



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEFORE AND AFTERCARE REGISTRATION PACKET

Dear YMCA Family,

Thank you for choosing the Wilson-Gray YMCA for your school age child care needs. We are excited to welcome you and your family to our before and aftercare program!

The Y's focus is on youth development, healthy living, and social responsibility. At the YMCA of Greater Hartford, the goal of our child development programs is to nurture young people by providing a safe place to learn foundational skills, develop healthy, trusting relationships, and build self-confidence.

Our early childhood and before and after school programs follow the State of Connecticut requirements and regulations for child care programs. In addition to meeting the state's expectations, we also collaborate with many local and state organizations to offer the highest quality enrichment experience for your child.

Please review this registration packet carefully. Complete and accurate information helps us to provide the best possible care for your child. If you have questions or need any additional information, please feel free to call or to email me.

Sincerely,

Director of Child Development

Here is some information that we hope you find helpful about your child's new program:

<p>Valencia Mack, Registrar 860-241-9622 ext. 103</p> <p>Melody Santiago Child Development Director 860-241-9622 ext. 117</p> <p>Email: WGSACC@GHYMCA.ORG</p>	<p><u>Wilson-Gray YMCA Childcare Monthly Fees</u></p> <p>5 Day fees on back</p> <p><u>½ Day \$245.00</u> 6 per the district \$35.00 any add on days needed.)</p> <p>*3 day program are available based on space \$300.</p> <p>All prices are subject to change depending on the site.</p> <p>TAX ID #: 06-0881325</p>
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Wilson-Gray YMCA Youth and Family Center Before and After School Program Locations

Annie Fisher STEM & Montessori Schools

280 Plainfield St. Hartford, CT 06112
860-695-3560
AM: Open 7:00 AM – 8:40 AM
PM: Open 3:40 PM – 6:00 PM

Fees

Am Care \$225.00
Pm Care \$330.00
Am and Pm Care \$365.00

Capital Preparatory Magnet School

1304 Main St. Hartford, Ct 06103
PM Hours- 2:40 PM – 6:00 PM

Pm Care \$330.00

Noah Webster Micro-society School

5 Cone St. Hartford, CT 06105
860-695-5380
AM: Open 7:00 AM – 8:40 AM
Pre-K PM: Open 3:50 PM– 6:00 PM
School Age PM: Open 3:50 PM– 6:00 PM

Am Care \$225.00
Pm Care \$330.00
Am and Pm Care \$ 365.00

Hartford Pre-K

121 Cornwall St. Hartford, CT 06112
860-695-5820
PM: Open 2:45 PM-6:00 PM

PM Care \$365.00

Ramon E. Betances Early Reading Lab

42 Charter Oak Ave. Hartford, CT 06106
860-695-2840
School Age PM: Open 3:25 PM- 6:00 PM
Am Care 7:00 am – 8:15 am

Am Care \$225.00
Pm Care \$330.00
Am and Pm Care \$365.00

R.J. Kinsella Magnet School of Performing Arts

65 Vanblock Ave. Hartford, CT 06106
860-695-4140
Pre-K PM: Open end of school day – 6 PM
School Age PM: Open end of school day – 6:00 PM
Am care 7 am - Start of the school day

Am care \$225.00
Pm care \$330.00
Am & Pm care \$ 365.00

Breakthrough II Magnet School

395 Lyme St, Hartford, CT 06112
(860) 695-6380
AM: Open 7:00 AM – Start of school day
Pre-K PM: Open end of school day – 6 PM
School Age PM: Open end of school day – 6:00 PM

SACC / PRE-K 4 PM Care \$330.000
½ Day Pre-K 3 \$375.00
Am care \$225.00

Dr. James H. Naylor/CCSU Leadership Academy

639 Franklin Ave. Hartford, CT 06114
(860)695-4620
PM Care M-F / 3:25 PM – 6:00 PM

SACC / Pre-K PM \$330.00

Parkville Community School

47 New Park Ave. Hartford, CT 06106
(860) 695-4720

PM Care: M/W/F



School Age PM: Open end of school day _ 6:00 PM

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Wilson-Gray YMCA Child Care Registration Form 2019-2020

