Dear Families,

Welcome to the YMCA Children's Center. We are happy you will be joining us.
Out of house family registration begins March 3, 2025.

The facility is open from 7:30 a.m. to 5:30 p.m., year-round to serve the various needs of families in the area. The program's flexibility is designed to accommodate your childcare needs on a cost-effective basis, and our policies are based on a thorough understanding of the requirements of today's families.

The fee schedule for the programs may be found in this packet. If you do not plan on attending one of the programs, either Summer Club or Fall, please "X" out the one you DO NOT need. If you are registering for both, please check the appropriate boxes on each form. All payments will be made weekly on the Friday preceding your child's attendance. All payments will be electronically withdrawn weekly from the credit card or checking account you provide. As a non-profit childcare center, our programs have a limited number of scholarships available which are awarded on a need assessment basis.

The applicable fees will be charged to the account provided:

Deposit: Summer Club $300.00
School Age $300.00
Enrollment fee: $40.00

The deposit will be used to cover your child's last week of camp, or if enrolled in the school age program, a two-week notice is required to receive your deposit back. All final camp weeks MUST be changed by May 1st, 2025, no exceptions will be made.

Children must have a copy of a recent physical (including all immunization dates). The physical must be in your child's file for the first day of attendance at the "Y" Children's Center.

All enrollments are accepted on a "first-come, first-served" basis and all required fees must be paid to reserve a space in the desired program. We hope you will feel free to ask for more information and call if you have further inquiries.

Regards,

Debbie D'Ostilio
School Age and Camp Director
ddostilio@regionalymca.org

SACC OUT OF HOUSE 2025-26 Registration

YMCA Children's Center

TUITION/FEE INFORMATION

TUITION IS DUE WEEKLY REGARDLESS OF A CHILD'S ATTENDANCE AND FACILITY CLOSING

1. It is understood that tuition will be charged according to the number of hours (days for School-Age children) for which the families have contracted. The Preschool program is a yearly tuition, split into 52 weekly payments. Families are responsible for tuition as described once the child is registered, regardless of facility closures or absences due to vacation, illness, and expulsion due to lack of payment or behavior.

2. Tuition is charged on a weekly basis and **due in advance**. Payments must reach us by the close of business (5:30) the Friday **PRECEDING** your child's attendance. **All accounts must be kept at a zero balance or childcare services will be suspended**. If services are suspended you will be financially responsible for your child's tuition during the time your child is asked not to attend (this includes suspension of services for expired physicals, immunizations and flu vaccine and behavior issues where applicable). Your account must be at a zero balance for childcare services to resume. Mastercard, Visa, American Express and Discover credit card payments are accepted.

   - If your payment is not made on the Friday preceding your child's attendance, your account will be considered one week in arrears and a late fee of $10 per child, per week will be charged to your account.

3. There will be a 10% discount on tuition for additional siblings (based on the lower fee). ***This does not apply to scholarships, Care 4 Kids or Early Start CT recipients.***

The YMCA Children's Center is closed for only a few holiday observances and occasional inclement weather. These days are factored into the tuition yearly; the weekly rates are constant. The YMCA is also closed for a weeklong facility maintenance shutdown in August. Families are not charged for this week.

4. For us to change your child's schedule we ask that you first verify the availability of space with the Administrative Assistant or Director and put it in writing.

5. TEMPORARY schedule changes are subject to space availability (which MUST be confirmed with the office, not the child's classroom teacher) and will be billed after the fact.

6. **IMPORTANT: PRESCHOOL AND EARLY START CT NOTICE: If you withdraw your child for the summer or during the year, space will not be held for the upcoming Fall program.**

7. **For families enrolled in the Early Start CT Program: Children must attend school regularly, 5 days per week, 7 hours per day, 50 weeks per year for full-time and 5 days per week, 2.5 hours per day for a minimum of 180 days per year for part-time.** A child may not be absent more than 10 consecutive days for non-health reasons. If the child is absent more than 10 consecutive days, they will be dis-enrolled. A child who does not attend on a regular consistent basis, for non-health reasons will be dis-enrolled. If your child is dis-enrolled from the program during the school year, space will not be held for the upcoming Fall program and your deposit will be forfeited.

