



3300 Coney Island Ave, Brooklyn NY 11235

Phone: 347-689-1814

Fax: 718-646-0376

Dear Parents,

Welcome to a new and exciting year at the Shorefront Y After School Program!

The hours of operation are Monday through Friday from 2:30PM to 6:00PM with an extended hour option on Monday through Thursday until 7PM and Friday until 6:30PM.

Some of the activities your child/ren will be participating in at our after-school program:

- Homework assistance
- Arts & crafts
- Science experiments
- Gym/sports enrichments
- Cooking
- Swimming

Attached to this letter is the After School Program registration packet.

Below is a checklist and enrollment instructions. Please go through this list carefully.

- ☐ **Pages 2 - 6 registration form:** please fill out, review and sign all releases
- ☐ **Page 7-8 Payment Authorization Form:** please complete this form if you would like us to automatically charge your credit card every month.
- ☐ **Pages 9 & 10:** program calendar and program rules (please keep for future reference)
- ☐ **Page 11 letter to your child's teacher.** Please give this to your child's teacher or a school official and **ask them to complete** the form on page 12.
- ☐ **Page 12: Student Pick Up Form.** In order for our first pick-up day to go smoothly, we need your help! Please ask your child's teacher to complete this form and **return it to us** on the first day of school or prior to the date that your child will begin attending the After-School Program.
- ☐ **Medical Form:** Please submit an updated medical form to the Shorefront Y before your child starts the program. The form is valid if it is issued and dated less than a year ago. **WE WILL NOT BE ABLE TO PICK UP CHILDREN FROM SCHOOLS UNTIL WE WILL HAVE A CURRENT MEDICAL FORM ON FILE.**

Please note!!! Each school has a designated location for children that are picked up by an After-School Program. Please make sure to tell your child's teacher that your child will be picked up by our counselors (for example: gym, auditorium, lobby etc....).

Please make sure to list **"Shorefront Y Staff"** on your child's **Blue Card** in order for the school to release your child to our staff member at pick up.

We look forward to a great year!

Ilan Kaganovich Ilan@shorefronty.org
Director of After School and Family Engagement Programs



2022 - 2023 After School Program Registration

For office use only
Medical Form

Date _____

Child's Name

First _____ Last _____ Birth Date ____/____/____ Age _____ Sex: F M

Grade _____ Classroom # _____ School Attending: - Please circle the school your child is attending

P.S. 95 – P.S. 99 – P.S. 100 – P.S. 209 – P.S. 195 – P.S. 215 – P.S. 216 – P.S. 225 – P.S. 253 – P.S. 254

School Attending: _____

Please confirm Bus pick up with After school Director prior to completing registration!

Does your child have an IEP? (Individual Education Plan) Yes No (If Yes, please provide a copy and schedule a meeting with the ASP director)

Home Address _____ Apt # _____ City _____ State _____ Zip _____ Phone# _____

HEALTH INSURANCE: Company and Policy # _____ Doctor Name & Number _____

Program fees are as follows: Please circle all that apply:

Days per week→	5 Days	4 Days	3 Days	Casual Booking (1 or 2 days)
PAYMENT OPTION	M T W T H F (Circle # of days)	M T W T H F (Circle # of days)	M T W T H F (Circle # of days)	M T W T H F (Circle days)
Full school year registration fee* NOT including mini- camps	\$38/day	\$42/day	\$44/day	\$55 per day *With After School Director approval →

ADDITIONAL SERVICE: no discounts apply

Late Stay Monday-Thursday 6PM-7PM Friday until 6:30 PM

\$ 15/day (4 or 5 days/week)

*****All prices are calculated based on the number of school days in a year and are adjusted for holidays and other closings. Monthly fees vary depending on number of program days for each month. Winter Camps and school holiday closings are NOT INCLUDED.**

DISCOUNTS:

