

Dear Camp Families,

On behalf of the Camp JCC staff, we would like to welcome your family to Camp JCC – the place 2 B! Camp is a magical experience that creates memories and friendships that can last a lifetime.

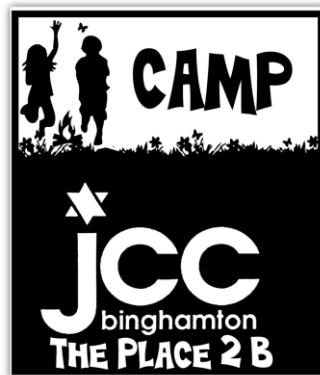
We would like to assist you in preparing for your child's first day at camp by providing you with this Family Packet. Your understanding of our program, as well as our policies and procedures will help ensure a successful, safe and fun summer for all.

If you have any questions or concerns, please do not hesitate to contact us at 607-724-2417 x421.

We can't wait to have the most fabulous summer yet!

Lynette Errante
Camp JCC Camp Director

Allison Fruehan
Camp JCC Assistant Director



JCC * 500 Clubhouse Rd., Vestal, NY 13850 * 607-724-2417 ext 421 * LynetteE@binghamtonjcc.org



2017 Camp JCC Registration Form

Summer Day Camp July 3rd – August 11th (closed July 4th)

Please complete registration form and sign reverse side.

Completed applications can be dropped off at the JCC or mailed to:

Camp JCC ♦ 500 Clubhouse Road ♦ Vestal, NY 13850

PLEASE PRINT CLEARLY

Child's Name _____ Child's Birthdate _____ Age as of July 3, 2017 _____

Returning Camper _____ New Camper _____ Gender: ☐ M ☐ F **Grade as of September 2017** _____

Please circle specific week(s): Week 1: July 3-7 Week 3: July 17-21 Week 5: July 31-August 4
 Week 2: July 10-14 Week 4: July 24-28 Week 6: August 7-11

Camp Shirt:

Select Size: _____ Youth S _____ Youth M _____ Youth L _____ Adult S _____ Adult M _____ Adult L _____ Adult XL

Parent/ Guardian #1 Name _____

Street Address _____ City, State, Zip _____

Cell# _____ Home# _____ Work # _____ Email: _____

Parent/ Guardian #2 Name _____

Street Address _____ City, State, Zip _____

Cell# _____ Home# _____ Work # _____ Email: _____

Family Status: ☐ Married ☐ Partnered ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

Parent/Guardian with Custody: ☐ Both Parents ☐ Mother ☐ Father Other: _____

EMERGENCY CONTACT NAME _____ Relationship to camper _____

Telephone # _____ Cell # _____

How did you hear about our camp? _____

Were you referred by a current JCC Camper? _____ If so, who? _____

Early Registration Discount – Register by May 5th and receive 10% off your total bill. Payment due in full by May 26th

See **Camp JCC 2017 Fee Schedule** on separate page for Rates and Additional Information

Any Questions?

Contact Camp Director Lynette Errante at 724-2417, x421 or email at LynetteE@binghamtonjcc.org

(PLEASE TURN OVER) 2

Please Review the Terms and Conditions

Initial Each Paragraph and Sign Below

____ I hereby give my permission for my child _____ to participate in all programs, swimming, activities and trips as part of the 2017 Camp JCC program. It is understood and agreed that the JCC and its employees are not responsible for injuries suffered while present at, or participating in, Camp JCC activities or for loss or damage of valuables or property.

____ I understand that in order to receive the early pay discount offered, all fees for Camp JCC are due by May 26, 2017.

____ I understand that all camp fees are to be paid in full prior to the start of camp, July 3, 2017, or by the date of registration.

____ In case of medical emergency, in the event I cannot be reached, I authorize the Camp and/or JCC Directors to obtain the best available medical care for my child and I will assume full financial responsibility for such medical treatment.

____ I give permission for Camp JCC to take my child off-site for trips, including those that involve swimming. I understand that I will be notified by the camp when and where the trips will take place.

____ I understand that part of the camping experience involves activities and interactions that might be new to my child and may possibly hold certain risks. I am aware of these risks and I am assuming them on behalf of my child. I have instructed my child on the importance of abiding by the camp's rules as well as following directions given to him/her to ensure their safety and well-being.

____ The JCC reserves the right, at the discretion of the Camp Directors, to expel any camper that violates Camp JCC rules or regulations, or proves to be a danger to themselves or others. If this should occur, no refunds will be given.

