Week 1  June 24 - June 26 – Imagination Week – Campers come to camp this week with an open mind. Anything and everything goes. The staff help the campers use their imaginations to come up with all the fun and action this week.

Week 2  June 29 - July 3 – Celebrate Our Country – As sure as July is in the summer, so is it we celebrate America the Beautiful. Along with all the celebrating of our country, we will also pay homage to the Veterans who sacrificed so much to protect our freedoms.

Week 3  July 6 - July 10 – Firefighter Week – Campers will learn all about fire safety and firefighting in a fun setting. The Vineland Fire Department comes to the YMCA and share with the campers what it is like to serve and protect the City of Vineland!

Week 4  July 13- 17 – Who Runs Our Town – Campers have fun making sense out of our local government. Local officials and city leaders come chat with our campers. Who said you are not allowed to have fun while learning something in the summer time?

Week 5  July 20 - July 24 – Sports Week – This week the campers dive into and play all kinds of sports. Team games, individual sports, sports of all kinds! Creating our own games is not out of the question.

Week 6  July 27- July 31 – Bon Appetit – Campers have a fun filled week learning the basics of cooking and finding their way around preparing food for meals. They will get right in the mix with hands on cooking activities all week.

Week 7  August 3 - August 7 – Animals, Not Stuffed – We look into the world of animals and investigate all the fun and exciting habitats such as oceans, rainforests, jungles, and the deserts. We might even get to see a few up close and in person!

Week 8  August 10 - August 14 – STEAM Week – Science, technology, engineering, arts, and math. All this packed in a sun filled week of using creativity and teamwork to make all kinds of things work. You will enjoy activities such as paper airplane construction, bridge building, structure design, and much more!

Week 9  August 17-August 21 – Music Week – Let the performer in you come out at the YMCA’s very own Music Week. Some activities will include a lip-sync challenge, dance off, and a talent show.

Week 10  August 24-August 28 – Wet and Wild Week – It is time to get wet! Splash through an awesome, fun-filled week. Summer is hot, but you’ll stay cool with activities like water sponge games, water relays, slip ‘n slides and more!

Early Bird for Camp:
6:30-7:30am The fee for early bird is an additional $15 per week. If you sign up for early bird you must also be signed up for Before and After for camp and must be paid the week prior.

Before and After for Camp:
7:30-9:00am & 4:00-5:30pm
This covers before and after regular time of camp. Fee will be $35 per week and must be paid the week prior.

Payments and Registration:
All payments are due by the Wednesday the week prior. Any payments made after that will be assessed with a $20 late fee. By checking the box next to the weeks does not mean you are automatically enrolled until a payment is made. Registration for each week is not guaranteed without a deposit to hold your campers spot.
Camper's Name ____________________________________

Parent/Guardian Information – Must be able to pick up camper

| Last Name: ________________________________ | Last Name: ________________________________ |
| First Name: ______________________________ | First Name: ______________________________ |
| Home Phone: ______________________________ | Home Phone: ______________________________ |
| Cell Phone: ______________________________ | Cell Phone: ______________________________ |
| Work Phone: ______________________________ | Work Phone: ______________________________ |
| Employer: _________________________________ | Employer: _________________________________ |
| *Email: __________________________________ | *Email: __________________________________ |

Joint Custody Information

Has there been a divorce or separation?  □ Yes  □ No
If Yes, who has custody? __________________________
The joint/non-custodial parent can be contacted in the event of an emergency  □ Yes  □ No

Emergency Contacts (Other than Parent/Guardian) – Must be able to pick up camper

| Name: ________________________________ | Name: ________________________________ |
| Relationship: _________________________ | Relationship: _________________________ |
| Cell Phone: __________________________ | Cell Phone: __________________________ |
| Work Phone: __________________________ | Work Phone: __________________________ |
| Address: _____________________________ | Address: _____________________________ |

Medical and Behavior Questions to help us provide the best care possible

Copies of immunization records must be turned in at sign up

Has your child been diagnosed or treated for the following:

- □ Asthma
- □ Allergies
- □ Special Dietary Needs
- □ Allergies to Insect Stings
- □ Seizures
- □ Spectrum Disorder
- □ ADD/ADHD
- □ Allergy to Poison Ivy
- □ Other
- □ Special Needs: ________________________________
- □ Learning Disability: ________________________________

Please provide details for any of the above checked boxes:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list current medications, prescribed or over the counter that your child is currently taking:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Would you like to discuss your child’s personal medical or behavioral needs with the Camp Director prior to the start of camp? Must turn in paperwork by June 1st for a phone conference. Or attach a letter with additional concerns.  □ Yes  □ No

Family Physician Information

Physician's Name: ____________________________
Number: ____________________________
Insurance Carrier: ____________________________
Policy Number: ____________________________
Group Number: ____________________________

Contact Number: ____________________________
Best Time to be reached: ____________________________

Parent/Guardian Signature: ____________________________ Date: ____________

*Please ask for an additional sheet if you need to add more than 4 pick-up people or contacts.
Camp Rules

In order for all campers to have the best possible experience, all campers need to be aware of the rules and agree to follow them. If a camper consistently or excessively breaks the rules and chooses not to take part in camp, they negatively impact other campers by jeopardizing their physical or emotional safety. When this happens, all other campers fail to receive the best possible camp experience.

Camp Rules:
1) Treat myself, others, and camp with Caring, Honesty, Respect, and Responsibility
2) Follow directions and instructions from staff
3) Keep hands, feet and all other body parts to myself
4) Respect all camp facilities, equipment, and property
5) Have FUN!

Camper Consequences:
1) Redirection of camper
2) Verbal warning or thinking time
3) Visit with camp director and/or call home. Child may speak to parents at that time
4) In the event that a second phone call is necessary, the child will be sent home
5) In the event of consistent/excessive failure to follow the rules, the camper will be sent home and a suspension may be issued
6) If a camper endangers the physical, mental or emotional health of themselves or others, the camper may be immediately suspended or expelled

Parent Signature: ______________________  Camper Signature: __________

Camp Authorization

My child is in good health and can participate in the normal activities of the program
I agree to follow Camp Payment Policies; if not I will be subject to fees and refused admittance
I have received and reviewed a copy of the YMCA Camp Parent Handbook
*I have received and reviewed a copy of the YMCA Transportation Policy (in handbook) and agree to let my child participate (only sign if child is attending Sequoia/Arrow) *
*I have received and reviewed a copy of the Merrywood Activities Form & agree to let my child participate*
I understand that my child must be physically signed in and out of the program by an authorized adult daily
I understand that the YMCA is not responsible for lost, stolen or damaged personal articles
My child and I have reviewed the Camper Behavior Policy
I understand that breakfast and lunch will be provided for my camper starting June 22nd

I give permission for the Cumberland Cape Atlantic YMCA to:
Seek medical treatment for my child, in my absence, in the event of an emergency
Use any photo, voice recordings or videos taken of my child for any projects and all promotional purposes at the YMCA and Summer affiliates (including but not limited to, Girl Scouts, National Inclusion Project, 4-H, and Citizens United to Protect the Maurice River and its Tributaries
To transport my child as necessary for camp activities. This may include busing for swimming and field trips
Allow my child to go on short walks under Y Staff supervision

I hereby agree, and accept, responsibility in above initialed items.

Parent Signature ______________________  Date __________

Licensing Statement

In keeping with New Jersey’s child care licensing requirements, we are obligated to provide you, as the parent/caregiver of a child enrolled in our program, with the attached informational statement.

The statement highlights, among other things:
• Your right to observe our center at any time without having to secure permission
• The center’s obligation to be licensed and to comply with licensing standards and
• The obligation of all citizens to report suspected child abuse of all forms (physical, sexual, emotional, and neglect) to the State’s Division of Child Protection Permanency

Name of child: _________________________  Name of Parent (s)/Guardian (s): ______________

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family *Found on the next page.

