



# **Raising KidZ**

## **LEARNING CENTER**

Nurturing Young Minds, One Step at a Time!

**PARENT HANDBOOK**

**6031 TAMAR DRIVE**

**COLUMBIA, MD 21045**

**240-512-0012**

# WELCOME

Dear parents,

Raising KidZ Learning Center was born from the heart of a devoted husband and father who understood firsthand the joys and challenges of raising children. As a father of six, Earl Freeman experienced the magic of childhood—watching his kids take their first steps, ask endless questions, and discover the world with wide-eyed wonder. But he also knew the struggle of finding a daycare that truly felt like a second home—a place where children weren't just supervised but genuinely nurtured, encouraged, and inspired.

Fueled by his love for children and a deep desire to create something meaningful, he set out to build a daycare that felt like an extension of family. A place where every child feels safe, cherished, and free to explore their unique potential. He envisioned an environment filled with laughter, creativity, and discovery—a space where learning happens naturally through play, interaction, and hands-on experiences.

At Raising KidZ Learning Center, we embrace the values of love, patience, and community. Just like a parent guiding their children, we believe in shaping young minds with care, respect, and encouragement. Every child who walks through our doors is not just a student—they become part of our extended family.

Our mission is simple: **To provide a loving, enriching, and safe environment where children can grow, learn, and thrive—just like they would in a home filled with warmth and support.**

Because at Raising KidZ Learning Center, we're not just teaching children—we're raising the future.

Earl C. Freeman – Owner

# GENERAL INFORMATION

## Registration Packet

A packet of information is provided to you at the time of registration. Enclosed in the packet are medical forms as well as forms for the center. These forms must be completed prior to your child's first day.

Included paperwork:

- Immunization record
- Proof of physical
- Emergency cards
- Tuition agreement contract
- Parent's Guide
- Welcome letter
- Know Your Rights
- Camera agreement
- Activity Fee

## Registration Fees

A one-time, non-refundable registration fee of \$150.00 per child is required at time of enrollment. Once the registration fee has been paid, your child's spot will be held for a maximum of 2 weeks after which, can no longer be held.

## Activity Fee

In an effort to further enrich your child's learning and growth, a non-refundable fee will be collected in September and February, to provide your child with events, and classroom activities.

## Summer Activity Fee

We plan a summer filled with activities both at the center and away from the center. A fee is collected in March to cover the costs and is based on what is planned.

There will be a summer packet going out with all activities in mid-May.

### Pool Trips

In the summer, we take students to the pool three times a week. If you do not wish for your child to participate on pool days, please let us know.

### Personal Items from Home

- A set of seasonally appropriate clothes should be provided for child
- A sheet, blanket, and bag to keep items in. Items should be taken home at the end of the week for cleaning
- Diapers and wipes for children that are not potty trained
- Please make sure to label all of your child's belongings

To promote healthy development, we request that children are not sent to the center with sippy cups or cups with straws. We also request that toys be left at home with the exception of show and tell on Fridays. The center is not responsible for lost or damaged toys. Toy weapons (swords, knives, guns) of any kind are not permitted.

### Clothing

Children play hard and need to be comfortable. Our daily activities can include arts and crafts, as well as playing outside. It is highly recommended to wear clothing that is appropriate for active days. Cold weather may not always keep us indoors, so please be sure children have the necessary hats, mittens, scarves, etc. Sneakers are encouraged. If sandals are worn, they should be secured around the ankle or a change of sneakers should be provided for your child. Flip flops and opened toe shoes are not allowed in order to prevent cuts and bruises. Please make sure all clothing is labeled with your child's name.

### Late Pickup Policy

While we enjoy having your children with us during the day, when the center closes, your child's caregivers would also like to leave. It is the parent's responsibility to contact the center and inform the office if the parent is running late. In the event of a late pickup after 6pm, a late pickup fee will be charged. Your child will not be allowed to return to Raising KidZ Learning Center until all late pickup fees are paid in full by the following tuition payment.