TUITION/FEE INFORMATION CONT.

8. After 5:30, any child not picked up will be charged a late fee of $50 per 15 minutes.

   Please note: Repeated instances of not picking up your child by 5:30 p.m. will result in termination of services.

9. All scholarship funds are awarded before the start of Summer and Fall programs and again in January. Scholarship funds are not guaranteed and may be subject to change at any time. Please contact the director of your child's program for more information.

10. Changes in fees, policies, procedures, and/or programs may be instituted any time the organization feels warranted.

FEES DUE UPON ENROLLMENT

Enrollment Fee: A yearly non-refundable enrollment fee of $40 is due at the time of registration. **This fee is waived for Early Start CT families.**

Deposit: A *one-time deposit is due for all children at the time of enrollment. When a two-week, written notice of withdrawal is given, the deposit will be applied against your childcare balance. Anyone who does not follow this policy will forfeit their deposit.

Deposit Fees:

School Age: $300
Full Time Preschool: $300
Full Time School Readiness: $125
Part Time School Readiness: $100
Part Time Preschool $200

******Please note: If you withdraw your child before his/her first day at the center, the deposit is non-refundable.***

2025-2026 CALENDAR

The YMCA Children's Center will be closed on the following days in 2025-26

Observance of Independence Day-Friday 7/4/2025
Labor Day- Monday 9/1/2025
Thanksgiving Day and the day after –Thursday 11/27/2025 and Friday 11/28/2025
Christmas Eve-Wednesday December 24th closing at 1:00 p.m.
Christmas Day 12/25/25 and 12/26/25
New Year's Eve-12/31/25 closing at 1:00p.m.
New Year's Day 1/1/26
Memorial Day 5/25/26
Independence Day 7/3/26

Part Time Preschool calendar is given to families at the beginning of the program.

The YMCA Children's Center will close for one week for renovations at the end of August*. The tentative dates are listed below. This calendar is subject to change based on the school's scheduled opening for the Fall program.*

2025 Facility Maintenance Shutdown

YMCA Children's Center: August 18th- 22nd 2025 *See note below	Opening for the Fall Program on 8/25/25 Part-Time Preschool On 8/27/25

*Subject to change based on school calendars

TERMINATION OF CONTRACT

Families may terminate this contract by giving a two-week, written notification of withdrawal. Without this written notice, the deposit will be forfeited. Earlier notice of withdrawal, if known, would be appreciated.

The Center reserves the right to re-evaluate any child's/family's continued participation in the program when there are needs which cannot best be met by the Center or may be detrimental to the health or progress of the other children/families. The Center may request withdrawal. In this case, any legal cost incurred from dismissal of a child from the program would be the family's responsibility.

Unless the child is an immediate danger to himself or others, a two-week, written notice of withdrawal will be given, should the Center request the withdrawal of the child. (Please refer to the Family Handbook, Discipline, Abuse and Neglect section.)

If you have questions about these policies, please contact the Director of the program your child attends.

REGIONAL YMCA OF WESTERN CONNECTICUT
YMCA CHILDREN'S CENTER
2025-2026 SCHOOL YEAR REGISTRATION FORM

Child's Name: _____ **Age:** ____ **Gender:** _____
Grade in school for 2025-2026 school year: ____ School child attends: _____

SCHOOL AGE WEEKLY RATES:

	Bethel Students	Danbury Students: includes cost of transportation
• Before School Only	$108	$115
• After School Only	$151	$158
• Before and After School	$179	$186

SCHOOL AGE DAILY RATES: (Two day/week minimum pending space)

	Bethel Students	Danbury Students- includes transportation	# days	Total tuition	PLEASE CIRCLE DAYS ATTENDING
○ Before School Only	$27/day	$27/day			Monday Tuesday Wednesday Thursday Friday
○ After School Only	$42/day	$44/day			Monday Tuesday Wednesday Thursday Friday
○ Before and After School	$52/day	$54/day			Monday Tuesday Wednesday Thursday Friday

SUMMER CAMP 2025 RATE $300 PER WEEK

1. All weekly rates are flat rates. If you choose not to come, your full weekly tuition is still due. For previous school participants, days off due to the weather, one day school holidays and delays are included in the tuition. For after-school participants, early dismissals, one day school holidays and days off from school due to weather are included in the tuition rate.

