerosol products. Products in this category should be nonprescription and have no label restrictions with respect to use in children. Powders, whether prescription or nonprescription, are not permitted. If you have any questions about medications call the Center and ask to speak with the nurse.

SANITATION Universal precautions should be employed to prevent infection via blood-borne pathogens. OSHA recommends Body Substance Isolation (BSI) during the provision of first aid care, and during the cleaning, or handling of body fluids or times that may contain body fluid. Individuals providing first aid care must avoid contact with all body fluids by using barriers such as gloves, masks, smocks and or any other protective devices.

STORAGE OF CHEMICALS Safety measures are implemented to prevent participants from accessing hazards including chemicals. Chemicals, including bleach water solution, are locked in a space that is inaccessible to participants.

MEALS AND MEAL TIMES Meals are to be provided by parents. Please provide a nutritious and age-appropriate meal; please do not pack any candy. Keep in mind that we are a nut-free and shellfish-free facility; this includes coconut. If any items contain nut or shellfish ingredients, they will not be offered to your child. Parent will be contacted to bring a replacement. For sanitation purposes, any unfinished meals will be discarded after each meal.

Meals must be labeled with the child's name, contents, and date. Children under the age of one: baby bottles, and unopened baby food containers must be clearly labeled with the child's name the contents of the bottle and date.

Meal time are as follows:

- Breakfast: 0800-0900
- Lunch: 1100-1200
- Snack: 1400-1430

Breakfast	Lunch	Snacks-Two of the five components
Milk Fruit Whole Grain	Milk Meat or meal alternate Grain One serving of a fruit and one serving of a vegetable	Milk Meat or meat alternate Grain Fruit or Vegetable

- Family style dining is conducted in each classroom. Teachers sit and eat with the children to enhance social interaction and promote healthy eating habits. Children are encouraged to sample all foods, but are not forced to eat. Children participate in table setting, serving and cleanup.
- All formula or breast milk should be brought daily to the center in plastic bottles clearly labeled with the child's first and last name, contents of the bottle, the amount and the current date. Infants may be fed infant food beginning at six months of age.
- Space is provided for breastfeeding mothers wishing to nurse their children.
- If not completely consumed, staff will discard the contents of a bottle after one (1) hour, as reheating bottles is not permitted and poses a health and sanitation risk.

FOOD ALLERGIES Any known food allergies or medical restrictions for your child must be recorded on the appropriate food allergy form (available at the front desk) and be accompanied by a signed and stamped doctor's note stating the specific food restriction, requirement or allergy.

SERIOUS INCIDENTS

CENTER MONITORING & RECORDING Parents are invited to observe their children in real time over the monitoring system within the facility. Requests to review recordings must be made through the facility director and Camp Pendleton's Freedom of Information Act (FOIA) representative. All requests must be made in writing and will need to be specific as to date and time of the recording to be reviewed. Decisions regarding all FOIA requests are made at the command level in accordance SECNAVINST 5740.33F and not by ASYMCA.

The request process can be time consuming; therefore, site management and the Executive Director will review recordings and provide feedback to families during the interim. Unofficial release of the information would violate the privacy of all others (children) appearing. A copy of the recording will be maintained until the issue is resolved or a minimum of one year. All other recordings will be maintained for a maximum of thirty days.

CHILD ABUSE IDENTIFICATION AND REPORTING Child abuse is defined as physical or sexual abuse, emotional abuse or neglect of a child by a parent, guardian, foster parent or caregiver. At a minimum, all incidents or suspected incidents of child abuse are reported to the installation Family Advocacy Program (FAP) office and the local Child Protective Services Agency (CPS). Reporting procedures remain the same regardless of whether the alleged or suspected offender is a professional, parent or other caregiver. Reporting agencies and phone numbers: Child Abuse Hotline 1-800-344-6000, Family Advocacy Program (FAP) 760-725-9051, Provost Marshall 760-725-3888, DoD Child Abuse and Safety Violation Hotline 1-877-790-1197.