### Late Pickup Fees

6:01 - 6:15 pm = \$1 per minute up to \$15

6:16 - 6:30 pm = \$20

6:31 - 6:45 pm = \$40

6:46 - 7:00 pm = \$60

### Center Closings

Raising KidZ Learning Center will be closed the following holidays:

New Year's Day

Easter Monday

Memorial Day

Independence Day

Labor Day

Thanksgiving Day & the following Friday

Entire Week of Christmas

Please see the Raising KidZ Learning Center closings calendar for more information

### Emergency

Raising KidZ Learning Center has the right to determine when it is necessary to close the center. This determination is based on the best interest of the staff, children, and parents. Raising KidZ Learning Center does not follow the Howard

County Public School system for closings. It is still the parent's responsibility to pay full tuition.

If bad weather should happen after the center is open and the choice to close early is made, parents will be notified by phone no less than 3 hours from when the center is expected to close. Parents picking up children after the center is closed will be charged a pickup fee.

You will be notified for closings and delays via email, text, and sandbox.

### Correcting Behaviors

Children will not be subject to spanking, hitting, kicking, restraint, or to verbal, physical, or emotional punishment. Children will be re-directed and given praise as well as reinforcement and appreciation for positive behaviors.

Discipline consists of "redirection" and gentle but firm "limit setting" and if necessary, time out for reflection. If appropriate, we will talk about why the action and what would be appropriate behavior. We want to reassure the children that we are always available to listen and help, not to judge. Our goal is to coach the children so they can negotiate, compromise, brainstorm, and work through things together.

Consistent behavioral problems will be discussed with the parent/guardian, including behaviors such as biting, kicking, scratching. If behavioral issues cannot be corrected after the help from the parent, it can lead to excusing the child from the center.

### Biting

Sometimes in a daycare setting, children can develop a behavior of biting. We take this very seriously at Raising KidZ Learning Center and have a method of addressing this behavior. If a child happens to be bitten, we clean the area with soap and water and apply ice. An incident report is written up for both children, and both of the children's parents are notified. Finally, a written log is kept of the biting child.

### Dismissal Policy

If in the event a child is not a good fit for Raising KidZ Learning Center, the parent will be given up to a two-week time frame to make other arrangements for their child's care.

### Child Custody/Court Procedures

#### Student Record Confidentiality

Only your child's teacher, the Director, and authorized employees of Maryland's State Licensing Agency are able to view your child's records.

#### Custodial and Non-custodial Parents

Non-custodial parents will be kept informed of all activities, concerns, and information about the center unless a specified custody agreement signed by a judge is on file at the center.

#### Testifying in Court

If an employee of Raising KidZ Learning Center is needed to appear in court for a child custody hearing, we will charge a fee of \$150.00 for every 4 hours. This fee is charged per staff member and must be paid in full no later than 10 days before each court date.

### Parties/Celebrations

Due to food allergies, children may only bring in store bought snacks for birthdays or other special occasions. Make sure to speak with your child's teacher or the director to plan and check on classroom allergies.

### Sick Child/Wellness Policy

Raising KidZ Learning Center is a "well child care facility". This means that if your child is not feeling well or is contagious, you must make other arrangements for their care until they are feeling well and are no longer contagious.

For health and safety of the other children, we prohibit the admittance of any child into the center if they exhibit any of the following symptoms:

### Communicable Diseases

Strep throat, pink eye, chicken pox, etc.

A doctor's note will allow the child to return to the center when he/she is well enough to. If need be, the County Health Department, as well as other families will be notified of communicable disease.

### Lice

If any eggs or lice are found on a child, they must be picked up immediately. Once a child is ready to return to the center, they will need to be checked by a staff member before entering the classroom. This can cause drop off to take a little longer so please allow extra time.

### Rashes

If a suspicious rash or irritation appears on a child, the parent will be notified immediately. It can then be decided the best course of action and if medical treatment will be needed before a child can return.

### Runny Nose

Runny noses and sniffles are common, and will be handled on a case-by-case basis. We will contact the parent if symptoms continue or if any additional symptoms appear such as a fever or vomiting. Depending on the severity or the symptoms, we may ask that your child be picked up.

### Conjunctivitis

If a child is showing symptoms of conjunctivitis, the parent will be asked to pick them up. We realize that during allergy season, symptoms can be confused for conjunctivitis; the center is responsible for treating illnesses with caution. Conjunctivitis must be treated by a physician prior to a child returning to the center.

### Fever

If a child has a temperature of 100°F, the parents will be notified. In the event a fever reaches 101°F or higher, the parents will need to pick up their child within the hour and other arrangements will need to be made for them. It is our policy that a child must be without a fever for at least 24 hours. If a child has a persistent fever, they will require a note from a doctor stating they are no longer contagious.