- ____ * The camp deposit is non-refundable and non-transferable.
- ____ * No refunds will be issued after May 26, 2017.
- ____ * The JCC is not responsible for providing make-ups or issuing refunds for camp days missed.
- ____ * If a child withdraws from camp before the end of a session by parents or guardians, no refund will be given.
- ____ * There is no pro-rated fee for campers arriving after the start date of the session or leaving before its completion.

____ No camp billing adjustments will be made after August 11, 2017.

____ Registration changes are difficult to make from an administrative perspective. One initial request for a change will be granted to each camper at no additional cost. Any further changes will warrant a \$5.00 per child administrative fee for each change made. A \$25 fee will be charged to the account for returned fees.

Signature _____
Parent/ Guardian

Date _____

Payment Information

Please circle:

Cash – Check (*Payable to Camp JCC*)

Credit Card (*Visa, MasterCard & Discover*)

Card Holder Name:

Card Number:

Payment Amount:

Expiration Date:

Signature:

Enclosed is my non-refundable, non-transferable registration fee of \$200 per child for Camp JCC, which will be applied to camp tuition. Should I request fee assistance, I will pay the registration fee with my application.

FOR OFFICE USE ONLY

Date Recorded:

FAP Pending:

Initials:

Deposit Paid:

Discounts Given:

Total Amount Billed:

Camp JCC 2017 Fee Schedule

Includes all activities, scheduled trips, snacks, & t-shirt

Camp dates: July 3 – August 11, 2017 (closed July 4th)

Week 1: July 3-7

Week 4: July 24-28

Week 2: July 10-14

Week 5: July 31-August 4

Week 3: July 17-21

Week 6: August 7-11

Program	Entering K & Grade 1 9 am – 3:30 pm	Entering Grades 2 & 3 9 am – 3:30 pm	Entering Grades 4 9 am – 3:30 pm	Entering Grades 5, 6 & 7 9 am – 3:30 pm	TLC - Teen Camp *price includes all meals, transportation & activities on trips
Full 6 weeks	\$1,380 \$1,130 Member Rate	\$1,484 \$1,236 Member Rate	\$1,700 \$1,460 Member Rate	\$1,770 \$1,525 Member Rate	\$1,795 \$1,560 Member Rate
1 – 5 weeks	\$248 per week \$206 Member Rate	\$268 per week \$226 Member Rate	\$315 per week \$270 Member Rate	\$330 per week \$285 Member Rate	See TLC table below

If you TLC Camper will not be attending all 6 weeks, please use the following chart for that specific week's price.

Teen trips vary from 1-4 day trips, so each week varies in price and is all inclusive.

TLC Weekly fee	TLC Week 1	TLC Week 2	TLC Week 3	TLC Week 4	TLC Week 5	TLC Week 6
Non-Member	\$320	\$545	\$530	\$530	\$690	\$320
JCC Member	\$280	\$505	\$490	\$490	\$650	\$280

DISCOUNTS AVAILABLE

- Early Registration Discount of 10% off your total bill if you register by May 5th and pay in full by May 26th
- Family Discounts are available for multiple children registering for camp. You will receive 10% off each additional child. Family Discounts are **NOT** available for Teen Camp or Before & After Camp Care.

Extended Day Camp Option Available (see Camp JCC Extended Day Care Registration Form)

Scholarship Assistance

The JCC makes every effort to assure that no child is denied the opportunity to attend camp due to an inability to pay the full fee. *Scholarships are based on available funds and household income.* Scholarship requests must be submitted, in writing, no later than **Friday, May 5, 2017** to the JCC office. No applications will be accepted after this date.

Families Supported by DSS

Please be aware that DSS will not cover Camp JCC in full and families will be responsible for paying the balance. Contact Camp Director Lynette Errante ASAP to fill our paperwork.

2017 Campership Award

Campers entering grades 5+ in September 2017 are eligible to apply for our Honor Campership Award. This scholarship was started in 2015 specifically for our older campers to receive aid due to travel costs. Campers must have completed 2+ summers at Camp JCC. For an application and info on the other requirements please contact the camp office. **ALL APPLICATIONS DUE by May 5th** to the JCC Main Office.

Please see 2017 Camp JCC Registration Form for Payment Information

IMPORTANT INFORMATION YOU NEED TO KNOW

To ensure that your child has a safe & positive camp experience, we urge you to carefully read the guidelines below.