- ☐ Sibling Discount: 10% off (Register one child and receive 10% discount for each additional child's registration)
- ☐ Discount for U.S. Active Military or Veteran families 10% off (parent must provide proof of veteran status)

TERMS OF ENROLLMENT

- ASP fees are charged on monthly basis. First month payment is due upon date of registration. Payment must be made prior to the first of the month to avoid a late charge. A **\$150.00** deposit will be added to the initial payment, this amount will be credited towards your June 2023 payment.
- The \$150 deposit is non-refundable in case of early cancellation of enrollment for any reason prior to end of school year.
- In case of early cancellation, please notify the ASP office in writing, no later than the 20th of any month preceding the month of cancellation, (i.e. to stop attending in February, notify the office by January 20th). Failure to do so will result in a charge of the monthly payment with no refund.
- There will be a **\$25** fee for any change of program days. (i.e. switching from 5 days a week to 4 days, or switching pick-up days)
- Balance of payment is due no later than the first of every month. You may authorize the Shorefront Y to charge your credit card on the first of each month by submitting the attached Payment Authorization Form at the time of registrations. **Late payment charge is \$25.**
- Late payments may result in discontinuation of services and forfeiture of enrollment (your child is at risk of not being picked up from school).
- ASP fees are calculated based on the number of school days in a month and are adjusted due to holidays and other closings. NO FURTHER ADJUSTMENTS WILL BE MADE.**
- There is a **\$35** fee for any bounced checks and a **\$5** fee for declined credit card.
- Please keep in mind that there is a late pickup fee if your child is not picked-up on time. The fee is \$25 for the first 10 minutes lateness, and \$1/minute if you are more than 10 minutes late. This amount will be billed to your account.
- The "Y" will not be responsible for damage or loss of personal property.
- Cost of trips and special events are NOT included in the After-School Program fees.
- I understand that Shorefront Y reserves the right to suspend or terminate a child's enrollment due to unacceptable behavior issues.
- ASP payments for days where an After-School group/program must temporarily shut down due to COVID19 will be credited to the following month.

Signature of Parent or Guardian

Date

Child's Name _____

Parent Information:	Cell Phone	Work Phone	E-mail address required
Mother's Name			
Father's Name			

Marital Status: ☐ Married ☐ Single ☐ Partner Relationship ☐ Separated ☐ Divorced ☐ Widowed

Emergency Contacts (other than parents):	Phone	Relationship
Full Name		
Full Name		
Full Name		

Authorized Pickups* (other than parents):	Phone	Relationship
Full Name		
Full Name		
Full Name		
Full Name		

* Your child will NOT be allowed to leave with a person whose name is not listed above. Please list ALL persons allowed to pick up your child from program. Siblings under age of 16 will NOT be allowed to pick up the child.

Has your child ever attended any after school program? Yes ☐ No ☐ If Yes When? _____ Where? _____

How did you find out about our After-School Program?

- ☐ Friend (please specify) _____
 ☐ Newspaper (please specify) _____
- ☐ Flyer ☐ Child's school ☐ Email from the Shorefront Y ☐ Shorefront Y website ☐ Social media ☐ at the Shorefront Y
- ☐ Other (please specify) _____

New participant(s): ☐ Yes ☐ No, this will be my child's _____ year at the Shorefront Y After School Program

OTHER CHILDREN IN THE FAMILY:

_____ Birth Date ____/____/____ Age ____ Sex: F M

 First Last

Programs attending at Shorefront Y ☐ Preschool ☐ LKSA ☐ Sports _____ (specify) Others _____ (specify)

_____ Birth Date ____/____/____ Age ____ Sex: F M

 First Last

Programs attending at Shorefront Y ☐ Preschool ☐ LKSA ☐ Sports _____ (specify) Others _____ (specify)

Child(ren)'s Name _____

Parent/Guardian Name _____

Relationship to Child _____

Photo Release

I hereby grant permission, without reservation, to the Shorefront YM-YWHA and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc, ("UJA-Federation"), and those authorized by the Shorefront YM-YWHA and UJA-Federation, to take photographs and to make recording of me and my child and to use them in original or modified form in all media now or hereafter known, with or without my or my child's name or information about me or my child, for the promotion, public education, and/or fundraising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above.