### Diarrhea

After two episodes of diarrhea, a parent will be contacted to pick their child up. Sometimes, if there are other symptoms with diarrhea, a parent may be contacted prior to a second occurrence.

### Medications

In order for prescription or over the counter medication to be administered to a child, all medication must be in original container and we need written authorization from the parent that must include:

- Parent's/guardian's signature and date
- All medication be properly labeled with child's name, dosage, and expiration date
- Time to administer medication or condition for which the medication is to be given
- First dosage must be given at home

### Injuries

In the event that an injury occurs while at Raising KidZ Learning Center, it is our policy to notify parents immediately, depending on the injury. If a serious injury should occur, the child will be brought to the nearest hospital.

### Before/After Care

Before and After Care will be available for students attending Jeffers Hill Elementary School. Before care will begin at 6:30 AM and will end at 8:30 AM. After care will begin at 3:30 PM and will end at 5:50 PM. Thank you for your understanding.

### Behavior

We expect that our children are on their best behavior which means being respectful to other children, and our staff, not using profanity or misusing classroom objects. We do not tolerate fighting (with other students or staff), the use of profanity or obscenities. If three incidents occur, your child may be dismissed from the center.

- A first-time offense results in parent(s) being notified and a written report
- A second offense is a written notice and the child may have to be picked up for the rest of the day or the following day if the incident takes place at the end of the day.
- A third offense will result in a mandatory parent/director conference

### Toilet Training

When your child shows a readiness for toilet training, it will be done in a relaxed environment and with cooperation with you.

We will only begin helping potty train a child after you have successfully initiated training at home for a week.

Once your child begins potty training at home and in the center, you will need to provide a change of clothes in case of accidents as well as pull up diapers, pants with no overalls, zippers, buttons or snaps. This will encourage and build their self-help skills for successful potty training.

It is the parent's responsibility to provide clean clothing for their child and to launder any soiled clothing at home.

### Tuition Payments

Make sure when paying with a check that the date and your child's name are on that check and be sure to specify if your payment includes any additional fee.

Checks must be able to be processed. Postdated checks will be considered late and subject to a \$20 late fee. All returned checks are subject to a \$35 return fee and will be considered late.

In the event an account should become delinquent a family may receive a notice with a balance in order for their child to stay. Reasons for a delinquent account can occur due to:

- Missed tuition payments
- Late pickup fees
- Returned check fees
- Activities/summer activity fees

#### Termination of Contract

Your contract with Raising KidZ Learning Center may be canceled if one or more of the following occur:

- The account becomes delinquent
- Failure to comply with policies and procedures outlined by Happy Sprouts Learning Center and is serious enough to warrant termination
- Raising KidZ Learning Center determines it is not in the best interest of the Center or the children enrolled to have your child(ren) in attendance

A written notice two weeks in advance is required if you wish to cancel your child's enrollment. If a parent does not wish to give prior notice of cancellations, then two weeks rates must be paid in full. Enrollment may be canceled if payment is not received within five days of payment due date.

We reserve the right to cancel a child's enrollment immediately if the parent or child's behavior threatens the physical or emotional well-being of other children or staff.

**\*Information contained within this handbook is subject to change at the professional discretion of Raising KidZ Learning Center as we deem necessary. Parents will be notified in writing and required to sign an acknowledgement of any amendments of policies and procedures\***

CHILD'S NAME

LAST

FIRST

MI

SEX: MALE ☐ FEMALE ☐

BIRTHDATE

/

/

COUNTY

SCHOOL

GRADE

PARENT OR GUARDIAN NAME

PHONE NO.

ADDRESS

CITY

ZIP

Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo / Yr	COVID-19 Mo/Day/Yr
1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1		DOSE #1
2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2		DOSE #2
3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	
4	DOSE #4	DOSE #4	DOSE #4	DOSE #4	DOSE #4								
5	DOSE #5												

To the best of my knowledge, the vaccines listed above were administered as indicated.

1.

Signature

Title

Date

(Medical provider, local health department official, school official, or child care provider only)

2.

Signature

Title

Date

3.

Signature

Title

Date

Clinic / Office Name

Office Address/ Phone Number

Lines 2 and 3 are for certification of vaccines given after the initial signature.