CHILD/FAMILY INFORMATION

Child's Name _____ Male _____ Female _____ D.O.B. ____/____/____ Age ____
Home Address _____ Town/City _____ State _____ Zip _____
Home Phone (____) ____-____ School child attends _____ Grade in September 2016 ____
In case of emergency, which parent/guardian listed should we contact first? _____
Parent/Guardian Name _____ Relationship to Child _____
Parent/Guardian D.O.B. ____/____/____ Parent/Guardian D.O.B. ____/____/____
Address _____ Address _____
Town/City _____ State _____ Zip _____ Town/City _____ State _____ Zip _____
Home Phone (____) ____-____ Work (____) ____-____ Home Phone (____) ____-____ Work (____) ____-____
Cell Phone (____) ____-____ Cell Phone (____) ____-____
Place of Work _____ Place of Work _____
Business Address _____ Business Address _____
Email Address _____ Email Address _____

Unless informed otherwise, the YMCA assumes both parents listed above may pick up the child. If a parent may not pick up the child, legal documentation of that fact is required.

EMERGENCY INFORMATION

In case of emergency, and the YMCA is unable to reach the parents/guardians listed above, the following individuals have permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA in case of emergency or early dismissal from the YMCA.

Name _____ Relationship to child _____
Home Phone (____) ____-____ Work (____) ____-____ Cell (____) ____-____
Address _____
Name _____ Relationship to child _____
Home Phone (____) ____-____ Work (____) ____-____ Cell (____) ____-____
Address _____

Please note: It is required that we have 2 Emergency contacts listed.

CHILD PICK UP AUTHORIZATION

I give permission for my child to be released from the YMCA program to the people listed below at any time. I understand that YMCA staff requires these people to furnish Photo Identification before releasing my child.

Name _____ Name _____ Name _____
Address _____ Address _____ Address _____
Home Phone (____) ____-____ Home Phone (____) ____-____ Home Phone (____) ____-____
Work Phone (____) ____-____ Work Phone (____) ____-____ Work Phone (____) ____-____
Relationship _____ Relationship _____ Relationship _____
Special Orders for picking up child (Please enclose legal documents if specified people are named). _____

REGISTRATION INFORMATION

School Site: _____
Age Group: _____ Pre-K _____ School Age (K-6)
Program: _____
_____ A.M. Care _____ Pre-K 3 B-II
_____ P.M. Care
_____ A.M. & P.M. Care
Start Date: _____

Attendance Notes:



BILLING PARTY INFORMATION

Billing Name _____ Child's Name _____
Address _____ Town _____ State _____ Zip _____
Home Phone (____) _____ - Work Phone (____) _____ - Place of Work _____

HEALTH INFORMATION - Indicate "yes" where it applies and explain as necessary.

HEALTH

Asthma _____ Convulsions _____ Emotional _____
Diabetes _____ Hearing _____ Psychological _____
Special Diet _____ Vision _____ Learning Disability _____
Physical _____ Illness _____ ADD/ADHD _____
Restraints _____ Injury _____ Operations _____
Other _____

ALLERGIES

Hay Fever _____
Poison Ivy _____
Insect _____
Medication _____
Food _____

Please explain details of above "yes" answers _____

Special health or emotional note _____

Is this child currently taking prescribed or over-the-counter medication? Yes ___ No ___ Why? _____

Are you covered by any hospitalization/medical care policy? Yes ___ No ___ Preferred Hospital _____

Name of Insurance Company _____ Phone (____) _____ - _____

Address _____ Town/City _____ State _____ Zip _____

Policy Holder's Name _____ Policy Holder's D.O.B. ____/____/____

Policy Number _____

Name of Physician _____ Phone (____) _____ - _____

Name of Dentist _____ Phone (____) _____ - _____

Special Services received through school or other agency: _____

PARENT/GUARDIAN AGREEMENT

I understand:

1. Any registration or deposit fee is non-refundable, non-transferable and for administration purposes only.
 2. All changes in my child's schedule of care must be made two weeks in advance in writing.
 3. The YMCA requires 2 weeks' notice for termination of care.
 4. The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
 5. I am responsible for the cost of all medical treatment and care.
 6. The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
 7. I must notify the YMCA staff in writing immediately of any changes to this form.
 8. It is my responsibility to notify the YMCA if my child will be absent from the program.
 9. YMCA staff is not allowed to baby-sit or transport children at any time outside of the YMCA program.
- I have read the YMCA Child Care Handbook and agree to these policies and procedures.

