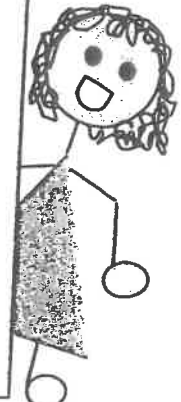
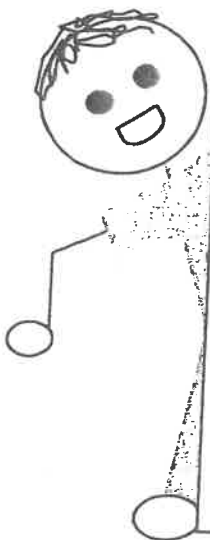




Whittier Friends School



Quality
Quaker
Education

Uptown
Whittier
since
1974

Simplicity

Peace

Integrity

Community

Equality

Preschool

Application

6726 Washington Ave
Whittier, CA 90601
(562)945-1654

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

Understandings:

- ❖ We understand that our participation in our child's education is invaluable to the success of my child and of the school.
- ❖ We understand the school's policy on non-violence, and that a student who hits, bites, or attempts to injure another person will be suspended from one to three days depending on the severity of the incident.
- ❖ We understand that the school goes on walking field trips, such as to Whittier Village Cinemas or Central Park. We hereby give permission for our child to go on all walking field trips.
- ❖ We understand that pictures of our child may be used from time to time for the purposes of advertising. (If this is a problem please let us know in writing.)
- ❖ We understand that Whittier Friends School reserves the right to suspend, dismiss, or decline future enrollment for any student for any reason, if it concludes that the school is not appropriate for the student or parent(s)/legal guardian(s) who willfully disregard school policy. All students attend Whittier Friends School at the will of the School Committee. As parent(s)/legal guardians(s) we will hold harmless from any and all action, relating to such dismissal, Whittier Friends School, its employees, agents, School Committee members or representatives.
- ❖ We understand that the Community Care Licensing staff has the authority to interview children or staff, and to inspect and audit child or child care records, without prior parental consent.
- ❖ We understand that school staff members are mandated reporters of suspected child abuse and will hold harmless from any and all action, relating to such a report, all representative of Whittier Friends School
- ❖ We understand that we must provide the following for each child enrolled:
 - A daily nutritious lunch, including a drink. (A microwave oven is available for heating, not cooking, lunch items.)
 - A change of clothing including underwear, socks, shirt, pants, and shoes and a sealed bag to hold soiled clothing.
 - A sheet and blanket (must fit in the child's cubby) for students in the full-time program.
 - An earthquake kit with food for 3 days and one gallon worth of bottled water. (Please choose food items your child will eat and which do not have to be heated or cooked.)

Acceptance: I/We have read, understand, and agree to all terms and conditions of this Application and Contract. I/We are the parent(s) or legal guardian(s) of the named student. I/We further understand that these aforementioned terms and conditions are binding as long as my/our child is a student at Whittier Friends School and/or monies are owed to the school.

Signature of Parent(s)/Legal Guardian(s) Date

Signature of Parent(s)/Legal Guardian(s) Date

My child will be attending Whittier Friends School on the following schedule:

M T W Th F (circle all that apply) for **FULL** or **HALF DAY**. I/We understand that this schedule may not be altered without consent of the preschool director.

Signature of Preschool Director Date

Date of Admission: _____

Covid-19 Health Emergency Understandings:

*We understand that during the current health emergency, hours for preschool will be 7:30 am-5:00 pm to allow for thorough cleaning.

*We understand that all people (students and adults) who enter our campus must be wearing a mask that covers nose and mouth.

*We understand that all people entering our campus will have Strict Daily Health Assessments. This includes temperature-checking of all students. We understand that anyone (child or adult) exhibiting signs of sickness, including but not limited to coughing, fever, sore throat, and shortness of breath, should not enter our school campus. Additionally, if anyone in our home or anyone we have been in contact with within two weeks has these symptoms, we understand that we should not enter our school campus.

*We understand that our classroom will be practicing social distancing by limiting the number of children in our class (10 or fewer), assigning seating, not facing each other while eating, not sharing school materials, spreading out while playing, and other methods as appropriate.

*We understand that drop off/pick up routines will be conducted outside of the classroom, and that adults who are not teachers will not need to enter our classroom without special reason.

*We understand that Whittier Friends School will likely introduce other procedures to protect our community.

Acceptance: I/We have read, understand, and agree to all terms and conditions of this Application and Contract. I/We are the parent(s) or legal guardian(s) of the named student. I/We further understand that these aforementioned terms and conditions are binding as long as my/our child is a student at Whittier Friends School and/or monies are owed to the school.