2. Daily rates are flat rates and include one day school holidays, days off from school due to weather, delays for before school only participants and early dismissals only if it occurs on the days you are registered for. Days may not be switched.

3. There are only a certain number of slots in each classroom allocated for part time. Part-time slots will be granted on a first come-first served basis.

4. Tuition may be different for spring and winter break depending on the school calendar. If you choose not to come these weeks, your regular weekly tuition is still due.

5. Tuition is yearly, charged weekly and will be due regardless of facility closings and absences due to vacations or illness.

YMCA CHILDREN'S CENTER
2025 SUMMER CLUB AT GRASSY PLAIN

Child's Name: _____ **Age:** ___ **Gender:** ___

Grade completed as of 6/2025_____ (Must have completed Kindergarten)

Please check weeks attending:

- You will have until **May 1st** to finalize your weeks. After that date you are financially responsible for all weeks registered for.
- **Trip/Activity money (cash only) is due at time of registration.** If there is a change to weeks registered for by May 1st, that week's activity money will be refunded.

Check if attending week	Week Of:	Theme	In-house activity	Activity Fee
☐ $300	6/16/25	Welcome Back to Camp	Friendship T-Shirts 6/20/25	$5
☐ $300	6/23/25	Nature Week	Tarrywile 6/27/25	$5
☐ $240	6/30/25*	Celebrating America	Barbeque 7/2/25	$5
☐ $300	7/7/25	Around the World	Ice Cream Trip 7/11/25	$5
☐ $300	7/14/25	Color Wars	Decorate Your Room! 7/18/25	$5
☐ $300	7/21/25	Ultimate Survivor	Gross Food Challenge 7/25/25	$5
☐ $300	7/28/25	STEAM Week	Egg Drop Challenge 8/1/25	$5
☐ $300	8/4/25	Beach Week	Waterslide 8/8/25	$5
☐ $300	8/11/25	Celebrating Art	Art Show 8/15/25	$5

I give my child permission to participate in the above YMCA approved activities and field trips. I understand that due to circumstances beyond our control, the dates may change. Parent/guardian will be notified of any changes.

Parent/Guardian Signature_____ **Date**_____

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY
the

Office Use Only:
Date Received: _____ By: _____
FTPS ____ FTES____
PTPS:____ PTES____ 9:00-12:15
SCHOOL AGE: BS ___ AS___ BA ___ Summer Club___

Forms Effective 6/16/2025 to 8/14/2026

_____ _____ _____ _____
Child's First Name Middle Name Last Name Date of Birth

_____ Gender: ☐ Male ☐ Female First Day of Enrollment: _____

Adult(s) Child Lives With

_____ _____ _____
Parent/Guardian's First Name Last Name Date of Birth

_____(____)_____
Home Address City State Zip Home Phone

_____(____)_____
Employer Name and Address: Work Phone

Parent Cell (____) _____ Parent Email:_____

_____ _____ _____
Parent/Guardian's First Name Last Name Date of Birth

_____(____)_____
Home Address City State Zip Home Phone

_____(____)_____
Employer Name and Address: Work Phone

Parent Cell (____) _____ Parent Email:_____

CUSTODY STATUS: Please describe any restrictions involving the access of any person to remove and/or contact the child while in our care. A copy of the most recent court document granting these restrictions must be provided. A photo of the restricted person is most helpful.

_____
_____
_____
_____
_____
_____
_____

EMERGENCY CONTACT: (other than parent/guardian)-Children will be released only to the parent(s)/guardian(s) listed on this application and to the following person(s) except as required by law.