Please check each additional statement with which you agree:

- The YMCA has permission to use photographs of my child in promotional materials such as brochures, ads, televisions/videos, YMCA website, or newspaper releases. I will not be informed or reimbursed for such photographs.
- I give permission to the YMCA staff to administer First Aid in case of injury. In the event my child needs immediate attention and I cannot be contacted I give the YMCA staff permission to authorize medical treatment for my child.
- I give the YMCA permission to transport my child for daily school schedule, in the event of an emergency and for field trips. Prior written notice will be given for all field trips.
- As per State Regulations, we must have a signed consent for the children to participate in activities outside of licensed child care space (i.e.: library, another classroom in the event the school needs the cafeteria) I give permission for my child to participate in activities outside licensed child care space under the supervision of the YMCA Staff.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature _____

Date _____



Child Care Memorandum of Understanding: 2019-2020 School Year

Child Name

Site/Program

1. Parents/guardians are required to sign child in & out of program every day. This includes the time of drop off & pick up as well as a signature.
2. Each child must be able to fully participate in all activities. If they are ill and cannot fully participate, a parent/guardian will be contacted to pick them up within one hour's time.
3. The YMCA promotes a safe environment for all children and staff. If a child acts inappropriately the behavior management policy lays out guidelines and the procedures that the YMCA will take.
4. The YMCA follows all State of CT guidelines when administering medications, including but not limited to: only certified staff may administer medication; collection of the appropriate forms signed by parents and physician where applicable; medication must be in original, labeled container.
5. The YMCA must have accurate and up-to-date health and medical information for each child according to CT Department of Public Health regulations. Children may not participate in child care programs if health and medical forms are absent or expired.
- 6. A two week written notice must be provided to the office for any changes in your child's schedule or their authorized pick up list.**
7. Child Care payment is due monthly for the month of service. For example, payments for the month of October are due October 1st. Beginning with programs starting in September 2015, all payments must be made using electronic draft or balance must be current by 1st of the month. Flexible payments plans can be set up as needed. See eft form, page 9 of this packet. Overdue accounts will be assessed \$25 late fee on the 8th of the month.
8. Two-party payments are available upon request of the parent/guardian.
9. The YMCA agrees not to share information with non-regulatory outside agencies who have not been designated by the parent or guardian. All changes to this policy must be written and handed in to the YMCA.
10. The YMCA is required to collect copies of all court orders & custody agreements regarding the child's limited access to the parents and/or guardians.
11. All YMCA School Age Child Care programs follow the public school calendar of the town they serve. If the public schools are closed due to weather or vacations, the YMCA School Age Child Care programs will also be closed. Delayed openings and early releases are determined by the schools administration. Please contact your YMCA branch for additional information.

I have read and understand all policies and procedures including but not limited to the items outlined above.

Parent/Guardian Signature

Date



Child Guidance and Discipline Policies: 2019-2020 School Year

Child Name

Site

It is YMCA procedure to use positive techniques of guidance with all children. Staff will set appropriate expectations and will have guidelines and environments that will minimize the need for discipline. Staff will be aware that all children are different and respond to different disciplinary techniques. The best results are achieved when parents and staff work together. Therefore, staff will communicate any behavior issues to parents promptly and be available for discussion.

Staff will be responsible for managing child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection, and setting clear limits that encourage children to develop self-control, self-discipline, and positive self-esteem.