I release The Shorefront YM-YWHA and UJA-Federation its officer, director, agents, employees, independent contractor, licensees and assignees from all claims that I now have or in the future may have relation to the above.

I agree that The Shorefront YM-YWHA and UJA-Federation will be the sole owners of all tangible rights in the above-mentioned photographs and recording, will full power of disposition.

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself.

Signature _____

Administration of Medicine/Medical Release Agreement

The medical form is due before the start of the program, no child will be allowed to start before a complete medical form is on file. Based on Office of Children and Family Services regulations, our staff CAN NOT administer medication at any time. If your child needs to take medication during After School Program hours, YOU must make other arrangements. Students may not carry their own or other medication to the program. Students are permitted to store an inhaler for asthma at the site, provided inhaler is in original box with instructions.

I, give my permission for my child to receive whatever emergency medical care that may be deemed needed by Shorefront Y After School Program personnel for the treatment of any injury that may be incurred while in the program's activities or swimming on premises or elsewhere. I understand Shorefront Y After School Program will make effort to contact myself or my emergency contact before or immediately after such emergency treatment is rendered.

Signature _____

Activity/ Trip & Transportation Release

I hereby grant permission, without reservation for my child to participate in all activities and attend all trips with the Shorefront Y After School Program.

As parent/guardian of the above-named child/children, I hereby release the Shorefront Y After School Program from all liability arising out of his/her transportation on the school bus from the school to the Shorefront Y After School Program and throughout all the extra curriculum activities, including trips.

Signature _____

Waiver of Liability

The Shorefront YM-YWHA provides service for children during the 2022-2023 school year. Our staff is trained to provide the maximum level of protection for your child while in our care. Even with all of these safeguards, injuries can occur.

As a parent or legal guardian of the above-named student, I fully understand the risks involved in my child's participation in all of the program activities. To the best of my knowledge, my child has no medical conditions, which would conflict with his/her participating in the Shorefront Y After School Program educational, sport and recreation programs. I further agree to waive the right to press legal charges against Shorefront YM-YWHA in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above-named student.

Signature _____

Swimming Consent

I, the parent or guardian of the minor named above, give permission for my child to go swimming in the Shorefront YM-YWHA pool for the duration of their attendance in the Shorefront Y After School Program.

Signature _____

Climbing Wall Consent

I, the parent or guardian of the minor _____, give permission for my child to participate in the climbing wall unit activity at the Shorefront Y.

Signature _____

Special Needs

We make every effort to accommodate the children we serve in our programs. If your child has an IEP (Individual Educational Plan), please speak to the director of the program before registering in order to assure the best experience for your child in the After-School Program. Please understand that if you do not provide the most recent copy of your child's IEP at the time of registration, and will not communicate your child's unique needs to the Shorefront Y ASP management, we reserve the right to terminate after school services for your child.

Signature _____

Communication with School

I, the parent or guardian of the minor named above, give permission to the Shorefront Y staff to communicate with my child's school and teachers.

Signature _____

Parent Agreement

The Shorefront YM-YWHA will not be responsible for any lost, stolen, or damaged property.
The Shorefront YM-YWHA reserves the right to use all pictures taken for publicity purposes.
The Shorefront YM-YWHA reserves the right to terminate the program for any participant who exhibits serious and persistent behavioral pattern and may pose a risk to him/herself and/or others. The Program Director will be in communication with families of any child exhibiting problematic behaviors. **No refund will be issued for termination due to behavioral issues.**
The Shorefront YM-YWHA reserves the right to suspend and/or expel any child/children who are caught breaking any of the program rules. **NO refund will be given if a child is expelled from the Shorefront Y After School Program.**

Each participant of the Shorefront Y After School Program is expected to:

- Follow the program's rules.
- Be prepared each day to do homework.
- Respect the beliefs, rights and property of other participants.
- Resolve conflicts peacefully without fighting or name calling.
- Be respectful and courteous to all Shorefront Y staff and students.
- Never leave/walk away from the group.
- Address all issues with staff if a problem were to arise.
- Take proper care of all Shorefront Y rooms, the contents of the rooms, and all property belonging to the After-School Program.