LEGAL AUTHORITIES WILL BE CONTACTED FOR CHILDREN LEFT AT THE CENTER MORE THAN 30 MINUTES PAST CLOSING TIME (Closing time is 5:30 p.m.) IF NO DIRECT CONTACT HAS BEEN MADE WITH A PARENT/GUARDIAN/EMERGENCY CONTACT THAT ENSURES THE CHILD WILL BE PICKED UP IMMEDIATELY. EMERGENCY CONTACTS MUST BE LOCAL WITHIN 30 MINUTES.

First Name Last Name	First Name Last Name
Address City State, Zip	Address City State, Zip
Relationship to Child Home/Cell Phone	Relationship to Child Home/Cell Phone
Employer Work Phone	Employer Work Phone
Employer Address City State, Zip	Employer Address City State, Zip

Physician's Name Office Address Town Zip Office Phone

Dentist's Name Office Address Town Zip Office Phone

Insurance Company Policy Number Office Phone

ALLERGIES AND MEDICATION: **Please describe any health problems that would be relevant to emergency treatment of your child (for example: diabetes, epilepsy, allergy to medication, bee sting) and any medication taken.**

_____

_____

_____

My child is registered for the following program for the year: 2025-2026

Check the program you wish for your child to attend (*separate registration forms must be completed for each child*):

☐ Preschool (3's and 4's) *12-month program*
☐ Early Start Program (3's and 4's) *12-month program
☐ Early Start Part-Time (School Year Program)
☐ Preschool Part Time (School Year Program)

School-age Program: ☐ Summer Club ☐ Before ☐ After ☐ Before & After
(*A minimum of two days is required*)

Grade attending in September: _____ School: _____

ATTENDANCE: Please mark the days needed including the times of AM and/or PM hours.
REMINDER: THE YMCA CHILDREN'S CENTER HOURS ARE 7:30 A.M.- 5:30 P.M.

	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday
AM	From_____to_____	From_____to_____	From_____to_____	From_____to_____	From_____to_____
PM	From_____to_____	From_____to_____	From_____to_____	From_____to_	From_____to_____

My child has permission to be transported to and from_____School.

I give permission for the following:

- For my child to have his/her picture taken to be used for advertisement including but not limited to public relations, print ads, Regional YMCA website and media such as Facebook.
- For administrators, teaching staff and regulatory authorities to access my child's records.
- For my child to be transported by "Y" vehicle, (i.e., school bus, van etc.), and YMCA staff.
- For my child to participate in any field trips planned by the "Y." I understand that the "Y" will provide transportation, and that I will be notified in writing prior to each trip.
- If I cannot be reached in an emergency, I hereby give permission to my pediatrician or the attending emergency room physician to hospitalize, secure treatment for, and order injections, anesthesia, or surgery for my child.
- For treatment provided by EMT's and by "Y" staff trained in first aid. Also, that transportation will be provided to the nearest hospital by the "Y' or emergency services at the parent's expense.
- For the "Y" to release my child to the Bethel/Danbury School system to be transported to the Bethel/Danbury Public Schools.

Parent/Guardian
Comment(s):_____
_____
_____
_____

Parent(s)/Guardian(s) Certification: I/We hereby certify that I/We have read and understand this Registration Form and have been informed of the Discipline Policy and Confidentiality Policy before enrollment. We agree to the financial terms and conditions indicated in the attached financial information sheet, the fee schedule, and the behavioral policies outlined in the Family Handbook. I am aware the Family Handbook is available online at www.regionalymca.org and my signature below indicates I agree to follow all the policies and procedures outlined in the handbook which is updated annually.

Parent/Guardian Signature(s): _____ _____

Date: _____ Date: _____

I would like to make a gift to the Regional YMCA Annual Support Campaign and help send a child to camp. (Please check if you would like to participate.)_____

To Be Completed by Center:

Registration Held $ _____
☐ Already on File
☐ Waived SR

Enrollment Fee $ _____
Date Paid_____
☐ Cash
☐ Check #_____
☐ Credit Card

First Day of Enrollment: _____
Weekly Tuition Rate $_____
Less 10% (Sibling) $ _____
Amount of Scholarship $ _____
Adjusted Weekly Tuition $_____

naeyc Accredited

PARENT RELEASE FORM

The Regional YMCA of Western Connecticut and Eastern Putnam County, Inc. does not recommend, condone, or take responsibility for any private baby-sitting arrangements made with staff.