Parent Signature _________________________  Date __________
**Parent Statement of Understanding**

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the Cumberland Cape Atlantic YMCA (CCA YMCA). A copy will be filed with your child’s records.

- I understand that CCA YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the CCA YMCA program. If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the CCA YMCA, unless necessary in certain limited cases for the smooth operation of a CCA YMCA program. If deemed necessary, contact should be made with the program participant’s parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs. If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- I understand that I am not to leave my child* at the CCA YMCA or program site unless a CCA YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not be alone at the door. *Note: The CCA YMCA’s policy is that children under the age of 12 may not be alone in our facilities/program sites.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with CCA YMCA and must be at least 18 years of age required by the CCA YMCA. Any other alternate pick-up arrangements must be made in writing by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff my have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that I can help ensure my child’s safety by taking an active interest in his or her CCA YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.
- I understand that the CCA YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I have received a copy of the CCA YMCA Youth Program Handbook and/or Program Policies and Procedures and will keep it for future reference.

Parent Signature ___________________________ Date ________________

**Parent Notification of Communications Policy**

Families entrust their children to the Cumberland Cape Atlantic YMCA’s care for child care, camp, and other youth programs. Our promise to those we serve is to provide a safe environment in which all participants are treated in a caring, honest, respectful and responsible way.

CCA YMCA staff, volunteers, program participants and parents must work together to ensure adherence to this policy.

CCA Staff and Volunteers:
- Will block any personal websites or blogs and mark them as private, denying access to any CCA YMCA program participants
- Will not disclose personal email, telephone, cell phone or website information to any program participants
- Will not attempt to contact any participant via phone, text message email, phone apps, websites or blogs for non-program related business
- Will not use any photos taken for CCA YMCA programs or marketing purposes for personal use
- Will not use cell phones for personal calls during business hours
- Will not use cell phone cameras to take photos of program participants for any reason
- Will notify his/her supervisor immediately if a youth attempts to communicate with an employee via e-mail, instant message, cell phone, or social network site

CCA YMCA Program Participants and Their Parents Agree:
- Not to contact any staff via staff’s personal telephone/cell phone, text message, phone apps, email, websites or blogs
- Not to use cell phones during program hours
- They will not share photos, logos or images of the CCA YMCA or its program participants
- Personal photos may only be taken with consent and may not be displayed in any derogatory fashion
- Will not take cell phone photos of staff or program participants while engaged in CCA YMCA programs

Of course, the CCA YMCA does not mean to interfere with anyone’s private life, but publicly observable communications, actions or words are not private, and personal expression can have legal consequences, including defamation, copyright infringement and trademark infringement.

Parent Signature ___________________________ Date ________________
Cumberland Cape Atlantic YMCA
2020 CAMP REGISTRATION
Deposits, Fees and Payment

Deposits

- A $20.00 deposit is required for EVERY week/session camper is registered for, along with all Before and After Care and Early Bird fees.
- Deposits are non-refundable and non-transferable
- Deposits are due at the time of registration

Promotions

- **Sibling Reduced Rate**: First child is full price, each additional child (registered in the same week of camp) will receive $10.00 off
- **Before and After Care Camp**: Fees are waived if five (5) or more weeks of camp are paid in full by April 18th, 2020 (Excludes $10 Early Bird rates)
- **T-Shirt**: Camper receives a free t-shirt if six (6) or more weeks are registered for with a $20 deposit put down for each week by April 18th, 2020 ($8.00 value)
- **Subsidized Families Only**: Families receiving assistance are eligible for a free t-shirt when co-pay for six (6) or more weeks are paid in full by April 18th, 2020.

*These discounts are for non-third party participants

Membership Fees

- $30/Youth Program Member
- $55/Family Program Member
- Current Program Member
- Current Full Facility Member

*All Campers must be YMCA members. Membership fees are non-transferable and non-refundable*

Credits (In House Only)

Refunds are not available for Deposits, Membership, or days your child is absent. In-house credits will be considered for medical reasons ONLY. Credit requests MUST be accompanied by a doctor's note.