ARRIVING AND DEPARTING FROM CAMP

- ▶ **Camp starts promptly at 9am.** To ensure the continuity of the camp programs, it is imperative that campers arrive **ON TIME** and ready to participate. If your child is going to be late or absent from camp, please contact the JCC main office at 724-2417 by 8:30 am so their counselors can be notified as soon as possible
- ▶ **For early pick-up** Parents or designated caretaker **MUST** stop at the JCC Main Office to find out where their child's group is and the child **MUST BE SIGNED OUT** with their designated counselor. **DO NOT GO** directly to your child.
- ▶ **Campers must be escorted** each day to their assigned camp room by a parent or guardian. We cannot guarantee the safety of children who are dropped off or picked up in the parking lot or the front of the building.

WHAT TO WEAR/ BRING EACH DAY

- ▶ **LUNCH** All campers are **required to bring their lunch from home,** which will be consumed in the outdoor lunch tent. The JCC will continue to provide snacks, drinks, birthday party cupcake orders (for a fee), and substitute lunches (for a fee). However, please note, all food served by the JCC will continue to be kosher and all Camp JCC rooms will remain kosher as well. Lunches from home do not need to be Kosher. For more information please give us a call!

- ▶ **Appropriate camp clothing** is very important. Please dress your child based on the daily weather report. Make sure they are prepared for shifts in the weather as well, like an unexpected cold front or rain. Remind them that camp is not a fashion show but a time to have fun, so comfortable clothes that can get messy, wet or dirty are important! We **highly encourage** you to label all of your child's belongings in case articles go missing, as well as their camp t-shirt.

- ▶ **A swimsuit and towel**



- ▶ **Sneakers to wear** at all times except during swim. In order to protect and maintain the surface of the floor, anyone using the JCC's gymnasium is required to wear white soled or non-marking sneakers. Please make sure your child has a pair to use **EVERY DAY**.



- ▶ **Pool shoes** (or flip flops) can be worn during swim or during outdoor waterplay.

- ▶ **Sunscreen** In order to ensure that your children are adequately protected we have strict sun protection protocol at Camp JCC. To keep your children protected, we ask that you apply sunscreen to them every day prior to their arrival at camp. Enclosed in this packet is a Sunscreen permission slip which will allow counselors to re-apply sunscreen during the day if needed (after swimming, excessive perspiration, etc.) In addition, we ask that you provide a bottle of sunscreen Factor (SPF) of at least 15 that provides broad spectrum protection from both ultraviolet A (UVA) and ultraviolet B (UVB) rays, to be kept at our camp. Hat and sunglasses are also highly recommended to help with protection from the sun! **Please label with your child's name & cover with clear tape.**

- ▶ **Hydrate!** Please send a labeled water bottle that we can refill throughout the day so that your child is cool and refreshed all summer.

CAMP T-SHIRT

- ▶ **All campers will receive one** camp t- shirt, which they are required to wear on all trips. Camp shirts may be picked up at the JCC main office once your camp fees are paid in full. **PLEASE NOTE:** Shirt orders are based on sizes requested. Receiving sizes other than those requested will only be offered AFTER full camp distribution and only if available.

- ▶ **Medications** – If your child requires a rescue inhaler or epi-pen for allergies or asthma, these items must be brought directly to the camp office & given to the directors for the weeks your child attends camp. These will stay in our 1st aid bag for children to use when needed and will be brought on offsite trips & kept with the trip leader. **Overnight medications:** If your child takes evening or morning medications they must be dropped off to the directors at the camp office on the morning of the overnight trip with instructions and picked up the following day. ***Under no circumstances are campers allowed to keep their own medications in their bags.***



- ▶ **Birthdays** - Because we love to celebrate birthdays at Camp JCC, we provide you with the opportunity to purchase freshly baked cupcakes for your child's camp group from the JCC kitchen at a reasonable price. If you choose to celebrate their birthday at camp, please notify your child's counselor a few days in advance and fill out a **Birthday Request Form** which can be obtained at the JCC office. Because of our dietary requirements, we ask that you do not send in any store bought or home baked goods. Thank you for your support and understanding.

FAMILY PACKET FORMS

We **MUST HAVE ALL** of the following forms, completed and submitted to the JCC office, for each child BEFORE any campers will be allowed to participate in camp. As a licensed child care facility we must abide by all Health Department rules and regulations, so please understand that **NO** exceptions will be made:

- Camper Profile
- General Camp Permission Slip for Field Trips/ Medical Info/Emergency Card
- Authorization for Pick-Up form
- Permission to Apply Sunscreen form
- Photo Release form
- Extended Care Registration form (if needed)
- Medical Statement of Child in Childcare form (ALL campers)
- Dept. of Health/ CACFP Program form (ALL campers)

Thank you for taking the time to review this important information and please don't hesitate to contact us at 607-724-2417, x421 if you have any questions or concerns.