If a parent does make private arrangements with a staff member, that staff member must be on file as an emergency contact person authorized to pick up your child.

I understand that the Regional YMCA discourages and does not condone private baby-sitting by either "Y" staff members or volunteers.

Should I as a parent choose to ignore this policy and have an employee or volunteer act as a baby-sitter, I will not hold the Regional YMCA of Western Connecticut and Eastern Putnam County, Incorporated liable and I hereby discharge, release and waive the Regional Y from any and all responsibility in connection therewith.

Further, I agree that the Regional YMCA of Western Connecticut and Eastern Putnam County Inc., its officers, directors, employees, and independent contracting staff (Regional YMCA), are not liable for, responsible for and do not assume any liability, responsibility or obligations for any and all claims, damages, injuries, accidental or otherwise, including: actions or omissions by other persons if I have "Y" staff or volunteers baby-sit privately for my child(ren).

Child's Name (Please Print Name): _____

Signature of Parent/Guardian: _____

Today's Date: _____

the FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Regional YMCA of Western Connecticut
YMCA Children's Center School Age
Code of Conduct

This Code of Conduct has been created for the safety and well-being of all "Y" program participants. We strive to instill character in our children by promoting four core values. Through daily experiences and activities, we reinforce the values of Caring, Respect, Honesty, and Responsibility. Please review this information with your child and both parent/guardian and child will sign below.

Honesty: Children are expected to show honesty by telling the truth, never taking anything that does not belong to them and by being trustworthy.

Respect: Children are expected to respect others by using appropriate language always; by respecting other's property and personal space, refraining from inappropriate touching or physically hurting others, by being respectful to staff and following the "Y" rules.

Caring: Children are expected to care for others as they would like others to care for them. All children must refrain from intentionally using hurtful words or humiliating actions. Bullying will NOT be tolerated and is grounds for immediate dismissal from the program.

Responsibility: Children are expected to act responsibly, show good sportsmanship and always be accountable for their actions.

Classroom staff will communicate with parents either verbally or through a note home if a child has difficulty following the Code of Conduct. If a child becomes disruptive, disrespectful, or physically injures or threatens another child or staff member, the parent will be called, and ***the child must be picked up immediately for the remainder of the day***. Depending on the severity of the incident, the child may incur a longer suspension at the director's discretion. The Regional YMCA reserves the right to terminate childcare services at any time we deem it necessary to meet the needs of all children we serve.

I will discuss the Code of Conduct with my child and assist him/her in following the rules to be a good citizen of the Regional Y community.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

I agree to do my best and follow the YMCA Children's Center Code of Conduct.

Child's Name (Please Print): _____

Child's Signature: _____ Date: _____

the Y FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Movie Permission Slip

VALID YEAR ROUND

On days when it is too hot to go outside, it is raining or days off from school we will sometimes watch a movie. Age-appropriate PG and G movies are both offered. Please sign below to indicate which movie you would prefer your child to watch.
Thank you!

My child:_____ has my permission to watch a movie rated:

___G (General audiences): All ages admitted.
___PG (Parental guidance suggested)
* (Please check all applicable)

_____ _____
Parent/Guardian signature **Date**

*We will only be accepting credit cards or payments deducted directly from your checking account and they will be automatically ran each week, the Friday before the week occurs or a month ahead, however you specify below.

REGIONAL YMCA OF WESTERN CT CHILDREN'S CENTER
CREDIT CARD AUTHORIZATION FORM

Please complete the following to process your credit card payment. This information will be kept on file.

I, _____, the parent of _____ wish to add my credit card information to my child's account. My child is registered at the Grassy Plain facility. I have provided the following confidential information:

1. Type of Card: ☐Visa ☐Master Card ☐Discover ☐Amex

2. Credit Card Number: _____

3. Expiration Date: _____

4. Name as shown on card: _____

5. Security Code (3 Digit): _____

6. Current Address and Phone: _____

_____

I authorize payment using the credit card information above. I understand that my credit card will be charged on a recurring basis. Please charge my card:

___X__Weekly

X _____ _____

Parent Signature **Date**

State of Connecticut Department of Education
Health Assessment Record

To 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 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

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 378, physician assistant, licensed pursuant to chapter 370, a school medical advisor, 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 10-206). An immunization update and additional health assessments are required in the 6th or 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 on sports teams.