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:**

**Please check the appropriate box to describe the medical contraindication.**

This is a: ☐ Permanent condition    **OR**    ☐ Temporary condition until \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Medical Provider / LHD Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **How To Use This Form**

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

**Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.**

### **Notes:**

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella**.
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

## **Immunization Requirements**

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at [www.health.maryland.gov](http://www.health.maryland.gov). (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at [www.health.maryland.gov](http://www.health.maryland.gov). (Choose Immunization in the A-Z Index)

# MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

CHILD'S NAME: \_\_\_\_\_  
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE: \_\_\_\_\_  
MM/DD/YYYY

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Test Date (mm/dd/yyyy)	Type of Test (V = venous, C = capillary)	Result (µg/dL)	Comments
	Select a test type.		
	Select a test type.		
	Select a test type.		

**Health care provider or school health professional or designee only:** To the best of my knowledge, the blood lead tests listed above were administered as indicated. (Line 2 is for certification of blood lead tests after the initial signature.)

1.	_____ Name	_____ Title	<b>Clinic/Office Name, Address, Phone</b>  
	_____ Signature	_____ Date	
2.	_____ Name	_____ Title	
	_____ Signature	_____ Date	

**Health care provider:** Complete the section below if the child's parent/guardian refuses to consent to blood lead testing due to the parent/guardian's stated bona fide religious beliefs and practices:

Lead Risk Assessment Questionnaire Screening Questions:

- Yes ☐ No ☐ 1. Does the child live in or regularly visits a house/building built before 1978?  
Yes ☐ No ☐ 2. Has the child ever lived outside the United States or recently arrived from a foreign country?  
Yes ☐ No ☐ 3. Does the child have a sibling or housemate/playmate being followed or treated for lead poisoning?  
Yes ☐ No ☐ 4. Does the child frequently put things in his/her mouth such as toys, jewelry, or keys, or eat non-food items (pica)?  
Yes ☐ No ☐ 5. Does the child have contact with an adult whose job or hobby involves exposure to lead?  
Yes ☐ No ☐ 6. Is the child exposed to products from other countries such as cosmetics, health remedies, spices, or foods?  
Yes ☐ No ☐ 7. Is the child exposed to food stored or served in leaded crystal, pottery or pewter, or made using handmade cookware?

**Provider:** If any responses are **YES**, I have counseled the parent/guardian on the risks of lead exposure. \_\_\_\_\_  
Provider Initial

**Parent/Guardian:** I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child and understand the potential impact of not testing for lead exposure as discussed with my child's health care provider.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

## How To Use This Form

➔ **A health care provider may provide the parent/guardian with a copy of the child's blood lead testing results from ImmuNet as an alternative to completing this form (COMAR 10.11.04.05(B)).**

Maryland requires all children to be tested at the 12 and 24 month well-child visits (at 12-14 and 24-26 months old respectively), and both test results should be included on this form (see COMAR 10.11.04). If the test at the 12-month visit was missed, then the results of the test after 24 months of age is sufficient. A child who was not tested at 12 or 24 months should be tested as early as possible.

A parent/guardian and a child's health care provider should complete this form when enrolling a child in child care, pre-kindergarten, kindergarten, or first grade. Completed forms should be submitted by the parent/guardian to the Administrator of a licensed child care, public pre-kindergarten, kindergarten, or first grade program prior to entry. The child's health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature sections. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

## Frequently Asked Questions

### **1. Who should be tested for lead?**

All children in Maryland should be tested for lead poisoning at 12 and 24 months of age.

### **2. What is the blood lead reference value, and how is it interpreted?**

Maryland follows the [CDC blood lead reference value](#), which is 3.5 micrograms per deciliter (µg/dL). However, there is no safe level of lead in children.

### **3. If a capillary test (finger prick or heel prick) shows elevated blood lead levels, is a confirmatory test required?**

Yes, if a capillary test shows a blood lead level of  $\geq 3.5$  µg/dL, a confirmatory venous sample (blood from a vein) is needed. The higher the blood lead level is on the initial capillary test, the more urgent it is to get a confirmatory venous sample. See [Table 1](#) (CDC) for the recommended schedule.

### **4. What kind of follow-up or case management is required if a child has a blood lead level above the CDC blood lead reference value?**

Providers should refer to the CDC's Recommended Actions Based on Blood Lead Level (<https://www.cdc.gov/ncet/lead/advisory/acclpp/actions-blls.htm>).