To further promote the safety of all children enrolled at Fisher Children's Center, all staff members must satisfactorily complete a criminal history and background check. All personnel complete a Childcare - National Agency Check with Inquiries (CNACI). Direct care and other personnel who are in process of having this check returned can be identified via a red shirt or smock. Once the check has been fully adjudicated per the Office of Personnel Management standards (by Human Resources professionals), direct care staff are permitted to wear black shirts. Staff who are awaiting adjudication must work in line-of-sight supervision of personnel with an adjudicated CNACI. The process for a CNACI to be returned and adjudicated can take approximately six months, but can vary.

CHILD ACCOUNTABILITY Direct care staff shall directly supervise children by sight and sound at all times, even when children are sleeping effective and active supervision of children involves:

- Knowing the whereabouts of each child at all times
- Scanning play activities and circulation
- Standing in a strategic position
- Being aware of potential safety hazards
- Establishing clear and simple rules
- Knowing each child's abilities
- Focusing on the positive rather than the negative to teach a child what is safe for the child, and other children

An internal action plan will be implemented to locate a child who is lost or who becomes separated from their group. Internal action plan includes remaining calm and keeping the remaining children assigned to the classroom together. If a child cannot be located on the premises, PMO will be contacted with the child's description. Parent or guardian will be informed of any situation involving a child who is lost or separated from their group, along with the steps that have been taken to locate their child.

FAMILY ENGAGEMENT

Effective programs are those in which parents are actively involved. The following is a brief list of involvement ideas:

- Observe your child within the program setting. Join him/her in an activity
- Daily contact with staff members
- Attend Parent Advisory Board meetings and provide input concerning the program
- Attend family/child activities
- Share your talent/skill/hobby with your child's class

COMMUNICATION Daily Activity Sheets are sent home each day at the Child Development Centers. This report contains information relative to meals, rest periods, diaper changes/toileting, the child's moods, and other activities that also posted. Teacher are available daily for short chats regarding the classroom's activities. If a conference is desired, please notify the Center Director so that arrangements can be made for another staff member to substitute in the classroom. It is of utmost importance that there be adequate supervision at all times. Phone conferences can be arranged if necessary. Families are encouraged to talk with their child(ren) daily about their activities. Open communication between families and staff will promote a healthier environment for the child and a more satisfactory care arrangement for the family.

PARENT PARTICIPATION Parent participation is designed to encourage parents to take an active role in their children's early education experiences. Upon enrollment, you will receive a parent orientation. Parent conferences are scheduled annually, or upon request. Special events are planned monthly. Parents are encouraged to participate in the many activities that are planned throughout the year.

Parents are a very important aspect of the program. In an effort to encourage parent involvement, a Parent Advisory Board (PAB) has been established. The Parent Advisory Board (PAB) is established to provide recommendations for the improvement of services and operations. The PAB acts in an advisory capacity, providing recommendations for expanding and improving services, and does not engage in the management and operation of the program. Announcements regarding upcoming meetings are generally published in the monthly newsletters and posted on site.

We look forward to any input, ideas, time and talents you would like to share. The classrooms are always open for parents to visit or share talents and hobbies. The Executive Director and Site Manager function as advisors to the PAB. Notification of PAB meetings will be posted at the CDC for parent's convenience. For additional information on the PAB, please see your Center Director.

USE OF VOLUNTEERS All regular scheduled volunteers shall complete eight hours of orientation training including child abuse prevention, identification, and reporting procedures: four hours of observation before working with the children, and working towards completion of the DoD modules for the age group they are working with. They are also subjected to the same extensive background checks as our caregivers.