The following are YMCA policies of positive guidance and discipline techniques:

1. Staff will divert attention away from any activity that they disapprove of by substituting another toy/game or leading the child to another activity.
2. Staff will offer children choices of activities/games they can participate in.
3. Staff will set limits for children that are consistently enforced and are based on reasons children can understand.
4. Children will be given warnings when they have done something wrong. Warnings are necessary to allow children to know in advance what to expect, reduce resistance and ease transitions.
5. Staff will structure the environment in such a way to help reduce misbehavior and accidents.
6. Staff will redirect behavior. It is necessary at times to move a child away from a behavior by suggesting an alternative acceptable behavior.
7. Staff will model appropriate behaviors for children.
8. Staff will be aware when a conflict between children arises. Staff will engage children in helping to solve the problem by analyzing the situation and all possible solutions, and working with the children to pick one they all agree as the best one.
9. Staff will separate children if they are having difficulty getting along.
10. Staff will remain objective when there is a problem with a child.
11. Staff will give children positive attention, and will engage children in behaving positively.
12. Staff will encourage children to behave positively and to continue to behave in appropriate ways.
13. Staff will explain the consequences of misbehavior to all children, and will continually remind students of the consequences.
14. No child will be physically restrained unless it is necessary to protect the health and safety of the child and others.
15. Site Directors and staff will discuss positive guidance techniques with parents, and will review these techniques as needed during the period of the child's enrollment.

(Continued on next page)



Child Guidance and Discipline Policies: 2019-2020 School Year (continued)

16. If a child's behavior is determined by the Program Director and Executive Director to be a danger to the child, to other children or to the staff in a program, parents/guardians will be required to withdraw the child from the program.
17. Staff will report actual or suspected child abuse or neglect, or imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e inclusive, of the Connecticut General Statutes. Connecticut General Statutes identifies professionals who, because their work involves regular contact with children, are mandated by law to report suspected child abuse and neglect. All YMCA employees are considered Mandated Reporters by the State of CT. Mandated Reporters are required to report abuse or neglect based on a reasonable cause to suspect, such as what is observed, what is told or said.

I have read, understood, and discussed the Child Guidance and Discipline policies of the Greater Hartford YMCA.

Parent/Guardian Signature

Date



YMCA of GREATER HARTFORD
RELEASE and WAIVER OF LIABILITY and INDEMNITY
And PHOTO/TALENT RELEASE AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities, or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgement that that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, **THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS** (herein referred to as "the undersigned"):

1. **MEMBER CONDUCT** I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. **INSURANCE** I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. **PROPERTY LOSS** I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.
4. **ASSUME FULL RESPONSIBILITY** I hereby assume full responsibility for and risk of bodily injury, death, or property damage while in about or upon the premises of the YMCA and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
5. **PHOTO/TALENT RELEASE** I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here revoke photo/talent release_____).
6. **RELEASEE, WAIVE, DISCHARGES** I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
7. **INDEMNIFY AND SAVE AND HOLD HARMLESS** I hereby agree to indemnify and save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
8. **MEDICAL RELEASE** I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.
9. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
10. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE

Date: _____ Printed Name of Participant _____

Printed Name of Parent/Guardian _____

Signature of Participant or Parent/Guardian _____



Child Care Electronic Payment Form

TERMS AND CONDITIONS

It is my complete understanding that if I terminate my child's enrollment I must submit a letter in writing canceling my Electronic Payment giving the YMCA **TWO (2) weeks written notice** prior to my child's withdrawal date. I understand that paying under the Electronic Payment method, I am subject to fee increases periodically by the Board of Directors, and the YMCA may adjust the monthly rate applicable to my child's enrollment category. I will be notified 14 days in advance of any increases. I understand that the monthly debit to my account is a continual draft for ten (10) months equal to the school calendar. Should any pre-authorized electronic payment not be honored by my financial institution when received, I agree that the payment is to be made by me in the amount of said payment, and I agree that I am responsible for that payment plus a service charge (contact your branch for current fees). This service charge does not include possible fees imposed by my financial institution. I understand that if two electronic payments are rejected my child's enrollment **will be terminated**.

I, the undersigned, have read and agree to the above Terms and Conditions.

Parent/Guardian Signature _____ Date _____

ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the YMCA of Greater Hartford to debit my account as indicated below on a monthly basis. Should any preauthorized EFT or Credit Card payment not be honored by my financial institution at the time of the draft, I understand and agree to the YMCA re-submitting, at their discretion, the request for payment.