Parents / guardians of a child in the Shorefront YM-YWHA After School Program are expected to:

Review your child's homework.
Talk with the Program Director/ upper staff about your child's behavior issues and address them at home with your child.
To follow recommendations made by the Program Director concerning your child's development.
Be on time every day to pick up your child at dismissal time. Please keep in mind that there is a late fee if your child is not picked-up on time. Late fee is \$25 for the first 10 minutes lateness, and \$1/minute if you are more than 10 minutes late. This amount will be billed to your account.
******Children are not allowed to bring in electronic games, iPod, cell phones or any other type of electronic game or any other types of toys. We strongly encourage all students to leave all valuables at home. These items will be confiscated. *****

I understand that the Shorefront Y After School Program has a strictly Kosher food policy as well as a Nut Aware policy. Any food that is brought in for the groups such as birthday party celebrations or any shared treats must be approved in advance by the Program Director. The food must be kosher and nut free.

I have completed the form to the best of my knowledge and fully accept the terms of enrollment

Signature of Parent or Guardian _____ Date _____

Agreement for Limited COVID-19 Release

As you are aware, the COVID-19 pandemic has resulted in a national state of emergency. During the crisis, Shorefront YM-YWHA is taking extra precautions to address the direct threat of COVID-19 to our program participants, visitors and employees. Some special activities to protect everyone include:

- Performing extra cleanings of the facility, including workstations, restrooms, waiting areas, equipment and supplies;
- Encouraging PPE, including face coverings or face masks for program participants, visitors and employees
- Upgraded HVAC ventilation filters to MERV 11 (the highest level of filtration that our equipment can use)
- Requiring employees to regularly hand wash;
- Encouraging social distancing when possible;
- Providing wipes and sanitizer throughout the facility.
- Deeply clean and sanitize the facility at the close of all programming.

Even with our enhanced and ongoing safety precautions, we cannot guarantee that they will protect everyone from COVID 19.

Due to the nature of our work and the uncertainty of the spread and contagion of COVID-19, the Shorefront YM-YWHA is requiring that each all program participants and guest agree to and sign this limited COVID-19 waiver and release for themselves and their children in programming.

Agreement for Limited COVID-19 Release

1. I am aware that there are risks associated with me and/or my child contracting COVID-19 by entering the Shorefront YM-YWHA facility or receiving services from the Shorefront YM-YWHA during the COVID-19 pandemic associated with entering the facility and/or being in contact with our employees and the facility during the COVID-19 pandemic.
2. On behalf of myself and/or my child, I knowingly assume all possible COVID-19 exposure risks, both known and unknown, relating to my presence in the facility or receiving services from organization
3. I hereby forever release, waive, relinquish, and discharge the Shorefront YM-YWHA, along with its owners, officers, directors, managers, employees, agents, insurance carriers or other representatives, and their successors and assigns (collectively, the "Shorefront YM-YWHA Representatives"), from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, in any way related to the COVID-19 pandemic, (collectively, "Damages") as a result of me and/or my child being a program participant, visitor or guest of the organization or receiving services from the Shorefront YM-YWHA, all limited to claims based on the alleged exposure to the COVID-19 virus because of any actions or inactions of any Shorefront YM-YWHA Representative. I further promise not to sue or bring any claims against the Shorefront YM-YWHA, based upon any alleged exposure to COVID-19 during any Shorefront YM-YWHA visit.

READ CAREFULLY --BY SIGNING THIS DOCUMENT YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS.