Camper Profile

(please fill out one per child)

We would like to get to know a little about your child prior to their arrival at camp. We request the following information to provide a “picture” of your child’s background and present development. This is intended to help our Camp JCC staff understand your child better and to help your child make the best possible transition to the camp group.

Child’s Name _____ Sex _____ Grade as of 9/17 _____

Date of Birth _____ Child’s nickname (if any) _____

List names and ages of siblings: _____

Has your child ever been to camp before? _____ If so, where? _____

What are some of your child’s expectations for the summer of 2017?

Camper’s strong likes/ hobbies? _____

Camper’s strong dislikes? _____

How would you describe your child socially (shy, outgoing, etc.)?

How would you describe your child to someone who has never met him or her?

Who does the child primarily live with? _____ Relationship: _____

Are there any special family circumstances that might be a factor in your child’s behavior or adjustment to camp (illness, death, separation or divorce, a new baby, etc.)?

When your child gets involved with a conflict, how does he/she react?

What discipline methods work best with your child?

Has your child received any support services? _____ If yes, please specify: _____

Occupational Therapy _____ Physical Therapy _____ Speech/ Language Therapy _____ Other _____

Does your child have difficulty with: Hearing _____ Vision _____ Motor _____ Other _____

If other, please specify: _____

Please provide any notes that may assist in making your child's camp a lifetime experience:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Authorization for Pick-Up For Children at Camp JCC 2017

In order to ensure the safety of your child, we ask that you provide us with a list of people whom you authorize to pick-up your child from Camp JCC. **Please inform those who may be picking up your child that a Photo ID is required before the child is dismissed.**

Be sure to list anyone that you feel could be of assistance to your child/family when we are unable to reach both parents.

Additions or amendments to this form can **only be made in person by the parent or guardian**, with the assistance of a Camp JCC staff person. Phone calls will not be accepted as the parent's permission.

Child's/ Children's Name(s): _____

	Pick-up Person's Name	Relationship to Child	Phone Number
1	Parent / Guardian		
2	Parent / Guardian		
3			
4			
5			
6			
7			



JCC * 500 Clubhouse Rd., Vestal, NY 13850 * 607-724-2417 * LynetteE@binghamtonjcc.org

Permission to Apply Sun Block

Child's Name _____

I have provided the following sun block to keep in my camper's backpack.
Please assist in applying to my child as directed on the bottle.

Brand & Type of Sun Block Provided: _____

I have clearly written my child's name on the bottle of sun block with a permanent marker.
I will replace/replenish this sun block as needed.

I understand I must send my child to camp in the morning with sun block already applied.

I give my permission for staff to assist in reapplying the sun block I have provided for my child. I have listed below any sensitivity and/or a known allergy ingredient/s which might be found in a sun block product.

Parent/Guardian Signature

Date

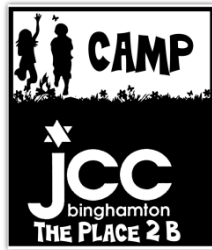
List of sensitivity/known allergy to sunscreen: _____

Photo Release Form

We like to take pictures throughout the summer at Camp JCC. Please understand that your child's photo may be taken and used for JCC marketing purposes, such as on brochures, flyers, on our JCC Facebook page or website.

If you **DO NOT** want your child's photo used for these purposes, please submit your request **IN WRITING** to the Camp Directors prior to the start of camp.

If you have any questions about this feel free to contact us.



JCC * 500 Clubhouse Rd., Vestal, NY 13850 * 607-724-2417 * LynetteE@binghamtonjcc.org



**Jewish Community Center
500 Clubhouse Rd.
Vestal, NY 13850**

Dear Parents,

If you could please take the time to fill out BOTH the CACFP form CACFP information form it will help us to receive money from the “Child and Adult Care Food Program”. Even if you do not qualify for free or reduced lunch, every submitted form helps! **If you are not comfortable disclosing your income you may write “not eligible” in the income line on the next page, we just ask that you include: Child’s name, all family members and the last four digits of your social security number.**

You only need to fill out one form per family.