CREDIT/DEBIT CARD

Card Type: Visa MasterCard AMEX Discover Expiration Date _____

Name on Card (print) _____ Card Number _____

I agree the monthly payment amount debited will be \$_____ and will draft on the 1st day of each month. My first draft will begin on _____.

Authorized Signature _____ Date _____

EFT

Financial Institution Name & Address _____

Name on Account (print) Checking Account Savings Account

Routing Number (9 digits) _____ Account Number _____

I agree the monthly payment amount debited will be \$_____ and will draft on the 1st day of each month. My first draft will begin on _____.

Authorized Signature _____ Date _____

Office Use Only:

Deposit Payment \$ _____

Form Entered by _____ System Account _____



Child Care Payment Agreement: 2019-2020 School Year

Child Name

Site/Program

1. I understand and accept that a deposit of 20% of the final month's fee is required to secure a spot in the program. If proper notice is not given in writing regarding withdrawal, I am responsible for accruing fees until the YMCA is notified.
2. I understand and accept that my Child Care payment is due monthly for the month of service. For example, payments for the month of October are due October 1st. All payments must be made using an electronic draft OR balance must be current by the 1st of the month. Flexible payment plans may possibly be set up as needed. See policies on page 5 & 6 of this packet. Overdue accounts will be assessed a late fee on the 8th of the month.^h
3. I understand and accept that School Age Child Care monthly fees are based on 182 days of school and are divided by 10 months (September-June); therefore, fees are not discounted or prorated for shortened weeks due to holiday, days off or inclement weather. I understand and accept that monthly fees are always the same and will not be credited or reduced due to snow days, vacation days and inclement weather closings and those fees will not be increased due to half days, delayed openings, and early dismissals.
4. I understand and accept that if my child is absent, regardless of days absent, I will still pay the regular monthly fee.
5. I understand and accept that failure to pay required monthly fees will prevent my child from further participation in any YMCA program.
6. I understand that and accept that I must pay my monthly fee by Cash, Check, Credit Card, or Automatic Payment (ATS). I understand I have the option to have my monthly payments drafted directly from my Check or Savings Account or Credit or Debit Card. If I chose to do this, I will complete the Child Development ATS Authorization form and provide all necessary documentation including account numbers and/or a voided check.
7. I understand that and accept that YMCA Vacation Days and Snow Days that my child attends **are not** included in my monthly fee and that they are considered separate programs that will need to be registered and paid for separately.
8. I understand that my child will not be allowed to participate in the program until such time that I have provided completed and up to date Registration forms, Child Guidance and Discipline Policy, updated physical signed by your physician, and Special Health Care plans as needed.
9. I understand and accept that failure to comply with these terms may result in my child being unable to participate in the YMCA Child Care program.
10. I understand and accept that the morning programs will start at 7:00 AM (unless noted otherwise) and my children) will not be able to be dropped off before this time and that if my child is picked up after 6:00 PM (or 5:30 PM for Pre-K), I will be charged \$1 for every minute after 6:00 pm (or 5:30 PM for Pre-K), and that the late pick-up fee will be due within five (5) business days.

Parent/Guardian Signature

Date

HEALTH ASSESSMENT RECORD INSTRUCTIONS

Step 1:

Submit a completed State of CT Health Assessment Record (example below) signed and stamped by your Doctor and submit it with your registration. If your child does not have allergies, anaphylaxis, allergies, diabetes, seizures, or any further disabilities, you do not need to provide any further forms.

**State of Connecticut Department of Education
Health Assessment Record**

The Parent or Guardian: In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378a-3 physical assistant, licensed pursuant to chapter 379a, a school nurse, a school or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-209). Immunization records and additional health assessments are required in the following 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating in sports teams.