Minor Name Printed Name _____

Parent/Guardian Printed Name_____

Signature _____

Date ____/____/____

Child’s Name _____

Demographic/Religious Affiliation Questions:

In order to be considered for many funding sources, the Shorefront Y must collect and maintain demographic information on the families we serve. Responding to the following is optional. If you choose to answer you will be helping us greatly to be responsive to our funders:

- ☐ Hispanic/Latino
- ☐ Black/African
- ☐ Asian
- ☐ White-Caucasian
- ☐ Other _____
- ☐ Jewish Observant
- ☐ Jewish
- ☐ Christian
- ☐ Muslim
- ☐ Other _____

For Office use only:

Methods of payment:

_____Automatic payment by credit card on the first of each month (attached credit Payment Authorization Form must be completed and returned with this packet)

ASP Fee		Late Stay		Total		Discounts		AMOUNT DUE
\$	+	\$	=	\$	-	\$	=	\$

Payment Plan					
	Installment Amount	Amount Paid	Receipt #	Payment Date	Comments
1	\$	\$			
2	\$	\$			
3	\$	\$			
4	\$	\$			
5	\$	\$			
6	\$	\$			
7	\$	\$			
8	\$	\$			
9	\$	\$			
10	\$	\$			
11	\$	\$			
12	\$	\$			



Payment Authorization Form

Date ____/____/____

Program Participant(s) _____

☐ Membership ☐ Adult Fitness ☐ Children's Classes ☐ Swim Team ☐ After School Program
☐ LKSA ☐ Preschool ☐ Summer Camp ☐ Winter/Holiday Camp ☐ Special Needs

Program

☐ Other _____

Total Program Fee \$ _____

Installment Plan: Amount \$ _____ # of Months _____

Billing Information

Cardholder's Name _____

Billing Address _____ Apt _____

City _____ State _____ Zip _____

☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Card # _____ - _____ - _____ - _____

Expiration Date ____/____ Security Code # _____

Cardholder's Signature _____ Date _____

If I am faxing this form, please treat this fax as a copy of my signature on file. I understand that by signing this form I give authorization to the Shorefront YM-YWHA to charge my credit card for the above charges and agree to abide by the policies of the Shorefront YM-YWHA.

Make a difference by supporting the charitable mission and programs at the Shorefront Y.

Would you like to make a tax-deductible donation?

☐ \$300 ☐ \$150 ☐ \$36
☐ \$250 ☐ \$100 ☐ \$18
☐ \$200 ☐ \$50 ☐ Other \$ _____

www.shorefrontny.org * 3300 Coney Island Ave. * Phone 718.646.1444 * Fax 718.646.0376

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

Program Rules/Expectations

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Talk with the Program Director/ upper staff about your child's behavior issues and address them at home with your child.

To follow recommendations made by the Program Director concerning your child's development.

Be on time every day to pick up your child at dismissal time. Please keep in mind that there is a late fee if your child is not picked-up on time. Late fee is \$15 for the first 10 minutes lateness, and \$1/minute if you are more than 10 minutes late. This amount will be billed to your account.

- **Children are not allowed to bring in electronic games, iPod, cell phones or any other type of electronic game or any other types of toys. We strongly encourage all students to leave all valuables at home. These items will be confiscated.**
- I understand that the Shorefront Y After School Program has a strictly Kosher food policy as well as a Nut Aware policy. Any food that is brought in for the groups such as birthday party celebrations or any shared treats must be approved in advance by the Program Director. The food must be kosher and nut free.