Thank you for your help,
Lynette Errante

CACFP Information Form

Child’s Name_____

Days Attending (please circle) M T W Th F

Approximate daily schedule – arrival_____ departure_____

Meals Received (please circle) am snack lunch pm snack

Parent Signature_____ Date_____

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: Jewish Community Center Early Childhood Center

Print the name of the child(ren) enrolled in this child care center:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if anyone in your household:

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPRI)
4. Currently has a foster child enrolled in day care

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPRI Number _____
Foster Child's Name _____
Foster Child's Personal Monthly Income \$ _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Date: _____</p>
FOR SPONSOR USE ONLY
Sponsor Agreement Number _____
Total Household Members _____
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Signature of Determining Official _____
Date Determined ____ / ____ / ____

Complete SECTION B if SECTION A does not apply:

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION B	
<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received last month in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p>	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# _____ Date: _____</p>	

MEDICAL INFORMATION

I authorize the JCC staff to obtain the best available public medical care for my son/daughter in the event of an emergency at which time I cannot be reached; realizing that all reasonable means will be made to contact me prior to the rendering of any medical treatment; and that such medical treatment shall be on emergency basis as decided by a qualified physician and I assume financial responsibility for such treatment.

_____ yes _____ no

Physician's Name & Number _____

Dentist's Name & Number _____ Hospital Preference _____

I have provided information regarding my child's special needs to Camp JCC as needed to assist staff in caring for my child in case of emergency

☐ Yes ☐ No

Parent Guardian / Signature

Date

CAMP JCC EMERGENCY CARD

Camper Name _____ Group _____ DOB _____

Parent/Guardian _____

Cell: _____

Work: _____

Home: _____

Parent/Guardian _____

Cell: _____

Work: _____

Home: _____

Indicate preferred number during work hours

Any medical conditions, medications, and/or allergies _____

Special Needs/Concerns _____

Medical Ins Co. _____ Policy # _____

CAMP JCC EXTENDED DAY CARE REGISTRATION FORM

Pre-registration required ensuring we have proper staffing & you must prepay at time of registration

Camp dates: July 3 – August 11, 2017

For your convenience, supervised before camp (7:30am – 9am) and after camp (3:30pm – 5:30pm) care is offered for campers at the JCC for a daily rate. See **Fee Schedule** for Before & After Camp Care below. Extended Care discounts are available for campers who use before and after care for the entire week. All pre-arrangements for extended camp care must be made by filling out this form and returning it to the JCC office with payment by the prior Thursday of the week they will be attending.

(Please fill out one form per child)

Child Name _____ **Age** _____

Parent's Name _____ **Phone** _____

Parents Work Phone _____ **Cell** _____

Please circle which weeks you need extended care for this child:

Week 1: July 3-7 (closed July 4th)

Week 3: July 17-21

Week 5: July 31-August 4

Week 2: July 10-14

Week 4: July 24-28

Week 6: August 7-11

Please circle the AM and/or PM extended care you need

Before Camp (available 7:30 am – 9:00 am) **After Camp** (available 3:30 pm– 5:30 pm)

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	AM	CLOSED	AM	AM	AM
	PM	CLOSED	PM	PM	PM
Week 2	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
Week 3	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
Week 4	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
Week 5	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
Week 6	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM

Providing Extended Care requires extensive pre-planning for adequate staffing. We have implemented a PreRegistered & Prepaid Daily Rate for you to secure the best rate for your child.

Before and After Camp Fees

	NOT Pre-registered Daily rate	Pre-registered & Prepaid Daily rate	Pre-registered & Prepaid Weekly rate	Pre-registered, PREPAID, Before & After Camp
Before Camp	\$ 10.00	\$ 8.00	\$ 35.00	\$70.00 / week
After Camp	\$ 12.00	\$10.00	\$ 45.00	

Office Section Only: Amount Prepaid: _____ Date: _____ Staff Initials: _____

Not PreRegistered Info: _____ Amount: _____ Date: _____ Staff Initials: _____

BOTH SIDES OF FORM MUST BE COMPLETED AND RETURNED

OCFS-LDSS-4433 (Rev. 4/2008) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:

Date of Birth:

Date of Examination:

Immunizations required for entry into day care

☐ Yes ☐ No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ____ / ____ / ____ Mantoux Results: ☐ Positive ☐ Negative ____ mm

TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ____ / ____ / ____

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ____ / ____ / ____ Result: ____ mcg/dL ☐ Venous ☐ Capillary

2 years ____ / ____ / ____ Result: ____ mcg/dL ☐ Venous ☐ Capillary

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

____ / ____ / ____ Result: ____ mcg/dL ☐ Venous ☐ Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

ADDITIONAL INFORMATION ON REVERSE SIDE



JCC Fax: (607) 724-2418

BOTH SIDES OF FORM MUST BE COMPLETED AND RETURNED

OCFS-LDSS-4433 (Rev. 4/2008) REVERSE



Medical Statement of Child in Childcare

(continued)

Health Specifics

Comments

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to Day Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care.

☐ Yes ☐ No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

()
Phone

Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

ADDITIONAL INFORMATION ON REVERSE SIDE



JCC Fax: (607) 724-2418