Parent Information

Student Name (Last, First, Middle) _____ Birth Date _____ Male Female

Address (Street, Town and ZIP code) _____

Parent/Guardian Name (Last, First, Middle) _____ Home Phone _____ Cell Phone _____

School Grade _____ Race/Ethnicity American Indian White, not of Hispanic origin Alaskan Native Asian/Pacific Islander Hispanic/Latino Other _____

Primary Care Provider _____

Health Insurance Company/Number* or Medicaid/Number* _____

Does your child have health insurance? Yes No If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance? Yes No If applicable

Part I - To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination. Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y <input type="checkbox"/> N <input type="checkbox"/>	History of Emergency Room visit	Y <input type="checkbox"/> N <input type="checkbox"/>	Chiropractic	Y <input type="checkbox"/> N <input type="checkbox"/>
Allergies to food or beverages	Y <input type="checkbox"/> N <input type="checkbox"/>	Any lacerations, bruises or dislocations	Y <input type="checkbox"/> N <input type="checkbox"/>	Fainting or blacking out	Y <input type="checkbox"/> N <input type="checkbox"/>
Allergies to medication	Y <input type="checkbox"/> N <input type="checkbox"/>	Any muscle or joint injuries	Y <input type="checkbox"/> N <input type="checkbox"/>	Chest pain	Y <input type="checkbox"/> N <input type="checkbox"/>
Any other allergies	Y <input type="checkbox"/> N <input type="checkbox"/>	Any neck or back injuries	Y <input type="checkbox"/> N <input type="checkbox"/>	Heart problems	Y <input type="checkbox"/> N <input type="checkbox"/>
Any daily medications	Y <input type="checkbox"/> N <input type="checkbox"/>	Problems running	Y <input type="checkbox"/> N <input type="checkbox"/>	High blood pressure	Y <input type="checkbox"/> N <input type="checkbox"/>
Any problems with vision	Y <input type="checkbox"/> N <input type="checkbox"/>	Stomach upset 3 or more times	Y <input type="checkbox"/> N <input type="checkbox"/>	Bleeding (more than expected)	Y <input type="checkbox"/> N <input type="checkbox"/>
Uses contact lenses	Y <input type="checkbox"/> N <input type="checkbox"/>	Has only 1 kidney or testicle	Y <input type="checkbox"/> N <input type="checkbox"/>	Problems breathing or coughing	Y <input type="checkbox"/> N <input type="checkbox"/>
Any problems hearing	Y <input type="checkbox"/> N <input type="checkbox"/>	Excessive weight gain/loss	Y <input type="checkbox"/> N <input type="checkbox"/>	Any smoking	Y <input type="checkbox"/> N <input type="checkbox"/>
Any problems with speech	Y <input type="checkbox"/> N <input type="checkbox"/>	Dental braces, caps, or bridges	Y <input type="checkbox"/> N <input type="checkbox"/>	Any seizures (past 3 years)	Y <input type="checkbox"/> N <input type="checkbox"/>
Family History		Seizure treatment (past 2 years)	Y <input type="checkbox"/> N <input type="checkbox"/>	Diabetes	Y <input type="checkbox"/> N <input type="checkbox"/>
Any relative ever have a sudden unexpected death (less than 50 years old)	Y <input type="checkbox"/> N <input type="checkbox"/>	ADHD/ADD	Y <input type="checkbox"/> N <input type="checkbox"/>	Other Chronic Disease:	
Any immediate family members have high cholesterol	Y <input type="checkbox"/> N <input type="checkbox"/>				

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Yes No If yes, explain:

Please list any medications your child will need to take in school:

All medications taken on school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

Give permission for release and exchange of information on this form between the school nurse and health care provider or consultant or to receive any child's health and educational needs records. Signature of Parent/Guardian _____ Date _____

HAR-3 REV. 4/2012 **To be maintained in the student's Cumulative School Health Record**

Part II - Medical Evaluation HAR-3 REV. 4/2012

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form.