Please print

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/ Alaskan Native ❑ Hispanic/Latino	❑ Black, not of Hispanic origin ❑ White, not of Hispanic origin ❑ Asian/Pacific Islander ❑ Other
Primary Care Provider		
Health Insurance Company/Number* or Medicaid/Number*		

Does your child have health insurance? Y N
Does your child have dental insurance? Y N

If your child does not have health insurance, call **1-877-CT-HUSKY**

* If applicable

Part 1 — 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	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

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? Y N If yes, explain:

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

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

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian _____ Date _____

To be maintained in the student's Cumulative School Health Record

Part 2 — Medical Evaluation

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 1 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			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen					
Genitalia/ hernia					
Skin					

***Postural** ❑ No spinal abnormality ❑ Spine abnormality: ❑ Mild ❑ Moderate ❑ Marked ❑ Referral made

Screenings * According to Bright Future's Periodicity Schedule

***Vision Screening**

Type:	Right	Left
With glasses	20/	20/
Without glasses	20/	20/

❑ Referral made

***Auditory Screening**

Type:	Right	Left
	❑ Pass	❑ Pass
	❑ Fail	❑ Fail

❑ Referral made

	Date
***History of Lead Level** ≥3.5 µg/dL ❑ No ❑ Yes **Results:**	
***Speech** (school entry only)	
***HCT/HGB:**	

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.
Explain: _____
Daily Medications (*specify*): _____
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 his/her 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 / APRN / PA Date Signed Printed/Stamped ***Provider*** Name and Phone Number

Part 3 — Oral Health Assessment/Screening

HAR-3 REV. 3/2024

Health Care Provider must complete and sign the oral health assessment.

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	❑ Male ❑ Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

Dental Examination Completed by: ❑ Dentist	**Visual Screening** Completed by: ❑ MD/DO ❑ APRN ❑ PA ❑ Dental Hygienist	**Normal** ❑ Yes ❑ Abnormal (Describe) _____ _____ _____ _____ _____	**Referral Made:** ❑ Yes ❑ No
Risk Assessment	**Describe Risk Factors**		
❑ Low ❑ Moderate ❑ High	❑ Dental or orthodontic appliance ❑ Saliva ❑ Gingival condition ❑ Visible plaque ❑ Tooth demineralization ❑ Other _____		❑ Carious lesions ❑ Restorations ❑ Pain ❑ Swelling ❑ Trauma ❑ Other _____

Recommendation(s) by health care provider: _____

_____

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

_____

Signature of Parent/Guardian — Date

Signature of health care provider	DMD / DDS / MD / DO / APRN / PA/ RDH	Date Signed	Printed/Stamped ***Provider*** Name and Phone Number

Student Name: _____ Birth Date: _____ HAR-3 REV. 3/2024

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, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required 7th-12th grade	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			See below for specific grade requirement	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			Required K-12th grade	
PCV	*				PK and K (Students under age 5)	
Meningococcal	*				Required 7th-12th grade	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____ _____ _____
of above (Specify) (Date) (Confirmed by)

Religious Exemption: _____

Religious exemptions must meet the criteria established in Public Act 21-6: https://portal.ct.gov/-/media/SDE/Digest/2020-21/CSDE-Guidance---Immunizations.pdf.

Medical Exemption: _____

Must have signed and completed medical exemption form attached.
https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/immunization/CT-WIZ/CT-Medical-Exemption-Form-final-09272021fillable3.pdf

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through11th grade
- August 1, 2024: Pre-K through 12th grade

** **Verification of disease:** Confirmation in writing by an 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 Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

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~~Initial/Signature of health care provider – MD / DO / APRN / PA~~ ~~Date Signed~~ ~~Printed/Stamped *Provider* Name and Phone Number~~