



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Camp Hiawatha

## Ages 6-8

# Cumberland Cape Atlantic YMCA

## CAMP REGISTRATION

### General Information

# 2020

Camper's Last Name: \_\_\_\_\_ Camper's First Name: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_  Male  Female

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age as of June 17<sup>th</sup>, 2020 \_\_\_\_\_ E-mail Address \_\_\_\_\_

PLEASE  
ATTACH  
PHOTO

### Payments are due on Wednesdays the week prior

<b>Week 3</b> <input type="checkbox"/> <b>July 6 – July 10 – Good ol' USA</b> – Come celebrate the greatest country in the world – Good ol' USA. Campers will spend time "visiting" different places in the U.S., by making crafts and playing trivia games.	<b>Camp Fee</b> <b>\$175</b>
<b>Week 4</b> <input type="checkbox"/> <b>July 13-July 17 – One Person's Junk is Another Person's Treasure</b> – Campers will create blueprints and construct a variety of projects using recycle materials; while teambuilding new skills.	<b>Camp Fee</b> <b>\$175</b>
<b>Week 5</b> <input type="checkbox"/> <b>July 20 – July 24 – YMCA Water Festival</b> – Get ready to make a splash during this wet and wild week of camp! Campers will enjoy various water activities such as water bucket relays, water balloons, water tag, and more.	<b>Camp Fee</b> <b>\$175</b>
<b>Week 6</b> <input type="checkbox"/> <b>July 27 – July 31- Lights, Camera, ACTION!</b> – Campers will be introduced to the world of theatre experience by using music, dance, and acting. So let's bring out all the producers, directors, and actors in all of us.	<b>Camp Fee</b> <b>\$175</b>
<b>Week 7</b> <input type="checkbox"/> <b>August 3 – August 7 – Challenge Week</b> – Campers will join kicking off the week with fun filled sports, wacky relays and competitions throughout the week. They will end the week with a competition – campers vs. counselors.	<b>Camp Fee</b> <b>\$175</b>
<b>Week 8</b> <input type="checkbox"/> <b>August 10 – August 14 – Captain Y and the Super Heroes</b> – Campers will celebrate our community super heroes throughout the week. They will engage in activities, while creating their own super heroes and power.	<b>Camp Fee</b> <b>\$175</b>
<b>Week 9</b> <input type="checkbox"/> <b>August 17 - August 21 – Animal Planet</b> – Learn about the relationships between animals all over the world, while our campers play games and participate in experiments about these fantastic animals.	<b>Camp Fee</b> <b>\$175</b>
<b>Week 10</b> <input type="checkbox"/> <b>August 24 - August 28 – Celebrating Good Times</b> – Last week of camp? OH NO! Let's celebrate all of the fun things we have done and learned this summer. Campers will have a week full of fun, with games and all sorts of activities we have experienced this summer! The week will end with a multicultural celebration!	<b>Camp Fee</b> <b>\$175</b>

#### Before and After for Camp:

**7:30-9:00am & 4:00-5:30pm**

This covers before and after the 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 \$20 deposit to hold your campers spot.





# Cumberland Cape Atlantic YMCA 2020 CAMP REGISTRATION Emergency Contact & Health



**Camper's Name** \_\_\_\_\_

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

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

**Parent 1 or Legal Guardian Information**

**Parent 2 or Legal Guardian Information**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 \*Email: \_\_\_\_\_

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 \*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**

**Emergency Contact #1**

**Emergency Contact #2**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 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:

- |   |   |  |   |                                   |
|---|---|--|---|-----------------------------------|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Allergies                  | <input type="checkbox"/> Special Dietary Needs | <input type="checkbox"/> Allergies to Insect Stings | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Spectrum Disorder    | <input type="checkbox"/> ADD/ADHD                   | <input type="checkbox"/> Allergy to Poison Ivy | <input type="checkbox"/> Other                      |                                   |
| <input type="checkbox"/> Special Needs: _____ | <input type="checkbox"/> Learning Disability: _____ |  |   |                                   |

Please provide details for any of the above checked boxes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signs or symptoms to watch for:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 1<sup>st</sup> 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:** \_\_\_\_\_



# Cumberland Cape Atlantic YMCA 2020 CAMP REGISTRATION Camp Rules & Authorizations



## 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 \_\_\_\_\_ Initial Here
- I agree to follow Camp Payment Policies; if not I will be subject to fees and refused admittance \_\_\_\_\_ Initial Here
- I have received and reviewed a copy of the YMCA Camp Parent Handbook \_\_\_\_\_ Initial Here
- I understand that my child must be physically signed in and out of the program by an authorized **adult** daily \_\_\_\_\_ Initial Here
- I understand that the YMCA is not responsible for lost, stolen or damaged personal articles \_\_\_\_\_ Initial Here
- My child and I have reviewed the Camper Behavior Policy \_\_\_\_\_ Initial Here
- I understand that breakfast and lunch will be provided for my camper starting June 17<sup>th</sup> \_\_\_\_\_ Initial Here

### **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 \_\_\_\_\_ Initial Here
- 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, GirlScouts, National Inclusion Project, 4-H, and Citizens United to Protect the Maurice River and its Tributaries) \_\_\_\_\_ Initial Here
- To transport my child as necessary for camp activities. This may include busing for swimming and field trips \_\_\_\_\_ Initial Here
- Allow my child to go on short walks under Y Staff supervision \_\_\_\_\_ Initial Here
- 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 \_\_\_\_\_



# Cumberland Cape Atlantic YMCA 2020 CAMP REGISTRATION YMCA Policies



## 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 just be dropped off 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 children should not receive excessive gifts (e.g. toys, video games, jewelry) from CCA YMCA staff or volunteers, and I should report this to a supervisor if they do.
- 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 may 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 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 18<sup>th</sup>, 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 18<sup>th</sup>, 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 18<sup>th</sup>, 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](http://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 our Third Party Administrator, Bernadette Lunsford, at 856-691-0030 extension 111.



**Zipline at Merrywood!**



**Nature Enrichment**



**Outdoor activities at  
all our camps!**



# Cumberland Cape Atlantic YMCA 2020 CAMP REGISTRATION Checklist



## 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 \_\_\_\_\_  
(Child's name)

**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: \_\_\_\_\_

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.



Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **10:122-6.8 Expulsion Policy**

**May be used to inform parents of the center's policy on the expulsion of children from enrollment**

# **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

# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____ / ____ / ____
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier _____		
Parent/Guardian Name _____	Home Telephone Number ( ) - _____	Work Telephone/Cell Phone Number ( ) - _____	
Parent/Guardian Name _____	Home Telephone Number ( ) - _____	Work Telephone/Cell Phone Number ( ) - _____	
<b><i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i></b>			
Signature/Date _____		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)		
	Height (must be taken within 30 days for WIC)		
	Head Circumference (if <2 Years)		
	Blood Pressure (if ≥3 Years)		

<b>IMMUNIZATIONS</b>	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
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MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

<input type="checkbox"/> <b><i>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.</i></b>	
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 the form. Note 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 (IMM-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](http://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 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](http://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.