Financial Assistance

Financial Assistance is available through Rutgers Southern Regional Child Care Resource & Referral (856-462-6800 Cumberland County). If denied by Rutgers, Financial Assistance is available through the Y - applications are available at the Member Service Desk and on our website, www.ccaymca.org. Funds are limited – APPLY EARLY.

If you live in another county other than Cumberland County and have other Third Party questions, please contact Childcare Financial Services Department at 856-691-0030 extension 111.

Zipline at Merrywood!  Nature Enrichment  Outdoor activities at all our camps!
## Parent Checklist

Parent/Guardian please **initial** next to each item that you are handing in today. *(No check marks will be accepted.)*

- [ ] Completed Registration Form
- [ ] Photo Release
- [ ] Signed Medical Information
- [ ] Completed Health Form
- [ ] Immunization Record
- [ ] Expulsion Policy
- [ ] Food Form
- [ ] Merrywood Activity Waiver (Sequoia, Arrow, and CIT)
- [ ] Completed CIT packet (CIT only)
- [ ] Any notes or information to be filed on your camper (optional)
- [ ] Correct payment and/or deposit amount

## Parent Signature

Parent is to sign off that all paperwork is filled out completely.

Parent Signature: ___________________________  Date: ________________

## Staff Signature

Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.

Staff Signature: ___________________________  Date: ________________

---

**THANK YOU FOR CHOOSING TO SPEND YOUR SUMMER AT THE Y, HAVE FUN AND MAKE SUMMER CAMP MEMORIES TO LAST A LIFETIME!**
Cumberland Cape Atlantic YMCA  
2020 CAMP REGISTRATION  
Additional Emergency Contacts  
For ______________________  
(Childs name)  

Please use this sheet only to add additional contacts and pick-up people for your camper(s). We will not accept it written on a separate piece of paper.

Emergency Contact #5  
Name: ________________________  
Relationship: ________________________  
Cell Phone: ________________________  
Work Phone: ________________________  
Address: ________________________  

Emergency Contact #6  
Name: ________________________  
Relationship: ________________________  
Cell Phone: ________________________  
Work Phone: ________________________  
Address: ________________________  

Emergency Contact #7  
Name: ________________________  
Relationship: ________________________  
Cell Phone: ________________________  
Work Phone: ________________________  
Address: ________________________  

Emergency Contact #8  
Name: ________________________  
Relationship: ________________________  
Cell Phone: ________________________  
Work Phone: ________________________  
Address: ________________________  

Parent/Guardian Signature: ________________________  Date:____________
EXPULSION POLICY

Name of Center: Cumberland Cape Atlantic YMCA of Vineland

Name of Child: __________________________________________

Signature of Parent: ______________________________________

Unfortunately there are reasons we have to expel a child from our program either on a short term or a permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center.

IMMEDIATE CAUSE FOR EXPULSION
- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD’S EXPULSION
- Failure to pay/habitual lateness in payment.
- Failure to complete required forms.
- Habitual tardiness when picking up your child.
- Physical or verbal abuse to staff.
- Correcting, reprimanding, or yelling at a child

CHILD’S ACTIONS FOR EXPULSION
- Failure of a child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical (fighting) or verbal abuse to staff or their children.
- Excessive biting.
- Dangerous activity, threats, theft, vandalism/mistreatment of property, possession of weapons, or illegal substances

SCHEDULE OF EXPULSION
- If after the remedial actions above have not worked, the child’s parent/guardian will be advised verbally and in writing about the child and or/parent’s behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child’s behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to time to seek alternative child care.
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.
A CHILD WILL NOT BE EXPELLED
- If a child’s parent/guardian:
  - Made a complaint to the Office of Licensing regarding a center’s alleged violation of the licensing requirements
  - Reported neglect or abuse occurring at the center
  - Questioned the center regarding policies and procedures
  - Without giving the parent/guardian an adequate amount of time to make other child care arrangements

PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION
- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment appropriateness of activities and supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise behaviors
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- A brief time out may be given so child can regain control
- Child may lose certain privileges
- Child’s disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be not notified verbally
- Parent/guardian will be given copies of the disruptive behaviors that might lead to expulsion
- Director, parent/guardian and classroom staff will have a conference to discuss how to promote positive behaviors
- Parent/guardian will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation on premises
- Recommendation of evaluation by local school district child study team
## SECTION I - TO BE COMPLETED BY PARENT(S)

<table>
<thead>
<tr>
<th>Child’s Name (Last)</th>
<th>(First)</th>
<th>Gender</th>
<th>Date of Birth</th>
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<table>
<thead>
<tr>
<th>Does Child Have Health Insurance?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, Name of Child's Health Insurance Carrier</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
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<table>
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<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
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</table>

*I give my consent for my child’s Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.*

Signature/Date

<table>
<thead>
<tr>
<th>This form may be released to WIC.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

## SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

<table>
<thead>
<tr>
<th>Date of Physical Examination</th>
<th>Results of physical examination normal?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abnormalities Noted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight (must be taken within 30 days for WIC)</td>
</tr>
<tr>
<td>Height (must be taken within 30 days for WIC)</td>
</tr>
<tr>
<td>Head Circumference (if &lt;2 Years)</td>
</tr>
<tr>
<td>Blood Pressure (if ≥3 Years)</td>
</tr>
</tbody>
</table>

### IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Immunization Record Attached</th>
<th>Date Next Immunization Due:</th>
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<tbody>
<tr>
<td></td>
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### MEDICAL CONDITIONS

<table>
<thead>
<tr>
<th>Chronic Medical Conditions/Related Surgeries</th>
</tr>
</thead>
<tbody>
<tr>
<td>List medical conditions/ongoing surgical concerns:</td>
</tr>
<tr>
<td>□ None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications/Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>List medications/treatments:</td>
</tr>
<tr>
<td>□ None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limitations to Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>List limitations/special considerations:</td>
</tr>
<tr>
<td>□ None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Equipment Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>List items necessary for daily activities</td>
</tr>
<tr>
<td>□ None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergies/Sensitivities</th>
</tr>
</thead>
<tbody>
<tr>
<td>List allergies:</td>
</tr>
<tr>
<td>□ None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Diet/Vitamin &amp; Mineral Supplements</th>
</tr>
</thead>
<tbody>
<tr>
<td>List dietary specifications:</td>
</tr>
<tr>
<td>□ None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral Issues/Mental Health Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>List behavioral/mental health issues/concerns:</td>
</tr>
<tr>
<td>□ None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>List emergency plan that might be needed and the sign/symptoms to watch for:</td>
</tr>
<tr>
<td>□ None</td>
</tr>
</tbody>
</table>

### PREVENTIVE HEALTH SCREENINGS

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note if Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td></td>
<td></td>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead: □ Capillary □ Venous</td>
<td></td>
<td></td>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB (mm of Induration)</td>
<td></td>
<td></td>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: □ Developmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: □ Scoliosis</td>
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</tbody>
</table>

* I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)  
Health Care Provider Stamp:

Signature/Date
Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete this form. Note any significant abnormalities especially if the child needs treatment for that abnormality (e.g., creams for eczema; asthma medications for wheezing etc.)
   - Weight - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - Height - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - Head Circumference - Only enter if the child is less than 2 years.
   - Blood Pressure - Only enter if the child is 3 years or older.

2. Immunization - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (MM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
   - “Date next immunization is due” is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. Medical Conditions - Please list any ongoing medical conditions that might impact the child's health and well-being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow. A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
   b. Medications - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

   Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and the child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

   c. Limitations to physical activity - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. Special Equipment – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. Allergies/Sensitivities - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. Special Diets - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. Behavioral/Mental Health issues – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. Emergency Plans - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. Screening - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.