***As a current After School Program participant, Holiday Camp programs will be available to you at a reduced rate with pre-registration.**

SEPTEMBER 8

First day of school - Bus pickup, drop off at the Shorefront Y at 3 PM



SEPTEMBER 26 & 27 (CLOSED)

Rosh Hashanah



OCTOBER 4 & 5 (CLOSED)

Yom Kippur



OCTOBER 10 & 11 (CLOSED)

Sukkot



OCTOBER 17 & 18 (CLOSED)

Shemini Atzeret and Simchat Torah



NOVEMBER 3 NO AFTER SCHOOL

Half Day - Parent-Teacher Conference
NO Bus Pick Up 1/2 Day Mini Camp



NOVEMBER 8 * NO AFTER SCHOOL (HOLIDAY CAMP)

Election Day



NOVEMBER 11 * NO AFTER SCHOOL (REGISTER FOR HOLIDAY CAMP) Veterans Day



NOVEMBER 24- 25 (CLOSED)

Thanksgiving Recess



DECEMBER 26 -30 (REGISTER FOR WINTER CAMP)*

Winter Recess



JANUARY 2 (CLOSED)

New Year's Day



JANUARY 16 * NO AFTER SCHOOL (REGISTER FOR HOLIDAY CAMP)

Dr. Martin Luther King Jr. Day*



FEBRUARY 20- 24 (REGISTER FOR WINTER CAMP)

Midwinter Recess



MARCH 9 * NO AFTER SCHOOL

Parent-Teacher Conference No Bus
Pick up 1/2 day Mini Camp



APRIL 5 -APRIL 14 (CLOSED)

Spring Recess/Passover Break



APRIL 21ST EID AL FITR. * NO AFTER SCHOOL (REGISTER FOR HOLIDAY CAMP)



MAY 26-27TH (CLOSED)

Shavuot



MAY 29TH (CLOSED)

Memorial Day



JUNE 8 & 9 * NO AFTER SCHOOL (REGISTER FOR HOLIDAY CAMP)

Chancellors Day/June Clerical Day



JUNE 19* NO AFTER SCHOOL (HOLIDAY CAMP)

Juneteenth



JUNE 27

Last day of After School Program 1/2 day with NO Bus Pick up



Dear Teacher(s):

We are pleased to inform you that your student _____ is starting to attend the Shorefront YM-YWHA After School Program located at 3300 Coney Island Ave on ____/____/____.

Our main goal is to ensure the safety of each child. The children will be bussed in from each school. All children enrolled in the program will be picked up by a designated staff member from Shorefront Y. Keeping the students' safety in mind, we are asking all homeroom teachers to provide the Shorefront YM-YWHA staff with the exact dismissal time and designated location of the child in the school after dismissal (Please provide an indoor pick up location).

Please fill out the attached form and return it to your student's parent, please keep our contact information in case you need to reach us.

Thank you very much for your cooperation and we look forward to working with you.

If you have any questions or concerns please feel free to contact us at the number listed below.

Sincerely,

After School Program

3300 Coney Island Ave

Brooklyn, NY 11235

347-689-1814

Fax 718-646-0376



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Phone: 347-689-1814

Fax: 718-646-0376

STUDENT PICK UP FORM

Name of student _____ Grade _____

Name of school _____

School address _____ Phone _____

Teacher's name _____ Classroom _____

E-mail address _____

Time of pick-up _____

Designated pick-up location for after school programs _____

Special instructions _____

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

**Please
Print Clearly
Press Hard**

STUDENT ID NUMBER
OSIS

--	--	--	--	--	--	--	--	--

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____
Child's Address				Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____		
City/Borough		State	Zip Code	School/Center/Camp Name		District Number ____	Phone Numbers Home _____ Cell _____ Work _____
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian <input type="checkbox"/> Parent/Guardian Last Name <input type="checkbox"/> Foster Parent		First Name			

TO BE COMPLETED BY HEALTH CARE PROVIDER *If "yes" to any item, please explain (attach addendum, if needed)*

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____		Does the child/adolescent have a past or present medical history of the following? <input type="checkbox"/> Asthma (check severity and attach MAF/Asthma Action Plan): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent If persistent, check all current medication(s): <input type="checkbox"/> Inhaled corticosteroid <input type="checkbox"/> Other controller <input type="checkbox"/> Quick relief med <input type="checkbox"/> Oral steroid <input type="checkbox"/> None <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Other (specify) _____		Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____
<p align="center">Explain all checked items above or on addendum</p>				