### **5. What programs or resources are available to families with a child with lead exposure?**

Maryland and local jurisdictions have programs for families with a child exposed to lead:

- Maryland Home Visiting Services for Children with Lead Poisoning
- Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

For more information about these and other programs, call the Environmental Health Helpline at (866) 703-3266 or visit: <https://health.maryland.gov/phhp/OEHFP/EH/Pages/Lead.aspx>.

Maryland Department of the Environment Center for Childhood Lead Poisoning Prevention: <https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/index.aspx>

Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.

Phone: (610) 519-3478 or Toll Free: (833) 362-2243

Website: <https://www1.villanova.edu/university/nursing/macche.html>



MARYLAND STATE DEPARTMENT OF EDUCATION

Office of Child Care

**MEDICAL REPORT FOR CHILD CARE**

<b>A. Name of the Person Evaluated (Please Print):</b> _____ <b>B. Date of Birth:</b> _____ <b>Age:</b> _____ <b>C. Name and Address of Child Care Applicant/Provider/Facility:</b> _____ _____ _____	<b>D. Reason for Examination:</b> <input type="checkbox"/> Initial Employment <input type="checkbox"/> Biennial (Two Year Update) <input type="checkbox"/> Other
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<b>E. PLEASE READ: This person to be evaluated either provides or plans to provide child care services, lives in a home where child care is provided or will be provided. The Medical Evaluation is to assess this individual's ability to perform the following Child Care Activities:</b>	
<ul style="list-style-type: none"> <li>Lifting, carrying children (infants, toddlers, preschool and school age)</li> <li>Lifting/moving children furniture/equipment</li> <li>Getting up and down from floor</li> <li>Close interaction with children</li> <li>Food preparation, serving, feeding and holding young infants</li> </ul>	<ul style="list-style-type: none"> <li>Desk work, reading &amp; writing</li> <li>Active indoor and outdoor activities</li> <li>Facility maintenance</li> <li>Driver of Vehicle (s)</li> <li>Other duties associated with assisting children in need, etc.</li> </ul>

F. This Section Must Be Completed by a Physician or Registered Physician Assistant or Certified Registered Nurse Practitioner			
	Yes	No	Remarks
1. Did you conduct a medical evaluation?			
a. Chronic medical conditions which may limit the ability to care for children, such as Epilepsy, asthma, others			
b. Impairment (Mobility/ Vision/ Hearing/ Speech )			
c. Nervous / Emotional/ Mental health disorder			
d. Drug /Alcohol Abuse			
e. Smoking			
f. Tuberculosis Screening: (1) symptoms check (2) screening: if needed or required by the Local Health Officer: Type of test: _____ Results: _____ Date (s): _____			
g. Communicable/Contagious diseases risk			
h. Immunization status			
2. Medical condition(s) or medication (s) the person is taking that may restrict /prevent the person's ability to perform care activities			
3. Medical limitation(s) or medication(s) the person is taking, that may require special accommodation: Please specify:			
4. Based on your findings, is this individual suitable/able to provide safe care to the children in child care or live in a child care home			

<b>Additional Remarks:</b>	
<b>G. Signature of the Health Care Provider:</b>	<b>Date:</b>
<b>Printed Name &amp; Credentials:</b>	
<b>STAMP OR Complete Address of the Health Care Provider &amp; Telephone Number:</b>	



## EMERGENCY FORM

### INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Enrollment Date \_\_\_\_\_ Hours & Days of Expected Attendance \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		Place of Employment:	C:	H:
		W:		
		Place of Employment:	C:	H:
		W:		

Name of Person Authorized to Pick up Child (daily) \_\_\_\_\_  
Last First Relationship to Child

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

Any Changes/Additional Information \_\_\_\_\_

ANNUAL UPDATES \_\_\_\_\_  
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

2. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

3. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS TO PARENT/GUARDIAN:**

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Medications currently being taken by your child: \_\_\_\_\_

Date of your child's last tetanus shot: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

**EMERGENCY MEDICAL INSTRUCTIONS:**

(1) Signs/symptoms to look for: \_\_\_\_\_

(2) If signs/symptoms appear, do this: \_\_\_\_\_

(3) To prevent incidents: \_\_\_\_\_

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OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**Note to Health Practitioner:**

If you have reviewed the above information, please complete the following:

\_\_\_\_\_  
Name of Health Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Practitioner

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number