SMOKING AND PROHIBITED SUBSTANCES All tobacco products are prohibited in DoN Facilities. This includes all smokeless tobacco products and electronic nicotine delivery devices SECNAVINST 5100-13. If you smoke in your car, it must be away from the sight of the children. Cigarette butts are to be disposed away from the building and not discarded in the parking lots or sidewalks

DEATH OF A PARTICIPANT In the event of the death of a child, the following steps will be taken by the Director:

- Discuss with parent or guardian what public facts they want shared surrounding the child's death.
- Connect family with available resources to include Community Counseling, FOCUS and MFLAC services.
- Provide factual information to employees including plans for funeral or services based on the family's wishes.

(Please Complete Parent Program Agreement Next Page)

PARENT PROGRAM AGREEMENT

I hereby agree to comply with the rules and regulations of Camp Pendleton's Fisher Children's Center Program regarding fees, health, clothing, and other items specified in the Parent Program Agreement. I am aware of the scheduled holidays.

As indicated, I hereby agree to submit a signed disenrollment form directly to Front Desk **two weeks in advance** of withdrawal, should such an event occur. If written notice is not received, payments will not be stopped and no refund will be given for prepaid childcare.

I have read and understand the child abuse and discipline policy.

Signed _____

Sponsor (*If the sponsor is unavailable to Sign, a Power of Attorney will be accepted.*)

Date: _____

Signed _____

(Parent or legal guardian)

Center Director/Manager Signature:

Date: _____



ARMED SERVICES YMCA

CHILD HEALTH ASSESSMENT

NAME OF SPONSOR & SPOUSE (Last, First, MI)	TELEPHONE (Home)	TELEPHONE (Duty)
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NAME OF MEDICAL TREATMENT FACILITY / PHYSICIAN

ADDRESS (Include Zip code) TELEPHONE

CHILD HEALTH INFORMATION

NAME OF CHILD	BIRTHDATE	GENDER	HEIGHT	WEIGHT
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HAS CHILD BEEN UNDER REGULAR SUPERVISION OF A PHYSICIAN (If yes, explain circumstances(s) and current status)? Yes No

HAS CHILD BEEN SCREENED FOR ENROLLMENT IN EXCEPTIONAL FAMILY MEMBER PROGRAM? Yes No

COPY OF IMMUNIZATION RECORD SUBMITTED. Yes No

DISEASES AND ILLNESSES (CHECK YES OR NO)

CHICKEN POX Yes No RUBELLA Yes No TEN-DAY MEASLES Yes No

MUMPS Yes No POLIOMYELITIS Yes No SCARLET FEVER Yes No

RHEUMATIC FEVER Yes No

OTHER (List)

CHRONIC ILLNESS AND CONDITION (CHECK YES OR NO)

VISION PROBLEMS Yes No ASTHMA Yes No DIABETES Yes No

ORTHOPEDIC PROBLEMS Yes No AUDITORY PROBLEMS Yes No

SEIZURE DISORDER Yes No

OTHER (List)

ALLERGIES (List)

COMMENT/INDICATE FREQUENCY

COLDS

EAR ACHEs

STOMACH ACHEs

HEADACHEs

DIARRHEA

CONSTIPATION

BED WETTING

SLEEP DIFFICULTIES

POOR EATING HABITS

TANTRUMS

EXCESSIVE ACTIVITY

DESCRIPTION OF SERIOUS CHRONIC ILLNESS/CONDITION

ILLNESS/CONDITIONS	DESCRIPTION

ON-GOING MEDICATION

TYPE	DOSAGE	FREQUENCY	CDC ADMINISTERED

SPECIAL MEDICATION CONSIDERATIONS

DESCRIBE ANY SPECIAL PROGRAM NEEDS, CONSIDERATIONS, OR RESTRICTIONS WHICH THE CHILD REQUIRES, IN ORDER TO PARTICIPATE IN CDC.

MEDICAL STATEMENT

The above-named child has been given a routine medical examination (per age requirements) and is free of infectious or contagious diseases, and is considered to be capable of participating fully in CDP with the exceptions listed above.

SIGNATURE OF SPONSOR/ SPOUSE	DATE
SIGNATURE & STAMP OF PHYSICIAN	DATE