Physical Exam
Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height in. / % *Weight lbs. / % BMI / % Pulse _____ / _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic					
HEENT			Neck		
*Gross Dental			Shoulders		
Lymphatic			Arms/Hands		
Heart			Hips		
Lungs			Knees		
Abdomen			Feet/Ankles		
Genitalia/hernia			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Skin					

Screenings

Vision Screening	Auditory Screening	History of Lead level ≥ 5µg/dL	Date
Type: Right Left	Type: Right Left	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	*FCT/HGB:	
Without glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	*Speech (school entry only)	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	Other:	

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

***IMMUNIZATIONS**

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

***Chronic Disease Assessment**

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
If yes, please provide a copy of the Asthma Action Plan to School

Anaphylaxis No Yes: Food Insects Latex Unknown source
Allergies If yes, please provide a copy of the Emergency Allergy Plan to School
History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II Other Chronic Disease:

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
Date: _____
Daily Medications (if any): _____
This student may: participate fully in the school program
 participate in the school program with the following restriction/adaptation: _____

This student may: participate fully in athletic activities and competitive sports
 participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained higher level of wellness. Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider: MD/DO/ARNP/PA _____ Date Signed _____ Printed/Stamped Provider Name and Phone Number _____

If any of the health history questions on the State of CT Health Assessment Record are answered "YES", please see Step 2.

Student Name: _____ Birth Date: _____ HAR-3 REV. 4/2012

Immunization Record
To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, most booster shots only

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTaP/DTaP*	*	*	*	*	*	*
DTaP	*	*	*	*	*	*
Tdap	*	*	*	*	*	Required for 7th grade entry
IPV/OPV	*	*	*	*	*	Required K-12th grade
MMR	*	*	*	*	*	Required K-12th grade
Mcaso	*	*	*	*	*	Required K-12th grade
Mumps	*	*	*	*	*	Required K-12th grade
Rubella	*	*	*	*	*	Required K-12th grade
IBV	*	*	*	*	*	PK and N (chickenpox) under age 5
Hep A	*	*	*	*	*	PK and K (shingles) 11/2007 or later
Hep B	*	*	*	*	*	Required PK 12th grade
Varicella	*	*	*	*	*	3 doses: one dose at 12 months and 2 at 15 months or later
PCV	*	*	*	*	*	PK and K (shingles) 11/2007 or later
Meningococcal	*	*	*	*	*	Required for 7th grade entry
HPV	*	*	*	*	*	PK within 24-36 months of - given annually
Td	*	*	*	*	*	
Other	*	*	*	*	*	

Disease/Infection of above (Specify) _____ (Date) _____ (Confirmed by) _____

Exemption: Religious _____ Medical: Permanent _____ Temporary _____ Date _____
Recently Date _____ Recently Date _____ Recently Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN

- DTaP: At least 3 doses. The last dose must be given on or after 4th birthday.
- Tdap: At least 1 dose. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart - 1st dose on or after the 1st birthday.
- IPV: 1 dose on or after the 1st birthday (Children 3 years old only do not need proof of Hib vaccination).
- PCV: 1 dose on or after the 1st birthday (children 10/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart - 1st dose on or after 1st birthday.
- Hep B: 3 doses - the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011, 2 doses given 3 months apart - 1st dose on or after 1st birthday or verification of disease*.

GRADES 1-6

- DTaP/DTaP*: At least 4 doses. The last dose must be given on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- MMR: 2 doses given at least 28 days apart - 1st dose on or after 1st birthday or verification of disease*.
- IPV: 3 doses - the last dose on or after 24 weeks of age.
- HPV: 3 doses - the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart - 1st dose on or after 1st birthday or verification of disease*.

GRADES 7-12

- Tdap: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart - 1st dose on or after 1st birthday.
- IPV: 3 doses - the last dose on or after 24 weeks of age.
- HPV: 3 doses - the last dose on or after 24 weeks of age.
- Varicella: For students 11 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease*.

*Verification of disease: Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Center for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Signature of health care provider: MD/DO/ARNP/PA _____ Date Signed _____ Printed/Stamped Provider Name and Phone Number _____



Step 2:

If any of the health history questions on the State of CT Health Assessment Record are answered "YES", then the appropriate State approved individual care plan(s) and authorization(s) to administer medication(s) must be submitted. Your doctor should be able to provide these to you or they can be found at the Wilson-Gray YMCA website or office. Please note: The individual care plan(s) and authorization(s) to administer medication(s) must both be signed by your child's physician as well as you the parent/guardian. If your child's physician agrees that no medication will be needed on site, their initials and signature are still required on the care plans indicating such.