PHYSICAL EXAMINATION

Height _____ cm (_____ %ile)
Weight _____ kg (_____ %ile)
BMI _____ kg/m² (_____ %ile)
Head Circumference (*age ≤ 3 yrs*) _____ cm (_____ %ile)
Blood Pressure (*age ≥ 3 yrs*) _____ / _____

General Appearance:

NI Abnl		NI Abnl		NI Abnl		NI Abnl		NI Abnl	
<input type="checkbox"/>	HEENT	<input type="checkbox"/>	Lymph nodes	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Skin	<input type="checkbox"/>	Psychosocial Development
<input type="checkbox"/>	Dental	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	Genitourinary	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	Language
<input type="checkbox"/>	Neck	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	Back/spine	<input type="checkbox"/>	Behavioral

Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs)

If delay suspected, specify below

☐ Cognitive (*e.g., play skills*) _____

☐ Communication/Language _____

☐ Social/Emotional _____

☐ Adaptive/Self-Help _____

☐ Motor _____

SCREENING TESTS

Blood Lead Level (BLL) <i>(required at age 1 yr and 2 yrs and for those at risk)</i>	_____ / _____ / _____ _____ / _____ / _____	_____ µg/dL _____ µg/dL
Lead Risk Assessment <i>(annually, age 6 mo-6 yrs)</i>	_____ / _____ / _____	<input type="checkbox"/> At risk <i>(do BLL)</i> <input type="checkbox"/> Not at risk
Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	_____ / _____ / _____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<hr/> <div style="text-align: center;">Head Start Only</div> <hr/>		
Hemoglobin or Hematocrit <i>(age 9-12 mo)</i>	_____ / _____ / _____ _____ / _____ / _____	_____ g/dL _____ %

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Tuberculosis		<i>Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school</i>	
PPD/Mantoux <i>placed</i>	___/___/___	Induration	___mm
PPD/Mantoux <i>read</i>	___/___/___	<input type="checkbox"/> Neg	<input type="checkbox"/> Pos
Interferon Test	___/___/___	<input type="checkbox"/> Neg	<input type="checkbox"/> Pos
Chest x-ray (if PPD or Interferon positive)	___/___/___	<input type="checkbox"/> NI	<input type="checkbox"/> Not Indicated
		<input type="checkbox"/> Abnl	
Vision (required for new school entrants and children age 4-7 yrs)	___/___/___ <input type="checkbox"/> with glasses	Acuity <i>Right</i>	___/___
		<i>Left</i>	___/___
		Strabismus	<input type="checkbox"/> No <input type="checkbox"/> Yes

IMMUNIZATIONS – DATES

[illegible]

Influenza

MMR	___/___/___	___/___/___	___/___/___
Varicella	___/___/___	___/___/___	
Td	___/___/___	___/___/___	___/___/___
Tdap	___/___/___	Hep A	___/___/___
Meningococcal	___/___/___	___/___/___	
HPV	___/___/___	___/___/___	___/___/___
Other, specify:	___/___/___	;	___/___/___

RECOMMENDATIONS

☐ Restrictions (specify) _____

Follow-up Needed ☐ No ☐ Yes, for _____ Appt. date: ____/____/____

Referral(s): ☐ None ☐ Early Intervention ☐ Special Education ☐ Dental ☐ Vision

☐ Other _____

ASSESSMENT

Health Care Provider Signature		Date ____/____/____		DOHMH ONLY	PROVIDER I.D.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Health Care Provider Name and Degree <i>(print)</i>		Provider License No. and State				
Facility Name		National Provider Identifier (NPI)		TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)		
Address		City	State	Zip	Comments	
Telephone (____) _____ - _____		Fax (____) _____ - _____	Date Reviewed: ____/____/____		I.D. NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
			REVIEWER:			