Signature of Parent(s)/Legal Guardian(s) Date

Signature of Parent(s)/Legal Guardian(s) Date

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people. First Friends Church and Whittier Friends School ("the Church") has put in place preventative measures to reduce the spread of COVID-19; however, the Church cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Church or Church-related activities could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Church or Church-related activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Church or Church-related activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Church employees, volunteers, and Church-related activity participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Church or participation in Church-related activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Church, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Church-related activity.

I understand and agree that the law of the State of California will apply to this Waiver of Liability.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER OF LIABILITY, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver of Liability.

Signature: _____ Date: _____

Name (printed): _____

TUITION CONTRACT (07/01/20)

The enrollment of my/our child and the payment of tuition is a monthly commitment. I/We, the undersigned, wish to enroll _____ in Whittier Friends School under the following terms:
child's name

Tuition is charged regardless of the number of days or holidays in the month.

The following holidays will be observed: New Year's Eve & Day, Presidents Day, Memorial Day, 4th of July (or closest weekday), Labor Day, Thanksgiving & Friday after Thanksgiving, the week of Christmas (December tuition will be 75% to reflect this holiday week.)

Tuition/Fees:

Full-day Preschool: (7:30 a.m.-5:00 p.m.): 5 days: \$644/mo, 4 days: \$576/mo, 3 days: \$492/mo, 2 days: \$360/mo

Half-day Preschool: (7:30 a.m.-12:15 p.m.): 5 days: \$450/mo, 4 days: \$400/mo, 3 days: \$340/mo, 2 days: \$244/mo,

Registration Fee: \$50.00 at time of registration and \$50.00 annually at the start of the academic year.

Sibling discount: 20% off if a sibling is enrolled in our preschool or elementary school.

- Your child's enrollment in preschool will begin after the receipt of a completed application, tuition contract, and the non-refundable registration fee. The Physician's Report must be completed and on file before your child may be physically enrolled. A 30-day advance notice will be given for any rate changes.
- Monthly payments are due on the first of the month and are considered late after the 10th of the month. A \$10 late fee will be charged for any payment received after the 10th of the month and an additional \$10 late fee will be charged each month until payment is made. In addition, the child may be suspended from preschool until all tuition/fees are brought current and any late fee paid. If the person(s) responsible for payment of tuition has not made an amended written payment agreement, acceptable to the school, within 90 days of the due date of the fees in question, legal action may be taken for all past due fee.
- A late pick-up fee will be charged for children picked up late. **Full-day Preschool:** \$10 late fee after 5:00 p.m. plus \$5 per 15 minutes starting at 5:05 p.m. **Half-day Preschool:** \$15 charged at 12:25 p.m. plus \$5 per 15 minutes if we are over capacity. This charge is due and payable when you pick up your child. We appreciate your cooperation in picking up your child(ren) in a timely manner. Please communicate by phone if you are running late.
- **Returned Checks Policy:** A \$15 fee will be charged for any returned checks. This amount is used to cover the bank charges associated with returned checks.
- Each family will be allowed two weeks of vacation time each academic year (from September to August) for which they will not be charged. All other tuition must be paid regardless of attendance. Two weeks' notice is required for the withdrawal of any child. Tuition is due for these two weeks and refunds will be given for tuition prepaid beyond the two weeks' notice.

Signature of Person(s) responsible for payment of fees

Date

If the person(s) responsible for payment of tuition us/are not the parent(s)/legal guardian(s) of the student, then the parent(s)/legal guardian(s) must guarantee payment.

Signature of Parent(s)/Legal Guardian(s)

Date

Whittier Friends School Communication Preferences--2020-2021

Student Name: _____

Please let us know how to reach you in various ways:

*Fliers in parent cubby

*Mailing Address: _____

*Email reminders

Parent name _____ Email address _____

Parent name _____ Email address _____

*Text messages via "Remind" app

Parent name _____ Phone number _____

Parent name _____ Phone number _____

Or go to <https://www.remind.com/join/whittierfr> to enroll

Optional:

Would you like us to include your contact info in a school-wide directory, to help other families get ahold of you? (Write preferred method of contact and info here)

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

California Department of Social Services - Community Care Licensing Division - L.A. Day Care-East

NAME		
Sherell Johnson		
ADDRESS		
1000 Corporate Center Dr. Suite 200B		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Monterey Park, CA	91754	(323)981-3350

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
Whittier Friends School	6726 S. Washington Ave. Whittier, CA 90601
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: LA Childcare East

Licensing Office Address: 1000 Corporate Center Dr. Suite 200B Monterey Park, CA 91754

Licensing Office Telephone #: (323)981-3350 WFS Analyst: Sherell Johnson

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
------------	--------	-------------------	--------	-----------------------------	--------

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST LUNCH DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
---------------------------------	--------------------------

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE () WORK PHONE ()

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.